

---

# Populated Printable COP

2009

Tanzania

Generated 9/28/2009 12:04:44 AM

## Table 1: Overview

### Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Tanzania_FY2009_Executive_Summary.doc	application/msword	12/1/2008		JKohler

### 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:

### Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Chief of Mission Letter and Interagency Cable.doc	application/msword	11/14/2008		SEmily

### Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Tracy	Carson	PEPFAR Coordinator	CarsonTL@state.gov
DOD In-Country Contact	Edward	Sekonde	WRAIR, Country Director	esekonde@state.gov
HHS/CDC In-Country Contact	John	Vertefeuille	Country Director	VertefeuilleJ@tz.cdc.gov
Peace Corps In-Country Contact	Andrea	Wojnar-Diagne	Director	awojnardienne@tz.peacecorps.gov
USAID In-Country Contact	Robert	Cunnane	Director	rcunnane@usaid.gov
U.S. Embassy In-Country Contact	Mark	Green	Ambassador	greenm@state.gov

### Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$3825000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2009**

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>	490,417			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	930,560	45,000	975,560
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	59,317	3,000	62,317
<b>Care (1)</b>				
<b>End of Plan Goal</b>	750,000	797,157	250,000	1,047,157
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	407,364	0	407,364
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	25,200	0	25,200
8.1 - Number of OVC served by OVC programs	0	389,793	250,000	639,793
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,244,367	430,000	1,674,367
<b>Treatment</b>				
<b>End of Plan Goal</b>	150,000	208,786	4,578	213,364
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	208,786	4,578	213,364
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0	242	2,897	3,139
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	242	2,897	3,139

## 2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
<b>Prevention</b>			
<b>End of Plan Goal</b>			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,021,905	45,000	1,066,905
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	65,309	3,000	68,309
<b>Care (1)</b>			
<b>End of Plan Goal</b>			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	407,364	0	407,364
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	36,000	0	36,000
8.1 - Number of OVC served by OVC programs	389,793	250,000	639,793
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,236,646	430,000	1,666,646
<b>Treatment</b>			
<b>End of Plan Goal</b>			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	208,786	5,578	214,364
<b>Human Resources for Health</b>			
<b>End of Plan Goal</b>			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	412	2,884	3,296

---

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 12211.09  
**System ID:** 12211  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: AIDSTAR II**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7930.09  
**System ID:** 9918  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: Database / MEEP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 12212.09  
**System ID:** 12212  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: Families Matter**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6160.09  
**System ID:** 10105  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: FANTA II**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10756.09  
**System ID:** 10756  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Food Procurement**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11430.09  
**System ID:** 11430  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Food/Nutrition**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6165.09  
**System ID:** 10028  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: New PHEs**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8872.09  
**System ID:** 11678  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 12210.09  
**System ID:** 12210  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: CT follow on**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4976.09  
**System ID:** 10193  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: CT Test Day**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4902.09  
**System ID:** 10190  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: DQ/DU**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10757.09  
**System ID:** 10757  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Economic Strengthening**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8239.09  
**System ID:** 10035  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: Education Wrap Around**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10668.09  
**System ID:** 10668  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: HBC Coordinator Strengthening**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10748.09  
**System ID:** 10748  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: IEC Materials**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8117.09  
**System ID:** 10241  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Intl Track 1.0**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10762.09  
**System ID:** 10762  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: IP Audit**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8027.09  
**System ID:** 9919  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: IP DQA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8241.09  
**System ID:** 9964  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: IP Reporting System**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10672.09  
**System ID:** 10672  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: IQC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10688.09  
**System ID:** 10688  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: IQC BPE**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10758.09  
**System ID:** 10758  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Local Track 1.0**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10761.09  
**System ID:** 10761  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: M&E DQA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8244.09  
**System ID:** 9965  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Male Involvement**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4903.09  
**System ID:** 10102  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: MARPS in DSM - Interventions**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4922.09  
**System ID:** 9960  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: MCC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10673.09  
**System ID:** 10673  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: MCC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10674.09  
**System ID:** 10674  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: MCC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10675.09  
**System ID:** 10675  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Muhimbili**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8551.09  
**System ID:** 10202  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: NBTS IT Support**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10669.09  
**System ID:** 10669  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: NRM Wrap Around**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10654.09  
**System ID:** 10654  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: OVC Employability**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8036.09  
**System ID:** 10034  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: P4H**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8553.09  
**System ID:** 9968  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: PMTCT Follow On**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10653.09  
**System ID:** 10653  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: Policy**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8119.09  
**System ID:** 9921  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No  
  
**Sub-Partner:** Anti-Female Genital Mutilation Network  
**Planned Funding:** \$0  
**Funding is TO BE DETERMINED:** No  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Legal And Human Rights Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tanzania Network of Women Living with HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tanzania Gender & Networking Programme

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tanzania Women Lawyers Association (TAWLA)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Christian Council of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: National Council of People Living with HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Africa Alive Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PPP ARV Srvcs**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10752.09  
**System ID:** 10752  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: PPP Insurance**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11519.09  
**System ID:** 11519  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: PPP Solar Power**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8023.09  
**System ID:** 10161  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: PPP-Lake Zone**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8024.09  
**System ID:** 10239  
**Planned Funding(\$):** ■  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Umbrella TA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10655.09  
**System ID:** 10655  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Universal CT PHE**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8238.09  
**System ID:** 10201  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: University of Maine**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 12206.09  
**System ID:** 12206  
**Planned Funding(\$):** [REDACTED]  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1175.09  
**System ID:** 9985  
**Planned Funding(\$):** \$6,285,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Academy for Educational Development  
**New Partner:** No  
  
Sub-Partner: Africare  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Ministry of Labor, Youth Development, and Sports, Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: To Be Determined

Planned Funding: ■

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Marie Stopes Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: AIDS Business Coalition

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Kay's Hygiene

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Shely's Pharmaceuticals

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: The Word and Peace Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tanzania Football Federation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: National Muslim Council of Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11676.09  
**System ID:** 11676  
**Planned Funding(\$):** \$135,656  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Academy for Educational Development  
**New Partner:** No

Sub-Partner: Africare  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ministry of Labor, Youth Development, and Sports, Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: To Be Determined  
Planned Funding: ████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Marie Stopes Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: AIDS Business Coalition  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kay's Hygiene  
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Shely's Pharmaceuticals  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: The Word and Peace Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Football Federation  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: National Muslim Council of Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7579.09  
**System ID:** 10236  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** ACDI/VOCA  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 3500.09

**System ID:** 10095

**Planned Funding(\$):** \$689,004

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Prime Partner:** Adventist Development & Relief Agency

**New Partner:** No

Sub-Partner: Seventh Day Adventist Church

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Africa Inland Church of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Anglican Church of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Baraza Kuu la Waislam Tanzania -Mwanza

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Deeper Life Christian Ministry Church

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Youth Advisory and Development Council

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Kilimanjaro Women Fight Against HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mshikamano Cultural Groups  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1217.09  
**System ID:** 9971  
**Planned Funding(\$):** \$475,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** African Medical and Research Foundation  
**New Partner:** No

**Mechanism Name: AMREF**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1182.09  
**System ID:** 10065  
**Planned Funding(\$):** \$2,061,300  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** African Medical and Research Foundation  
**New Partner:** No

Sub-Partner: Nyakahanga Designated District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Anglican Church of Tanzania - Diocese of Mara  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Evangelical Lutheran Church in Tanzania - Southern Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Roman Catholic Diocese of Rulenge  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Chama cha Uzazi na Malezi Bora Tanzania (UMATI)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Makongoro Health Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mnazi Mmoja Referral Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Magomeni Health Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Uzima Counseling Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Moravian VCT Centre Tabora  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: African Inland Church Diocese of Shinyanga  
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Aga Khan Medical Centre Morogoro
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Songea Municipal Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Faraja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Bukoba Rural District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Kigoma Clinic VCT Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Marangu Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Machame Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Sumbawanga Municipal Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Uhai Baptist Centre Mbeya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Bunda Designated District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Hope Clinic

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Ngara Voluntary Counseling & Testing Site

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Roman Catholic Njombe Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Nzega District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Muhimbili Health Information Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Roman Catholic Diocese of Sumbawanga
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Biharamulo District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Dareda Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Anglican Church Central Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Anglican Church of Tanzania - Diocese of Tanga
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Mennonite Church in Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Seventh Day Adventist Makao Mapya VCT Site Arusha
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Evangelical Lutheran Church of Tanzania Southern Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Evangelical Lutheran Church of Tanzania Central Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Mara Conference of Seventh Day Adventists, Musoma
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Al Jumaa Mosque Charitable Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Uviwana Dispensary (& VCT Centre)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Mwambani Designated District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: St Walburg Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Evangelical Lutheran Church of Tanzania, Same Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Tunduma Holy Family Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Matumaini VCT Centre -Mugumu - Kanisa la Menonite Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Magomeni Seventh Day Adventist VCT

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Temeke Seventh Day Adventist VCT

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Bwambo Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: St. Benedictine Ndanda Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: St. Francis Hospital, Ifakara

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Njombe VCT Centre Evangelical Lutheran Church of Tanzania Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: African Inland Church of Tanzania, Shinyanga (Isaka and Nzega)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: African Inland Church of Tanzania, Shinyanga VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ifakara Research Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Shirati Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tumaini VCT Centre Korogwe  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Chumbageni VCT Centre, Tanga  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Katandala Health Centre VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kazilankanda Dispensary VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Nyangao Hospital VCT Centre  
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tunduma Health Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mvumi Hospital VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mnazi Mmoja Health Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Karagwe VCT Site  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Makambako VCT Site  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Makete VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Same District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kilimatinde VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5413.09  
**System ID:** 10229  
**Planned Funding(\$):** \$350,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** African Palliative Care Association  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7575.09  
**System ID:** 10005  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** African Wildlife Foundation  
**New Partner:** No  
  
Sub-Partner: Babati District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3505.09  
**System ID:** 10019  
**Planned Funding(\$):** \$503,614  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Africare  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1169.09  
**System ID:** 10010  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Africare  
**New Partner:** No

Sub-Partner: Pamoja Tupambane na UKIMWI  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Baraza la Akina Mama wa Kiislamu  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Muzdalifa Orphan Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Faraja Human Development Fund  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Adopt Africa  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Child Parents & Destitute Foundation  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Evangelical Assemblies of God  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No



**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Shukurani  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Save HIV/AIDS Orphans Tanzania Foundation  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kongwa Huduma kwa Watoto Yatima, na Malaria  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ukimwi na Jamii Kibaigwa  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4780.09  
**System ID:** 10168  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** American Association of Blood Banks  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 12208.09  
**System ID:** 12208  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Association of Blood Banks  
**New Partner:** No

**Mechanism Name: Preceptor**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10570.09  
**System ID:** 10570  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** American International Health Alliance  
**New Partner:** No

**Mechanism Name: Twinning**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3555.09  
**System ID:** 9936  
**Planned Funding(\$):** \$1,745,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** American International Health Alliance  
**New Partner:** No

Sub-Partner: Evangelical Lutheran Church of Tanzania Diocese of Pare  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Southeastern Synod of Iowa Evangelical Lutheran Church in America  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Gonja Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Boulder Community Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 1508.09

**System ID:** 10093

**Planned Funding(\$):** \$1,168,904

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Prime Partner:** American Red Cross

**New Partner:** No

Sub-Partner: Tanzanian Red Cross Society

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3578.09

**System ID:** 9978

**Planned Funding(\$):** \$700,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** American Society of Clinical Pathology

**New Partner:** No

**Mechanism Name: NPIN**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7581.09

**System ID:** 10080

**Planned Funding(\$):** \$100,000

**Procurement/Assistance Instrument:** Contract

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Analytical Sciences, Inc.

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PPP DeBeers**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8240.09  
**System ID:** 10162  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** APHFTA  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3572.09  
**System ID:** 9977  
**Planned Funding(\$):** \$700,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Association of Public Health Laboratories  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7576.09  
**System ID:** 10234  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Axios Partnerships in Tanzania  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4896.09  
**System ID:** 10024  
**Planned Funding(\$):** \$1,961,079  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Balm in Gilead  
**New Partner:** No  
  
**Sub-Partner:** Christian Council of Tanzania  
**Planned Funding:** \$0  
**Funding is TO BE DETERMINED:** No  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Tanzania Episcopal Conference (TEC)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: National Muslim Council of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name: BIPAI**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 10671.09

**System ID:** 10671

**Planned Funding(\$):** \$2,500,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania

**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 2290.09

**System ID:** 9975

**Planned Funding(\$):** \$1,184,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Bugando Medical Centre

**New Partner:** No

**Mechanism Name: NPI**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 10697.09

**System ID:** 10697

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Grant

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** CAMFED

**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1506.09  
**System ID:** 10017  
**Planned Funding(\$):** \$1,063,792  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 10566.09  
**System ID:** 10566  
**Planned Funding(\$):** \$619,977  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5027.09  
**System ID:** 10025  
**Planned Funding(\$):** \$1,200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No  
  
Sub-Partner: Roman Catholic Njombe Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10123.09  
**System ID:** 10123  
**Planned Funding(\$):** \$14,893,419  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

Sub-Partner: Interchurch Medical Assistance  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: University of Maryland, Institute of Human Virology  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Constella Futures  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Lushoto District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: District Designated Hospital/Hospitali Tuele Muheza  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Sekou Toure Regional Hospital, Mwanza  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Geita District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Program Budget Codes:
Sub-Partner: Magu Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: St. Luke Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Makongoro Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Pangani District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Bumbuli Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Bombo Regional Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Bunda Designated District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tarime District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Musoma Regional Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Sumve Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ngudu Dist Hospital (Kwimba)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Constella Futures Group  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1177.09  
**System ID:** 9986  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Central Contraceptive Procurement  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3582.09  
**System ID:** 9979  
**Planned Funding(\$):** \$700,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Clinical and Laboratory Standards Institute  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1512.09  
**System ID:** 10145  
**Planned Funding(\$):** \$4,400,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Columbia University  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1221.09  
**System ID:** 9972  
**Planned Funding(\$):** \$12,295,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Columbia University  
**New Partner:** No

Sub-Partner: Kigoma Municipal Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mchukwi Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Baptist Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Bukoba Rural District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Nyakahanga Designated District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ndolage Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kagera Regional Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Deloitte Touche Tohmatsu  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Medecins du Monde  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Biharamulo Designated District Hospital PMTCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Bugando Medical Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ocean Road Cancer Institute  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: MARPS**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10710.09  
**System ID:** 10710  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Columbia University  
**New Partner:** No

**Mechanism Name: Community Services**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8030.09  
**System ID:** 10747  
**Planned Funding(\$):** \$5,188,647  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Deloitte Consulting Limited  
**New Partner:** No

**Mechanism Name: Fac Based/RFE**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1197.09  
**System ID:** 9987  
**Planned Funding(\$):** \$21,035,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Deloitte Consulting Limited  
**New Partner:** No

Sub-Partner: African Inland Church Diocese of Mwanza  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: AFRICARE Zanzibar  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Afya Women's Group  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Consolata sisters Allamano Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Archdiocese of Arusha

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Archdiocese of Mwanza, Faraja Community Outreach Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Centre for Counselling, Health & Nutrition

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Jipeni Moyo Women and Community Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Diocese of Central Tanganyika

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church in Tanzania - East of Lake Victoria Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Evangelical Lutheran Church in Tanzania - Northern Diocese, Karatu Lutheran Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Faraja Orphans and Training Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Family Health International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Ikwiriri Mission Clinic and Dispensary
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Kikundi cha Wajane Kondoa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Lugoda Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Mwanza Outreach Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Pamoja Tupambane na UKIMWI
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: The Mosques Council of Tanzania

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Uhakika Kituo cha Ushauri Nasaha
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Ukerewe Adventist Community Health Outreach Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Umoja wa Majeshi Kibaha, Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: African Palliative Care Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Africare
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Alpha Dancing Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Muhimbili University College of Health Sciences
Planned Funding: \$0
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tanzania Women Lawyers Association (TAWLA)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tanzania Network of Women Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Cultural Practice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Apex Engineering
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Promotion of Rural Initiatives and Development Enterprises Limited - Pride Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Archdiocese of Mwanza
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Allamano Centre, Iringa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Emerging Markets
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Dodoma Regional Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Mafinga District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Iringa Regional Hospital, Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Bulongwa Lutheran Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Ilembula PMTCT Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Makiungu Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 10681.09

**System ID:** 10681

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Contract

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Deloitte Touche Tohmatsu

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10708.09  
**System ID:** 10708  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Drug Control Commission  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1511.09  
**System ID:** 10144  
**Planned Funding(\$):** \$5,006,215  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2369.09  
**System ID:** 10047  
**Planned Funding(\$):** \$8,043,418  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**New Partner:** No

Sub-Partner: University of California at San Francisco  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: John Snow, Inc.  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1158.09  
**System ID:** 10062  
**Planned Funding(\$):** \$4,537,965  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**New Partner:** No

Sub-Partner: Karatu Designated District Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kilimanjaro Christian Medical Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Masasi District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Newala District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tandahimba District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Nkinga Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Urambo District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:  
  
Sub-Partner: Uyui District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Maswa District Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5096.09  
**System ID:** 10077  
**Planned Funding(\$):** \$1,200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Engender Health  
**New Partner:** No  
  
Sub-Partner: Hanang Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:  
  
Sub-Partner: Mbulu Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: ACQUIRE**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10714.09  
**System ID:** 10714  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Engender Health  
**New Partner:** No

**Mechanism Name: CHAMPION**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10715.09  
**System ID:** 10715  
**Planned Funding(\$):** \$2,360,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Engender Health  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1219.09  
**System ID:** 9937  
**Planned Funding(\$):** \$2,250,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No

**Mechanism Name: ROADS**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3490.09  
**System ID:** 10567  
**Planned Funding(\$):** \$3,523,286  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No  
  
Sub-Partner: Solidarity Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Program for Appropriate Technology in Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Howard University/PACE Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: AngloCharity Dispensary

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tunduma Holy Family Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Tunduma Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Taqwa

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Makambako Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Makambako Women's Development Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Academy for Educational Development  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: ABC-Tunduma  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Voices for Humanity  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church in Tanzania - Southern Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name: UJANA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4907.09  
**System ID:** 10568  
**Planned Funding(\$):** \$4,701,125  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No

Sub-Partner: Africare  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: African Medical and Research Foundation  
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tanzania Gender & Networking Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Instituto Promundo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Femina TV Talk Show
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: TRACE
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: National Organization of Peer Educators
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Dhi Nureyn Islamic Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Support Makete to Self Support
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Usawa Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Family Life Action Trust

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Anti-Female Genital Mutilation Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name: NPI**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 10698.09

**System ID:** 10698

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Grant

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Foundation for Hospices in Sub-Saharan Africa

**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 10749.09

**System ID:** 10749

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Foundation for Hospices in Sub-Saharan Africa

**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7862.09  
**System ID:** 10033  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Geneva Global  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1513.09  
**System ID:** 10146  
**Planned Funding(\$):** \$6,786,072  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Harvard University School of Public Health  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3621.09  
**System ID:** 10048  
**Planned Funding(\$):** \$8,300,600  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** Harvard University School of Public Health  
**New Partner:** No

Sub-Partner: Muhimbili University College of Health Sciences  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Dar es Salaam City Council  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7567.09  
**System ID:** 9962  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ifakara Research Center  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3532.09  
**System ID:** 10184  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Rescue Committee  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3501.09  
**System ID:** 10096  
**Planned Funding(\$):** \$678,185  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** International Youth Foundation  
**New Partner:** No

Sub-Partner: Tanzanian Red Cross Society  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Young Women's Christian Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Scouts Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

Sub-Partner: Tanzania Young Men's Christian Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name: CAPACITY**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 1225.09

**System ID:** 9912

**Planned Funding(\$):** \$4,791,259

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** IntraHealth International, Inc

**New Partner:** No

Sub-Partner: National Institute for Medical Research

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: AIDS Business Coalition

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Waliokatika Mapambano Ya Ukimwi Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 5218.09

**System ID:** 9938

**Planned Funding(\$):** \$2,409,966

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** IntraHealth International, Inc

**New Partner:** No

Sub-Partner: University of Dar es Salaam, University Computing Center

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4900.09  
**System ID:** 10101  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Jane Goodall Institute  
**New Partner:** No

Sub-Partner: Seventh Day Adventist Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: God's Ambassadors Development Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Deeper Christian Life Ministry  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: UMFAA  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Baptist Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: ACCESS FP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11170.09  
**System ID:** 11170  
**Planned Funding(\$):** \$1,001,078  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** JHPIEGO  
**New Partner:** No

**Mechanism Name: MAISHA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1171.09  
**System ID:** 9717  
**Planned Funding(\$):** \$1,836,990  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** JHPIEGO  
**New Partner:** No

**Mechanism Name: UHAI**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11168.09  
**System ID:** 11168  
**Planned Funding(\$):** \$2,152,700  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** JHPIEGO  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1192.09  
**System ID:** 9718  
**Planned Funding(\$):** \$637,034  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 1028.09

**System ID:** 9983

**Planned Funding(\$):** \$1,353,750

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** Kikundi Huduma Majumbani

**New Partner:** No

Sub-Partner: Roman Catholic Diocese of Mbeya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Iringa Residential and Training Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Serve Tanzania (SETA)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Mango Tree

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Igogwe Roman Catholic Mission Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Anglican Diocese of Western Tanganyika

Planned Funding: \$0

Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Program Budget Codes:
Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Oak Tree Tanzania;
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Namanyere Roman Catholic Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: SEDECO-Service Development Cooperative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Umoja Social Support and Counseling Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Mbeya Regional Medical Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Ruvuma Regional Medical Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Rukwa Regional Medical Office  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1209.09  
**System ID:** 9953  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Macro International  
**New Partner:** No

**Mechanism Name: LMS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1215.09  
**System ID:** 9911  
**Planned Funding(\$):** \$1,840,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

Sub-Partner: Ministry of Health - Zanzibar, Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Commission for AIDS  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Ministry of Health and Social Welfare, Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: SPS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1441.09  
**System ID:** 10569  
**Planned Funding(\$):** \$699,999  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7570.09  
**System ID:** 9998  
**Planned Funding(\$):** \$2,912,613  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mbeya HIV Network Tanzania  
**New Partner:** No

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Moravian Mission Hospital in Mbozi  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Oak Tree Tanzania;  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Serve Tanzania (SETA)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Iringa Residential and Training Foundation  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Igogwe Roman Catholic Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Umoja Social Support and Counseling Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Anglican Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mango Tree  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Moravian Church Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Mbozi Mission Hospital VCT Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Service Health Development for People Living Positevely with HIV/AIDS  
(SHIDEPHA)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: ABC-Tunduma  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1027.09  
**System ID:** 9969  
**Planned Funding(\$):** \$4,395,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mbeya Referral Hospital  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1135.09  
**System ID:** 10037  
**Planned Funding(\$):** \$4,675,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mbeya Regional Medical Office  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5241.09  
**System ID:** 10027  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mennonite Economic Development Associates  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4083.09  
**System ID:** 10224  
**Planned Funding(\$):** \$789,940  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mildmay International  
**New Partner:** No

Sub-Partner: Kikundi cha Wanawake Kilimanjaro Kupambana na Ukimwi wa Kiwakkuki

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kilimanjaro Christian Medical Centre  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Regional Medical Office/Ministry of Health  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Rainbow Centre - Moshi  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3511.09  
**System ID:** 10098  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Education and Culture, Tanzania  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10713.09  
**System ID:** 10713  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Education and Culture, Tanzania  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4920.09  
**System ID:** 10343  
**Planned Funding(\$):** \$4,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Ministry of Health and Social Welfare, Tanzania  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1130.09  
**System ID:** 9719  
**Planned Funding(\$):** \$2,035,680  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Health and Social Welfare, Tanzania  
**New Partner:** No  
  
Sub-Partner: Tanzanian Red Cross Society  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name: ZACP**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4781.09  
**System ID:** 9958  
**Planned Funding(\$):** \$2,102,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10709.09  
**System ID:** 10709  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Muhimbili National Hospital  
**New Partner:** Yes

**Mechanism Name: MHIC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10623.09  
**System ID:** 10623  
**Planned Funding(\$):** \$1,200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Muhimbili University College of Health Sciences  
**New Partner:** No

**Mechanism Name: Unallocated**

**Mechanism Type:** Unallocated (GHCS)  
**Mechanism ID:** 11334.09  
**System ID:** 11334  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:**  
**Agency:**  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:**

**Mechanism Name: Unallocated**

**Mechanism Type:** Unallocated (GHCS)  
**Mechanism ID:** 11472.09  
**System ID:** 11472  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:**  
**Agency:**  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:**

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Unallocated**

**Mechanism Type:** Unallocated (GHCS)  
**Mechanism ID:** 11739.09  
**System ID:** 11739  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:**  
**Agency:**  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1056.09  
**System ID:** 9949  
**Planned Funding(\$):** \$2,529,432  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National AIDS Control Program Tanzania  
**New Partner:** No

Sub-Partner: Muhimbili University College of Health Sciences  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: University of Dar es Salaam, University Computing Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Youth Aware Trust Fund (TAYOA)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: AIDS Business Coalition  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: To Be Determined  
Planned Funding: ████  
Funding is TO BE DETERMINED: No



**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1153.09  
**System ID:** 9910  
**Planned Funding(\$):** \$985,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National Institute for Medical Research  
**New Partner:** No  
  
Sub-Partner: Ministry of Health and Social Welfare, Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1253.09  
**System ID:** 10043  
**Planned Funding(\$):** \$2,090,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National Tuberculosis and Leprosy Control Program  
**New Partner:** No

**Mechanism Name: OGHA activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5257.09  
**System ID:** 11732  
**Planned Funding(\$):** \$247,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Office of the Secretary  
**Funding Source:** GHCS (State)  
**Prime Partner:** Office of the Secretary  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: OGHA activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11736.09  
**System ID:** 11736  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Office of the Secretary  
**Funding Source:** GHCS (State)  
**Prime Partner:** Office of the Secretary  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1109.09  
**System ID:** 10008  
**Planned Funding(\$):** \$4,532,842  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No

Sub-Partner: Department of Social Welfare  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Family Health International  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Jane Goodall Institute  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kagera Development And Credit Revolving Fund  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Program Budget Codes:
Sub-Partner: Karagwe District Education Fund
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Karagwe Youth Development Network
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Rulenge Diocesan Development Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Saidia Wazee Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tabora NGOs Cluster
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Tukulene Youth Development Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Youth Advisory and Development Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: SCMS Central**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 11803.09  
**System ID:** 11803  
**Planned Funding(\$):** \$138,750  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4790.09  
**System ID:** 9946  
**Planned Funding(\$):** \$32,445,746  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

Sub-Partner: Management Sciences for Health  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Crown Agents  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Voxiva, Inc.  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Program for Appropriate Technology in Health  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3745.09  
**System ID:** 10022  
**Planned Funding(\$):** \$3,713,347  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pastoral Activities & Services for People with AIDS  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1415.09  
**System ID:** 10016  
**Planned Funding(\$):** \$6,048,742  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pathfinder International  
**New Partner:** No

Sub-Partner: Interchurch Medical Assistance  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanga Aids Working Group  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Axios Partnerships in Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Waliokatika Mapambano Ya Ukimwi Tanzania  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: To Be Determined  
Planned Funding: ████  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1136.09  
**System ID:** 9984  
**Planned Funding(\$):** \$5,006,200  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** PharmAccess  
**New Partner:** No

Sub-Partner: Lugalo Military Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Prisons Service  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Tanzania Police Forces  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7408.09  
**System ID:** 9996  
**Planned Funding(\$):** \$2,865,088  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** PharmAccess  
**New Partner:** No

Sub-Partner: Tanzania Police Forces  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Tanzania Prisons Service  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7578.09  
**System ID:** 10235  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Services International  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3623.09  
**System ID:** 10049  
**Planned Funding(\$):** \$2,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Program for Appropriate Technology in Health  
**New Partner:** No

**Mechanism Name: RPSO**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2244.09  
**System ID:** 9915  
**Planned Funding(\$):** \$8,550,096  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** Regional Procurement Support Office/Frankfurt  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7571.09  
**System ID:** 9999  
**Planned Funding(\$):** \$1,016,450  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Resource Oriented Development Initiatives  
**New Partner:** No

Sub-Partner: Anglican Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Namanyere Roman Catholic Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Kirando Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1138.09  
**System ID:** 10039  
**Planned Funding(\$):** \$2,475,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Rukwa Regional Medical Office  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1139.09  
**System ID:** 10040  
**Planned Funding(\$):** \$2,600,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ruvuma Regional Medical Office  
**New Partner:** No  
  
Sub-Partner: Peramiho Roman Catholic Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3502.09  
**System ID:** 10659  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Salesian Mission  
**New Partner:** No

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3506.09  
**System ID:** 10020  
**Planned Funding(\$):** \$745,101  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Salvation Army  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5240.09  
**System ID:** 11431  
**Planned Funding(\$):** \$650,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Salvation Army  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7573.09  
**System ID:** 10000  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Savannas Forever Tanzania / World Wildlife Fund Tanzania  
**New Partner:** No

Sub-Partner: National Institute for Medical Research  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4082.09  
**System ID:** 10023  
**Planned Funding(\$):** \$1,721,289  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Selian Lutheran Hospital - Mto wa Mbu Hospital  
**New Partner:** No

Sub-Partner: To Be Determined  
Planned Funding: ■  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7580.09  
**System ID:** 10002  
**Planned Funding(\$):** \$895,139  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** SONGONET-HIV Ruvuma  
**New Partner:** No

Sub-Partner: SEDECO-Service Development Cooperative  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Peramiho Roman Catholic Mission Hospital  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: SONOGONUT-HIV Ruvuma  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name: STRADCOM**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7569.09  
**System ID:** 9997  
**Planned Funding(\$):** \$2,505,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Strategic Radio Communication for Development  
**New Partner:** No

Sub-Partner: Media for International Development  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10707.09  
**System ID:** 10707  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tanzania Marketing and Communications Project  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10712.09  
**System ID:** 10712  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tanzania Youth Aware Trust Fund (TAYOA)  
**New Partner:** No

**Mechanism Name: AFINET**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 12207.09  
**System ID:** 12207  
**Planned Funding(\$):** \$1,035,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** The African Field Epidemiology Network  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7878.09  
**System ID:** 9981  
**Planned Funding(\$):** \$425,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** The American Society for Microbiology  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: The Futures Group International**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 12205.09  
**System ID:** 12205  
**Planned Funding(\$):** \$2,275,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** The Futures Group International  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7922.09  
**System ID:** 9940  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Touch Foundation, Inc.  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8546.09  
**System ID:** 9941  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

**Mechanism Name: UTAP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8548.09  
**System ID:** 9967  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of California at San Francisco  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8068.09  
**System ID:** 9963  
**Planned Funding(\$):** \$345,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Dar es Salaam, University Computing Center  
**New Partner:** No

**Mechanism Name: FXB**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 12209.09  
**System ID:** 12209  
**Planned Funding(\$):** \$265,500  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1213.09  
**System ID:** 10012  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of North Carolina at Chapel Hill, Carolina Population Center  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7574.09  
**System ID:** 10001  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Rhode Island  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: ITECH**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4960.09  
**System ID:** 9917  
**Planned Funding(\$):** \$4,718,464  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Washington  
**New Partner:** No

Sub-Partner: IntraHealth International, Inc  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Francois Xavier Bagnoud Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: Program for Appropriate Technology in Health  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1199.09  
**System ID:** 10067  
**Planned Funding(\$):** \$1,400,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** University Research Corporation, LLC  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1228.09  
**System ID:** 9902  
**Planned Funding(\$):** \$7,231,226  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: GAP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1470.09  
**System ID:** 9903  
**Planned Funding(\$):** \$3,883,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

**Mechanism Name: LOCAL**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4950.09  
**System ID:** 9904  
**Planned Funding(\$):** \$7,297,758  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

Sub-Partner: University of California at San Francisco  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:

Sub-Partner: National Institute for Medical Research  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes:



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1143.09  
**System ID:** 9905  
**Planned Funding(\$):** \$2,110,234  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defense  
**New Partner:** No

**Mechanism Name: M&S**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 1442.09  
**System ID:** 9906  
**Planned Funding(\$):** \$635,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: State ICASS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 11907.09  
**System ID:** 11907  
**Planned Funding(\$):** \$35,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: Grants**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8067.09  
**System ID:** 9920  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Fogarty**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7629.09  
**System ID:** 10083  
**Planned Funding(\$):** \$450,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/National Institutes of Health  
**Funding Source:** GHCS (State)  
**Prime Partner:** US National Institutes of Health  
**New Partner:** No

**Mechanism Name: Pangea**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10572.09  
**System ID:** 10572  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/National Institutes of Health  
**Funding Source:** GHCS (State)  
**Prime Partner:** US National Institutes of Health  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1026.09  
**System ID:** 9909  
**Planned Funding(\$):** \$991,800  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Peace Corps  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Peace Corps  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4691.09  
**System ID:** 9957  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No

---

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 3504.09

**System ID:** 10097

**Planned Funding(\$):** \$425,779

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Prime Partner:** World Vision International

**New Partner:** No

Sub-Partner: Johns Hopkins University Center for Communication Programs

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	AIDS Business Coalition	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kay's Hygiene	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Marie Stopes Tanzania	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Ministry of Labor, Youth Development, and Sports, Tanzania	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Muslim Council of Tanzania	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Shely's Pharmaceuticals	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tanzania Football Federation	N	\$0
11676.09	11676	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	The Word and Peace Organization	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	AIDS Business Coalition	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kay's Hygiene	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Marie Stopes Tanzania	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Ministry of Labor, Youth Development, and Sports, Tanzania	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Muslim Council of Tanzania	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Shely's Pharmaceuticals	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tanzania Football Federation	N	\$0
1175.09	9985	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	The Word and Peace Organization	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Africa Inland Church of Tanzania	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of Tanzania	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Baraza Kuu la Waislam Tanzania -Mwanza	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Deeper Life Christian Ministry Church	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Kilimanjaro Women Fight Against HIV/AIDS	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Mshikamano Cultural Groups	N	\$0
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Seventh Day Adventist Church	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3500.09	10095	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Youth Advisory and Development Council	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church Diocese of Shinyanga	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church of Tanzania, Shinyanga (Isaka and Nzega)	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church of Tanzania, Shinyanga VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Aga Khan Medical Centre Morogoro	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Al Jumaa Mosque Charitable Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church Central Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church of Tanzania - Diocese of Mara	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church of Tanzania - Diocese of Tanga	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Biharamulo District Council	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bukoba Rural District Council	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bunda Designated District Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bwambo Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Chama cha Uzazi na Malezi Bora Tanzania (UMATI)	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Chumbageni VCT Centre, Tanga	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Dareda Mission Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Southern Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Central Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Karagwe Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Southern Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania, Same Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Faraja	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Hope Clinic	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ifakara Research Center	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Karagwe VCT Site	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Katandala Health Centre VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kazilankanda Dispensary VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kigoma Clinic VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kilimatinde VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Machame Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Magomeni Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Magomeni Seventh Day Adventist VCT	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makambako VCT Site	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makete VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makongoro Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mara Conference of Seventh Day Adventists, Musoma	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Marangu Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Matumaini VCT Centre - Mugumu - Kanisa la Menonite Tanzania	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mennonite Church in Tanzania	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mnazi Mmoja Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mnazi Mmoja Referral Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moravian VCT Centre Tabora	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Muhimbili Health Information Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mvumi Hospital VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mwambani Designated District Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ngara Voluntary Counseling & Testing Site	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Njombe VCT Centre Evangelical Lutheran Church of Tanzania Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nyakahanga Designated District Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nyangao Hospital VCT Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nzega District Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Diocese of Rulenge	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Diocese of Sumbawanga	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Njombe Diocese	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Same District Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Seventh Day Adventist Makao Mapya VCT Site Arusha	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Shirati Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Songea Municipal Council	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St Walburg Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St. Benedictine Ndanda Hospital	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St. Francis Hospital, Ifakara	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Sumbawanga Municipal Council	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Temeke Seventh Day Adventist VCT	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tumaini VCT Centre Korogwe	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tunduma Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tunduma Holy Family Health Centre	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uhai Baptist Centre Mbeya	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uviwana Dispensary (& VCT Centre)	N	\$0
1182.09	10065	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uzima Counseling Centre	N	\$0
7575.09	10005	African Wildlife Foundation	U.S. Agency for International Development	GHCS (State)	Babati District Council	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Adopt Africa	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Baraza la Akina Mama wa Kiislamu	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Child Parents & Destitute Foundation	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Evangelical Assemblies of God	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Faraja Human Development Fund	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Kongwa Huduma kwa Watoto Yatima, na Malaria	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Muzdalifa Orphan Centre	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Pamoja Tupambane na UKIMWI	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Save HIV/AIDS Orphans Tanzania Foundation	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Shukurani	N	\$0
1169.09	10010	Africare	U.S. Agency for International Development	GHCS (State)	Ukimwi na Jamii Kibaigwa	N	\$0
3555.09	9936	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Boulder Community Hospital	N	\$0
3555.09	9936	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Evangelical Lutheran Church of Tanzania Diocese of Pare	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3555.09	9936	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Gonja Hospital	N	\$0
3555.09	9936	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Southeastern Synod of Lowa Evangelical Lutheran Church in America	N	\$0
1508.09	10093	American Red Cross	U.S. Agency for International Development	Central GHCS (State)	Tanzanian Red Cross Society	N	\$0
4896.09	10024	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	Christian Council of Tanzania	N	\$0
4896.09	10024	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Muslim Council of Tanzania	N	\$0
4896.09	10024	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzania Episcopal Conference (TEC)	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bombo Regional Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bumbuli Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bunda Designated District Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures Group	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	District Designated Hospital/Hospitali Tuele Muheza	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Geita District Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Interchurch Medical Assistance	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Lushoto District Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Magu Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Makongoro Health Centre	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Musoma Regional Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ngudu Dist Hospital (Kwimba)	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Pangani District Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sekou Toure Regional Hospital, Mwanza	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Luke Health Centre	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sumve Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Tarime District Hospital	N	\$0
10123.09	10123	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	University of Maryland, Institute of Human Virology	N	\$0
5027.09	10025	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Roman Catholic Njombe Diocese	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baptist Hospital	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Biharamulo Designated District Hospital PMTCT Centre	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bugando Medical Centre	N	\$0



**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bukoba Rural District Council	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Deloitte Touche Tohmatsu	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kagera Regional Hospital	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kigoma Municipal Council	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mchukwi Mission Hospital	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medecins du Monde	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ndolage Hospital	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyakahanga Designated District Hospital	N	\$0
1221.09	9972	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ocean Road Cancer Institute	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	African Inland Church Diocese of Mwanza	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	African Palliative Care Association	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	AFRICARE Zanzibar	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Afya Women's Group	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Allamano Centre, Iringa	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Alpha Dancing Group	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Apex Engineering	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Arusha	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Mwanza	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Mwanza, Faraja Community Outreach Program	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Bulongwa Lutheran Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Centre for Counselling, Health & Nutrition	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Consolata sisters Allamano Centre	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Cultural Practice	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Diocese of Central Tanganyika	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Dodoma Regional Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Emerging Markets	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - East of Lake Victoria Diocese	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Northern Diocese, Karatu Lutheran Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Faraja Orphans and Training Center	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ikwiriri Mission Clinic and Dispensary	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ilembula PMTCT Centre	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Iringa Regional Hospital, Tanzania	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Jipeni Moyo Women and Community Organization	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Kikundi cha Wajane Kondo	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Lugoda Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Mafinga District Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Makiungu Hospital	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Mwanza Outreach Group	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Pamoja Tupambane na UKIMWI	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Promotion of Rural Initiatives and Development Enterprises Limited - Pride Tanzania	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Tanzania Network of Women Living with HIV/AIDS	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Tanzania Women Lawyers Association (TAWLA)	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	The Mosques Council of Tanzania	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Uhakika Kituo cha Ushauri Nasaha	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ukerewe Adventist Community Health Outreach Project	N	\$0
1197.09	9987	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Umoja wa Majeshi Kibaha, Tanzania	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Karatu Designated District Hospital	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kilimanjaro Christian Medical Centre	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Masasi District Council	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Maswa District Council	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Newala District Council	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nkinga Mission Hospital	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Tandahimba District Council	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Urambo District Council	N	\$0
1158.09	10062	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Uyui District Council	N	\$0
2369.09	10047	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	John Snow, Inc.	N	\$0
2369.09	10047	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of California at San Francisco	N	\$0
5096.09	10077	Engender Health	U.S. Agency for International Development	GHCS (State)	Hanang Hospital	N	\$0
5096.09	10077	Engender Health	U.S. Agency for International Development	GHCS (State)	Mbulu Hospital	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	ABC-Tunduma	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	AngloCharity Dispensary	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Southern Diocese	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Howard University/PACE Center	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Makambako Health Centre	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Makambako Women's Development Association	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Solidarity Center	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Taqwa	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Tunduma Health Centre	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Tunduma Holy Family Health Centre	N	\$0
3490.09	10567	Family Health International	U.S. Agency for International Development	GHCS (State)	Voices for Humanity	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	African Medical and Research Foundation	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Anti-Female Genital Mutilation Network	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Dhi Nureyn Islamic Foundation	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Family Life Action Trust	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Femina TV Talk Show	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Instituto Promundo	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Support Makete to Self Support	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Tanzania Gender & Networking Programme	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	TRACE	N	\$0
4907.09	10568	Family Health International	U.S. Agency for International Development	GHCS (State)	Usawa Group	N	\$0
3621.09	10048	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Dar es Salaam City Council	N	\$0
3621.09	10048	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
3501.09	10096	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Scouts Association	N	\$0
3501.09	10096	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Young Men's Christian Association	N	\$0
3501.09	10096	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Young Women's Christian Association	N	\$0
3501.09	10096	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzanian Red Cross Society	N	\$0
1225.09	9912	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	AIDS Business Coalition	N	\$0
1225.09	9912	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	National Institute for Medical Research	N	\$0
1225.09	9912	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Waliokatika Mapambano Ya Ukimwi Tanzania	N	\$0
5218.09	9938	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Dar es Salaam, University Computing Center	N	\$0
4900.09	10101	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Baptist Hospital	N	\$0
4900.09	10101	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Deeper Christian Life Ministry	N	\$0
4900.09	10101	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	God's Ambassadors Development Organization	N	\$0
4900.09	10101	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Seventh Day Adventist Church	N	\$0
4900.09	10101	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	UMFAA	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Anglican Diocese of Western Tanganyika	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Igogwe Roman Catholic Mission Hospital	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Iringa Residential and Training Foundation	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Mango Tree	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Mbeya Regional Medical Office	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Namanyere Roman Catholic Mission Hospital	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Oak Tree Tanzania;	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Roman Catholic Diocese of Mbeya	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Rukwa Regional Medical Office	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Ruvuma Regional Medical Office	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	SEDECO-Service Development Cooperative	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Serve Tanzania (SETA)	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);	N	\$0
1028.09	9983	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Umoja Social Support and Counseling Association	N	\$0
1215.09	9911	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ministry of Health - Zanzibar, Tanzania	N	\$0
1215.09	9911	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ministry of Health and Social Welfare, Tanzania	N	\$0
1215.09	9911	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Tanzania Commission for AIDS	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	ABC-Tunduma	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Anglican Church	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Igogwe Roman Catholic Mission Hospital	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Iringa Residential and Training Foundation	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Mango Tree	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Mbozi Mission Hospital VCT Centre	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Moravian Church Mission Hospital	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Oak Tree Tanzania;	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Serve Tanzania (SETA)	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Service Health Development for People Living Positively with HIV/AIDS (SHIDEPHA)	N	\$0
7570.09	9998	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Umoja Social Support and Counseling Association	N	\$0
4083.09	10224	Mildmay International	U.S. Agency for International Development	GHCS (State)	Kikundi cha Wanawake Kilimanjaro Kupambana na Ukimwi wa Kiwakkuki	N	\$0
4083.09	10224	Mildmay International	U.S. Agency for International Development	GHCS (State)	Kilimanjaro Christian Medical Centre	N	\$0
4083.09	10224	Mildmay International	U.S. Agency for International Development	GHCS (State)	Rainbow Centre - Moshi	N	\$0
4083.09	10224	Mildmay International	U.S. Agency for International Development	GHCS (State)	Regional Medical Office/Ministry of Health	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1130.09	9719	Ministry of Health and Social Welfare, Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzanian Red Cross Society	N	\$0
1056.09	9949	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	■
1056.09	9949	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Business Coalition	N	\$0
1056.09	9949	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
1056.09	9949	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzania Youth Aware Trust Fund (TAYOA)	N	\$0
1056.09	9949	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Dar es Salaam, University Computing Center	N	\$0
1153.09	9910	National Institute for Medical Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Health and Social Welfare, Tanzania	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Department of Social Welfare	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Karagwe Diocese	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Jane Goodall Institute	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Kagera Development And Credit Revolving Fund	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Karagwe District Education Fund	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Karagwe Youth Development Network	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rulenge Diocesan Development Office	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Saidia Wazee Tanzania	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tabora NGOs Cluster	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tukolene Youth Development Centre	N	\$0
1109.09	10008	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Youth Advisory and Development Council	N	\$0
4790.09	9946	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents	N	\$0
4790.09	9946	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
4790.09	9946	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
4790.09	9946	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva, Inc.	N	\$0
1415.09	10016	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	■
1415.09	10016	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Axios Partnerships in Tanzania	N	\$0
1415.09	10016	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Interchurch Medical Assistance	N	\$0
1415.09	10016	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanga Aids Working Group	N	\$0
1415.09	10016	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Waliokatika Mapambano Ya Ukimwi Tanzania	N	\$0
1136.09	9984	PharmAccess	Department of Defense	GHCS (State)	Lugalo Military Hospital	N	\$0
1136.09	9984	PharmAccess	Department of Defense	GHCS (State)	Tanzania Police Forces	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1136.09	9984	PharmAccess	Department of Defense	GHCS (State)	Tanzania Prisons Service	N	\$0
7408.09	9996	PharmAccess	U.S. Agency for International Development	GHCS (State)	Tanzania Police Forces	N	\$0
7408.09	9996	PharmAccess	U.S. Agency for International Development	GHCS (State)	Tanzania Prisons Service	N	\$0
7571.09	9999	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Anglican Church	N	\$0
7571.09	9999	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Kirando Hospital	N	\$0
7571.09	9999	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Namanyere Roman Catholic Mission Hospital	N	\$0
7571.09	9999	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)	N	\$0
1139.09	10040	Ruvuma Regional Medical Office	Department of Defense	GHCS (State)	Peramiho Roman Catholic Mission Hospital	N	\$0
7573.09	10000	Savannas Forever Tanzania / World Wildlife Fund Tanzania	U.S. Agency for International Development	GHCS (State)	National Institute for Medical Research	N	\$0
4082.09	10023	Selian Lutheran Hospital - Mto wa Mbu Hospital	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	\$0
7580.09	10002	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	Peramiho Roman Catholic Mission Hospital	N	\$0
7580.09	10002	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	SEDECO-Service Development Cooperative	N	\$0
7580.09	10002	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)	N	\$0
7580.09	10002	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	SONOGONUT-HIV Ruvuma	N	\$0
7569.09	9997	Strategic Radio Communication for Development	U.S. Agency for International Development	GHCS (State)	Media for International Development	N	\$0
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Africa Alive Tanzania	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Anti-Female Genital Mutilation Network	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Christian Council of Tanzania	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Legal And Human Rights Centre	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	National Council of People Living with HIV/AIDS	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Tanzania Gender & Networking Programme	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Tanzania Network of Women Living with HIV/AIDS	N	■
8119.09	9921	To Be Determined	U.S. Agency for International Development	GHCS (State)	Tanzania Women Lawyers Association (TAWLA)	N	■
4960.09	9917	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Francois Xavier Bagnoud Center	N	\$0
4960.09	9917	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	IntraHealth International, Inc	N	\$0
4960.09	9917	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
4950.09	9904	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Institute for Medical Research	N	\$0
4950.09	9904	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of California at San Francisco	N	\$0

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3504.09	10097	World Vision International	U.S. Agency for International Development	Central GHCS (State)	Johns Hopkins University Center for Communication Programs	N	\$0



---

**Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents**

Program Budget Code: 01 - MTCT Prevention: PMTCT

**Total Planned Funding for Program Budget Code: \$20,853,648**

**Program Area Narrative:**

Program Area Context: PMTCT 2009  
Planned Funding for PMTCT: \$21,229,979  
Word count: 10,096 (With spaces)

With more than 1.5 million births annually and 8.2% HIV prevalence at antenatal clinics (ANC), approximately 123,800 HIV-positive women deliver exposed infants annually in Tanzania (HSSP 2008-2012). Assuming a 35% transmission rate without intervention, an estimated 43,300 children will become infected with HIV each year. About 98% of pregnant women attend ANC at least once (DHS 2004/05), which provides an excellent opportunity to prevent pediatric HIV infections and provide care and Antiretroviral Therapy (ART) for HIV-positive women and their families.

The Government of Tanzania (GoT) has expanded Prevention of Mother-to-Child Transmission (PMTCT) services from five sites in FY 2004 to 1,347 sites in FY 2007, of which 1,022 (74%) are directly supported by the USG. In the FY 2008 Semi-Annual Progress Report, 318,630 (44%) pregnant women attending ANC and labor and delivery (L&D) in Tanzania received counseling and testing (CT) services and 15,550 (26% of all estimated HIV-positive pregnant women in Tanzania) received antiretroviral (ARV) prophylaxis for PMTCT at USG funded sites. Current uptake of CT at ANC (as reported by USG quarterly reports) has improved from 86% to 98%, as routine CT has become more widely implemented.

In the first quarter of 2008, the USG supported early infant diagnosis DNA PCR collection/testing using dried blood spots at 26 facilities. During this quarter, 257 children were confirmed as HIV-positive. In addition, 1,305 exposed infants were initiated on Cotrimoxazole (CTX).

The proportion of health facilities currently providing PMTCT services has increased from 12% to 25%. However, despite the considerable expansion of PMTCT, less than 30% of all HIV positive women in Tanzania receive ARV prophylaxis through 1,347 PMTCT facilities. In order to strengthen PMTCT services, the program needs to increase access to services, increase utilization of CT services at L&D wards, increase uptake of more expanded ARV prophylaxis regimens, strengthen postnatal follow-up and infant feeding support, increase provision of a basic preventive care package to mothers and infants, and strengthen linkages to care and ART. An additional concern is the weak referral system between PMTCT and ART services and a weak network of mother support groups in the community. Between October 2006 and March 2008, the proportion of new ART patients who were pregnant women increased from 2.7% to 5.6% but remains sub-optimal.

To rapidly expand comprehensive PMTCT services, and in order to better align with the USG five year Strategy, the USG will continue to support the Ministry of Health and Social Welfare (MoHSW) in the regionalization of PMTCT services. Under this plan, six USG ART partners will lead the scale-up and support of PMTCT services within their assigned 20 geographic regions. ART partners will work with regional and district authorities to coordinate and strengthen implementation of PMTCT sites and linkages between PMTCT and adult and pediatric care and treatment services, including early infant diagnosis. MoHSW has fully shifted from a role of implementation to national program coordination and management, which helps to address staffing constraints at the MoHSW. Regionalization of PMTCT has followed the success of ART partner regionalization, supporting an integrated approach to care and treatment and fostering many program efficiencies. In particular, because ART and PMTCT services will be supported by the same USG partners, the USG expects that referral systems between PMTCT and ART services will be strengthened. Also, since the ART partners are now working with district level health authorities to plan and prioritize treatment sites in line with the expansion of treatment services to the health centre level, it makes sense to plan and prioritize the expansion of PMTCT services at the same time.

Despite flat funding levels, the PMTCT program will maintain the wave of service expansion initiated in FY 2008 and will incorporate the following priorities in FY 2009: increase the quality and coverage of PMTCT services; increase uptake of more efficacious PMTCT ARV regimens; promote increased mother and child follow-up including infant diagnosis and CTX; strengthen and scale-up the use of improved PMTCT monitoring and evaluation (M&E) tools; improve PMTCT-ART linkages; initiate and strengthen mother support groups; and adopt the district network approach. In addition, the PEPFAR nutrition TWG is working with the USG to conduct a baseline assessment to determine how best to provide nutritional support to pregnant women, children, and OVC in Tanzania through nutritional counseling and food by prescription activities. PMTCT implementing partners will support the implementation of this initiative.

The USG will support implementing partners to expand PMTCT to a substantial amount of additional sites by the end of FY 2009. Through a district network approach, implementing partners will provide technical assistance and mentoring to district health authorities rather than providing exclusively facility-based support. This change in focus will contribute to scalability and sustainability efforts. The USG will also work with partners to implement provider-initiated CT; WHO-tiered ART approach;

exclusive breastfeeding with early weaning; growth monitoring; nutritional supplementation; CTX prophylaxis for HIV-exposed infants; promotion of early infant diagnosis; TB screening; family planning referral; and bed nets for exposed infants and HIV-positive pregnant women. Groups of People Living with HIV/AIDS (PLWHA) will be used as expert patients to assist with referrals and follow-up, and invitation letters will be used as one way to increase male involvement. The USG will provide technical assistance to ensure availability of essential drugs, test kits, and supplies for PMTCT when central supplies are not available, and to strengthen the Integrated Logistic System (ILS).

Capacity will be built to provide more efficacious ARV regimens, with a target of providing AZT to at least 50% of HIV-positive women identified at ANC by the end of FY 2009. Partners will ensure that functional referrals exist between PMTCT and care and treatment programs and will prioritize activities at urban, high-volume, high-prevalence sites to maximize impact. Traditional Birth Attendants (TBAs), mother support groups, and local communities will be sensitized to encourage HIV-positive women to access PMTCT services, refer them to deliver in health facilities, and assist with patient follow-up. In addition to community forums and group meetings, radio will be used as a far-reaching medium of education and sensitization.

To ensure effective PMTCT-ART linkages, onsite quality improvement teams will be formed to develop facility-based referral mechanisms. The teams will also work with smaller PMTCT facilities in nearby areas to maximize referrals to ART Care and Treatment Clinics. In FY 2009, ART and PMTCT partners will work to ensure that at least 10% of newly initiated patients on ART are pregnant women. Although Tanzania has a higher proportion of HIV-infected children currently on ART (9%) than most African countries (median 7%), the proportion is significantly below the GoT target of 25%.

In close collaboration with the MoHSW, the USG and its partners have supported the development of a national monitoring system; adaptation of a national PMTCT training curriculum; revision of PMTCT guidelines to support a simple and more effective regimen of AZT plus single dose Nevirapine; provider-initiated testing; and the development of job aids to promote infant feeding education. In FY 2009, support will build on these contributions through consistent implementation of the national policy and guidelines; decentralization of supportive supervision to the district level; development of supportive supervision tools; dissemination of PMTCT job aids to service sites; and support for effective training of service providers.

Several other donors also contribute to PMTCT in Tanzania, including the German Agency for Technical Cooperation, The Clinton HIV/AIDS Initiative, and Médecins du Monde Spain, primarily in service provision at facilities. UNICEF and Global Fund work at the national level to strengthen district 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 stakeholder meetings. In addition, to ensure integrated and coordinated PMTCT programs, the USG in-country PMTCT thematic group, including the MoHSW, will continue quarterly PMTCT partner meetings to discuss critical issues and share best practices. Sustainability will be ensured by working within existing health care systems, implementing national guidelines, training curricula (both pre- and in-service) and M&E tools, building local government capacity, and ensuring inclusion of comprehensive PMTCT activities within council health plans.

The USG will provide technical assistance at the national, regional, district, and site levels for the roll-out and implementation of revised M&E tools, promotion of data use and synthesis, and strengthening of supportive supervision.

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1171.09	<b>Mechanism:</b> MAISHA
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 16402.25077.09	<b>Planned Funds:</b> \$1,104,321
<b>Activity System ID:</b> 25077	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from 1,300,000 to 1,104,321.

Cervical cancer screening activities will be funded in FY09 out of adult care services

\*END ACTIVITY MODIFICATION\*

TITLE: A Comprehensive Community Approach to Integrated PMTCT/FANC/PNC Services

**NEED AND COMPARATIVE ADVANTAGE:** This proposal addresses the need to support both HIV and broader Reproductive health needs of HIV positive mothers and their children, and provides an example of a wraparound program. The program supports PMTCT services through ensuring a more comprehensive and integrated Maternal Neonatal and Child Health (MNCH) services for HIV+ pregnant women and their infants. It covers unique needs from the antenatal care (ANC) period, through labor and delivery and postpartum period through a community approach.

JHPIEGO will mobilize and work with the community through community health workers (CHW) and Community Own Resource Persons (CORPS) to mobilize moms and their family support units to create demand and access to comprehensive reproductive health services that strengthens both PMTCT and Reproductive health services at the community level.

**ACCOMPLISHMENTS:** Based on JHPIEGO's previous work in Tanzania in Focused antenatal care, Safe Motherhood initiative in emergency obstetric care, and more recently Malaria through community health workers, JHPIEGO intends to use the experience gained to strengthen community mobilization and demand creation so that more women access PMTCT and RH services.

**ACTIVITIES:** In the proposed program, the strategy is to ensure that HIV+ pregnant women are linked to a continuum of comprehensive MNCH care services through an integrated community/facility approach. This proposed program will build on the CDC-funded community mobilization project and tools as well as the USAID-funded FANC/PMTCT service provider orientation tools. JHPIEGO will train CHWs to transmit key messages among pregnant women regarding PMTCT, FANC, preventing malaria, post natal care (PNC) services, family planning (FP), and cervical cancer prevention. Using their FANC orientation package, the program will complement and strengthen the skills of low-level providers working in health centers and dispensaries serving as care and treatment centers refills/outreach sites. Providers will offer quality RH and HIV services to women in their communities and ensure follow-up as indicated. The community component will create demand for quality integrated health services, and will therefore complement HIV and RH services at the health facility level to strengthen service provision.

Up to four districts that have the need/capacity for strengthening community outreach will be selected to pilot this initiative, with a scale-up planned for subsequent years based on lessons learned.

**ACTIVITIES:** 1) Carry out advocacy and sensitization meetings: at national, regional, district and ward levels with a focus on CHWs leadership to create awareness and to facilitate buy-in from stakeholders.

2) Initiate active FANC/PMTCT program for mothers and infants in the target districts through CHW: with messages to improve ANC care, HIV screening, ARV prophylaxis, follow-up of infants and mothers, uptake of intermittent presumptive therapy/prevention (IPTp), use of long-lasting ITNs (based on national PMTCT and malarial guidelines), exclusive breastfeeding (AFASS as appropriate), transition to complementary feeding, cotrimoxazole prophylaxis for infants, cervical cancer prevention and FP. 2a) Conduct assessment of existing RH/PMTCT/FANC/PNC services. 2b) Develop strategic approach to support PMTCT/FANC and PNC follow-up using assessment findings.

3) Improve PNC/safe delivery/cervical cancer prevention/FP services, including postpartum FP at up to four district hospitals (that are also serving as care and treatment centers) and up to eight selected health centers (two per district), where FANC/PMTCT services have already been established to improve availability of quality, comprehensive RH/MNCH services for mothers and infants. 3a) Ensure training as appropriate in PNC, safe delivery, cervical cancer prevention and/or FP for providers, based on existing training materials and national standards. 3b) Conduct supervision quarterly.

4) Community mobilization for RH/FANC/PMTCT/PNC and follow-up through the first year: to support norms for routine RH/FANC/PMTCT/PNC and follow-up of mothers and infants. CHWs will sensitize fellow community members on the importance of ANC, PMTCT and other RH services for HIV+ pregnant women; refer pregnant women in their communities to ANC and PMTCT services; refer women who recently delivered for postpartum and newborn care; refer women for cervical cancer prevention and FP services; and refer infants for treatment with cotrimoxazole. 4a) Identify needs in RH/FANC/PMTCT/PNC and develop an action plan, including messages and information education and communication (IEC) materials supportive of RH/FANC/PMTCT/PNC and follow-up care through the 1st year postpartum. 4b) Carry out local sensitization meetings for community leaders in the importance of RH/FANC/PMTCT/PNC for women and infants. 4c) Adapt previously developed training materials for CHW trainers, CHW supervisors, village health committees (VHCs) and volunteers in RH/FANC/PMTCT/PNC. We will work with stakeholders to revise the current FANC community mobilization training materials to include additional information on PMTCT, HIV prevention and care, MIP, safe delivery, PNC, cervical cancer prevention, FP and other key MNH areas that are not currently covered through existing community mobilization efforts and will ensure that these are appropriate for the local context. 4d) Two trainers from each district will be oriented on training and supervision manuals and reference guides for community mobilization for integrated RH/PMTCT/FANC/PNC services

**Activity Narrative:** 4e) In each ward, four service providers will be selected and trained to provide supportive supervision to CHWs. 4f) In each district, two CHWs will be trained from approximately four to six villages on how to transmit key messages, conduct individual and group counseling and develop action plans. 4g) Support CHWs, VHCs, and other advocates to carry out household visits to women in their communities and refer for RH/FANC/PMTCT/PNC.

**LINKAGES:** We activities will be linked with existing RH, PMTCT, FANC and other MNCH services implemented by the MOHSW and local partners at both the facility and community level. We will work with the Ministry of Community Development, Gender and Children, and international NGOs training service providers and CHWs on all topics to integrate RH/PMTCT/FANC/PNC messages. At the facility, we will work in coordination with ACQUIRE, EGPAF and URC for PMTCT, with ACQUIRE and other partners for FP, with national MOHSW initiatives for improving maternity care and current FANC activities. We will collaborate closely with those organizations currently working to support CTCs. For example, our partner, international medical association (IMA) World Health, has relationships with many such CTCs. In addition, We will bring in new partners who are working in areas such as cervical cancer (from Ocean Road Cancer Institute) to work with regional JHPIEGO experts on cervical cancer prevention training and service delivery.

**CHECK BOXES:** The program emphasizes a wraparound approach because activities will include promotion of FANC (a malaria and child survival-focused activity), safe delivery, cervical cancer prevention and PNC services including FP with special consideration for HIV+ women. We will work closely with the RCHS to develop and implement this program.

Pregnant women, adult women, adolescent girls, and men were selected as target populations. Because the median age at first birth in Tanzania is 19-years old, many female adolescents are pregnant and subsequently may use PMTCT services. It is anticipated that the VCT and ARV FP counseling activities will reach women who may be interested in becoming pregnant. Group education within the community will focus on male involvement in MNCH.

**M&E:** Monitoring of community activities will be done mainly by immediate supervisors through monthly meetings with CHWs and joint home visits to follow up clients. Immediate supervisors will compile the reports and forward them to the district level where they will be sent to the RCHS and ACCESS-FP. RCHS and ACCESS-FP, accompanied by district staff, will complete monitoring visits to selected sites once a year. We will also evaluate increased use of RH/PMTCT/FANC/PNC services in the target facilities by examining service statistics on PMTCT counseling and testing, early booking at ANC, intermittent presumptive therapy (IPT) 1 & 2, attendance at PNC, uptake of post-partum FP, and cervical cancer screening and treatment statistics. JHPIEGO uses an electronic system to monitor number of people trained and ensure no duplication of training. M&E will account for 8% of the total budget.

**SUSTAINABILITY:** We will work closely with district health management teams and national level MOH partners, including RCHS and NACP, to ensure sustainability. During advocacy meetings, We will support district health teams to plan for continuation of facility support as well as CHW training and support by including the program in Council Health Plans. Integrating with other ongoing service provider and CHW training programs will also increase longevity of support for the program. In FY 2009, JHPIEGO/ACCESSFP will also introduce a strategy of recognition of high-achieving facilities and CHWs as a further incentive

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16402

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16402	16402.08	U.S. Agency for International Development	Access FP	9214	9214.08		\$1,300,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 12209.09

**Prime Partner:** University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 16411.25078.09

**Activity System ID:** 25078

**Mechanism:** FXB

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$265,500

**Activity Narrative:** THIS ACTIVITY HAS BEEN COMPLETELY REVISED

TITLE: Create linkages and coordinate PMTCT and pediatric HIV service delivery

NEED AND COMPARATIVE ADVANTAGE: USG-Tanzania has indicated a need for technical assistance (TA) 1) to enhance the structure and effectiveness of national efforts for scale-up of PMTCT services by regionalization; 2) to create effective linkages between the PMTCT and pediatric HIV programs in order to support follow-up, care, diagnosis and treatment of HIV-exposed infants; 3) to integrate comprehensive PMTCT service and mother-infant follow up within Reproductive and Child Health services. Joint workplans, a model for infant-follow-up, and plans for program integration will be instrumental in building sustainable program activities. TA to the PMTCT Unit in their work with regional MOHSW representatives, donor organizations, and other ministries, will support timely accomplishment of program objectives.

ACCOMPLISHMENTS: n/a

These activities were previously implemented by FXB who was funded under the UTAP mechanism which is expiring. An FOA for these activities will be developed and competed. Activities are the same as Activity ID # 16411.08 but cover the second half of the FY 2008 funding period.

ACTIVITIES: 1) Initiate collaboration and establish system linkages between NACP's PMTCT and pediatric teams. 1a) Gather relevant HIV/AIDS, PMTCT and pediatric HIV documents and review national strategic plans and NACP-specific goals and objectives. 1b) Consult with PMTCT and pediatric HIV technical working groups (TWGs) and MOHSW to prioritize response to identified gaps and needs for revision. 1c) Develop a draft action plan and share with key stakeholders and TWGs during a 2 day retreat to revise and prioritize objectives, discuss lead agencies and timeline 1d) Submit revised action plan to MOHSW for final approval, allocation of work plan activities to respective Departments, identification of budgets, approval of a monitoring plan and further dissemination

2) Provide technical assistance to NACP to scale up PMTCT, diagnosis, care and treatment of HIV infected mothers and children, support integration in RCH services. Based on outcomes of joint PMTCT/Pediatric HIV joint strategic plan: 2a) Work with MOHSW to identify 10 pilot sites to develop a model for systematic linkages of PMTCT services and pediatric care and follow-up of mothers and HIV-exposed infants 2b) Work with key MOHSW staff and TWGs to create a Care and Treatment Integration Plan for implementation of the model at pilot sites. 2c) Train 40 staff on implementation of Plan 2d) Collaborate with MOHSW to build a communication system between RCH and CTCs to monitor follow-up of exposed infants. 2e) Evaluate the model's effectiveness at the sites 2f) Develop a strategic plan for replication of the model in other regions of Tanzania in subsequent years.

3) Work with PMTCT and pediatric units to assist in work planning, report writing including monitoring of the national program, evaluation of activities such as trainings and assist with dissemination of guidelines, BCC materials, counseling tools and supervision checklists 3a) identify and discuss with national-level staff, implementation gaps, program linkages and common problem areas in program implementation 3b) provide mentoring on program management of PMTCT activities 3b) provide feedback and coaching on operations management, evaluating, reporting and project planning, with reduced involvement over time 3c) develop support tools and assist with dissemination of PMTCT guidelines, early infant diagnosis, counseling tools (pediatrics and PMTCT) and dissemination of the PMTCT supervision checklist and PMTCT standard operating procedures.

4) Coordinate PMTCT/pediatric HIV implementing partner's work to ensure unified goals and targets and avoid duplication of effort 4a) Conduct a nationwide assessment of the number and scope of work of in-country partners providing PMTCT services 4b) Develop a Collaboration Report and Catalogue that lists service providers, their respective services/activities and contact information 4c) Provide leadership for development of a regular management, reporting and monitoring system to streamline service provision and coordinate activities

LINKAGES: The TBD agency aims to continue to strengthen the capacity of the national PMTCT program to achieve its goals by expanding PMTCT services through system linkages with the national pediatric HIV program and integration of these services in routine reproductive and child health services nationally. 1) Sustainable linkages between the currently vertical PMTCT/pediatric units of the NACP and the MOHSW RCH Division will be established.

2) A practical model for linkages between these programs will be pilot tested at MOHSW PMTCT identified sites 3) Work planning and operational activities of both the PMTCT and pediatric units of the NACP will be coordinated 4) Stronger linkages with and between implementing partners will be developed through catalogue of partners and their respective activities and regular reporting mechanism.

CHECK BOXES: Support standardization and scale-up PMTCT services and create linkages between PMTCT and pediatric HIV program activities. Integrating PMTCT and pediatric HIV services into RCH. Mentoring/coaching national level staff on program management and supervision and establishing a system to coordinate the work of all PMTCT implementing partners to ensure unity in pursuit of PMTCT program goals and targets. Increased capacity of national program and national staff will support scale-up of PMTCT services, which target pregnant or recently-delivered women, women with HIV exposed infants.

M&E: Monitoring and evaluation is an integral component of each activity. The TBD agency will engage in monitoring and evaluation activities that lead to continuous improvement and replication of the model for continuous service delivery between PMTCT and pediatric HIV care. Using national indicators, PEPFAR indicators and other established performance measures, the TBD agency will build into the workplan monitoring tools to evaluate objectives of the project for the one-year duration; develop evaluation forms for each training and workshop using standard templates. Approximately 5% of budget is used for overall M&E purposes.

SUSTAINABILITY: Activities are all focused around sustainable capacity building.

**Activity Narrative:** Major Activities: 1) Establish system linkages between NACP's PMTCT and pediatric teams. 2) Provide TA to scale up PMTCT, diagnosis, care and treatment of HIV infected children, support integration in RCH services 3) Work with PMTCT and pediatric units to assist in program management 4) Coordinate PMTCT/pediatric HIV implementing partner's work to ensure unified goals and targets and avoid duplication of effort

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16411

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16411	16411.08	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	8545	8545.08	PMTCT Support (UTAP)	\$631,493

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$20,000

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4960.09	<b>Mechanism:</b> ITECH
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 16509.25079.09	<b>Planned Funds:</b> \$266,023
<b>Activity System ID:</b> 25079	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

RENAMED UNIVERSITY OF WASHINGTON INTERNATIONAL TRAINING AND EDUCATION CENTER ON HIV (I-TECH) WITH FXB

TITLE: Create linkages and coordinate PMTCT and pediatric HIV service delivery

NEED AND COMPARATIVE ADVANTAGE: USG-Tanzania has indicated a need for technical assistance (TA) 1) to enhance the structure and effectiveness of national efforts for scale-up of PMTCT services by regionalization; 2) to create effective linkages between the PMTCT and pediatric HIV programs in order to support follow-up, care, diagnosis and treatment of HIV-exposed infants; 3) to integrate comprehensive PMTCT service and mother-infant follow up within Reproductive and Child Health services. Joint workplans, a model for infant-follow-up, and plans for program integration will be instrumental in building sustainable program activities. TA to the PMTCT Unit in their work with regional MOHSW representatives, donor organizations, and other ministries, will support timely accomplishment of program objectives. The FXB Center has a successful history of collaboration with USG-Tanzania and the MOHSW in facilitating sustainable programs and enhancing quality standardization of PMTCT services. As a registered organization in Tanzania with in-country management, the Center is well positioned to build on previous accomplishments and provide continuity of TA.

ACCOMPLISHMENTS: FXB worked with the PMTCT Unit to 1) implement program management and supervision training for regional and district health providers in both mainland Tanzania and Zanzibar 2) develop standard operating procedures for PMTCT for healthcare workers; 3) develop PMTCT supportive supervision checklist for the Zanzibar PMTCT program 4) adapt testing and counseling support tools for both Mainland Tanzania and Zanzibar; and 5) Revision and update of the Tanzania National Guidelines for PMTCT.

FXB was previously funded under the University Technical Assistance Program (UTAP) mechanism which is expiring. To prevent a gap in activity implementation, I-Tech will serve as the funding mechanism until an Federal Opportunity Agreement (FOA) can be developed and competed. Activities are the same as Activity ID # 16509.08 but only cover the first half of the FY 2008 funding period. As soon as funds arrive an FOA will be distributed and competed to cover the second-half of the funding period.

ACTIVITIES: 1) Initiate collaboration and establish system linkages between NACP's PMTCT and pediatric teams. 1a) Gather relevant HIV/AIDS, PMTCT and pediatric HIV documents and review national strategic plans and NACP-specific goals and objectives. 1b) Consult with PMTCT and pediatric HIV technical working groups (TWGs) and MOHSW to prioritize response to identified gaps and needs for revision. 1c) Develop a draft action plan and share with key stakeholders and TWGs during a 2 day retreat to revise and prioritize objectives, discuss lead agencies and timeline 1d) Submit revised action plan to MOHSW for final approval, allocation of work plan activities to respective Departments, identification of budgets, approval of a monitoring plan and further dissemination  
2) Provide technical assistance to NACP to scale up PMTCT, diagnosis, care and treatment of HIV infected mothers and children, support integration in RCH services. Based on outcomes of joint PMTCT/Pediatric HIV joint strategic plan: 2a) Work with MOHSW to identify 10 pilot sites to develop a model for systematic linkages of PMTCT services and pediatric care and follow-up of mothers and HIV-exposed infants 2b) Work with key MOHSW staff and TWGs to create a Care and Treatment Integration Plan for implementation of the model at pilot sites. 2c) Train 40 staff on implementation of Plan 2d) Collaborate with MOHSW to build a communication system between RCH and CTCs to monitor follow-up of exposed infants. 2e) Evaluate the model's effectiveness at the sites 2f) Develop a strategic plan for replication of the model in other regions of Tanzania in subsequent years.  
3) Work with PMTCT and pediatric units to assist in work planning, report writing including monitoring of the national program, evaluation of activities such as trainings and assist with dissemination of guidelines, BCC materials, counseling tools and supervision checklists 3a) identify and discuss with national-level staff, implementation gaps, program linkages and common problem areas in program implementation 3b) provide mentoring on program management of PMTCT activities 3b) provide feedback and coaching on operations management, evaluating, reporting and project planning, with reduced involvement over time 3c) develop support tools and assist with dissemination of PMTCT guidelines, early infant diagnosis, counseling tools (pediatrics and PMTCT) and dissemination of the PMTCT supervision checklist and PMTCT standard operating procedures.  
4) Coordinate PMTCT/pediatric HIV implementing partner's work to ensure unified goals and targets and avoid duplication of effort 4a) Conduct a nationwide assessment of the number and scope of work of in-country partners providing PMTCT services 4b) Develop a Collaboration Report and Catalogue that lists service providers, their respective services/activities and contact information 4c) Provide leadership for development of a regular management, reporting and monitoring system to streamline service provision and coordinate activities

LINKAGES: The FXB Center aims to continue to strengthen the capacity of the national PMTCT program to achieve its goals by expanding PMTCT services through system linkages with the national pediatric HIV program and integration of these services in routine reproductive and child health services nationally. 1) Sustainable linkages between the currently vertical PMTCT/pediatric units of the NACP and the MOHSW RCH Division will be established.  
2) A practical model for linkages between these programs will be pilot tested at MOHSW PMTCT identified sites 3) Work planning and operational activities of both the PMTCT and pediatric units of the NACP will be coordinated with initial FXB facilitation 4) Stronger linkages with and between implementing partners will be developed through catalogue of partners and their respective activities and regular reporting mechanism.

CHECK BOXES: Support standardization and scale-up PMTCT services and create linkages between PMTCT and pediatric HIV program activities. Integrating PMTCT and pediatric HIV services into RCH. Mentoring/coaching national level staff on program management and supervision and establishing a system to coordinate the work of all PMTCT implementing partners to ensure unity in pursuit of PMTCT program



**Activity Narrative:** goals and targets. Increased capacity of national program and national staff will support scale-up of PMTCT services, which target pregnant or recently-delivered women, women with HIV exposed infants.

M&E: Monitoring and evaluation is an integral component of each activity. The FXB Center will engage in monitoring and evaluation activities that lead to continuous improvement and replication of the model for continuous service delivery between PMTCT and pediatric HIV care. Using national indicators, PEPFAR indicators and other established performance measures, FXB will build into the workplan monitoring tools to evaluate objectives of the project for the one-year duration. FXB will develop evaluation forms for each training and workshop using standard templates. FXB has systems in place for monitoring work plan activities and timely deliverables; progress is reviewed, summarized and reported quarterly. Approximately 5% of budget is used for overall M&E purposes.

SUSTAINABILITY: The FXB Center's approach to technical assistance is to strengthen existing capacity and foster new skills development. The FXB Center proposes a "strategic withdrawal" as opposed to an exit strategy to ensure project continuation. The FXB Center's goal is to set in motion a sustainable initiative owned by the MOHSW/NACP that MOHSW/NACP will maintain and improve. Strategic withdrawal is achieved by developing: 1) collaborative agreement on the condition and status of the program prior to the initiation of the proposed workplan 2) clearly written program roles and responsibilities for both the FXB Center, partners and the MOHSW/NACP that delineates the programmatic expectations for each 3) a plan that outlines the timeline, responsibilities, goals and evaluation methodology

Major Activities: 1) Establish system linkages between NACP's PMTCT and pediatric teams. 2) Provide TA to scale up PMTCT, diagnosis, care and treatment of HIV infected children, support integration in RCH services 3) Work with PMTCT and pediatric units to assist in program management 4) Coordinate PMTCT/pediatric HIV implementing partner's work to ensure unified goals and targets and avoid duplication of effort

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16509

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16509	16509.08	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	8545	8545.08	PMTCT Support (UTAP)	\$0

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$20,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1056.09

**Prime Partner:** National AIDS Control  
Program Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 3501.23344.09

**Activity System ID:** 23344

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$889,282

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: MoHSW Prevention of Mother to Child Transmission of HIV (PMTCT)

**NEED AND COMPARATIVE ADVANTAGE:** 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). To date, the unit has received technical and financial support from the Government of Tanzania's development partners and multilateral organizations to support, implement and coordinate PMTCT services in the country. PEPFAR support has enabled the unit to implement PMTCT services and coordinate activities conducted by PMTCT partners.

The PMTCT Unit is leading the regionalization of PMTCT services and partners in-line with the recent ART regionalization in order to improve linkages to HIV care and treatment programs and rapidly increase coverage of PMTCT services. The national PMTCT Unit will focus on its role of program coordination and management and transition primary PMTCT service implementation and support to PMTCT and ART partners by March 2008. With FY 2008 funds the MOHSW, through the PMTCT program, will improve the national PMTCT policy environment and strengthen national coordination to scale-up quality PMTCT services nationwide. Increased emphasis will also be placed on monitoring and evaluation of the national PMTCT program in order to use data for decision-making and program improvement, improve the quality of services, and monitor progress towards achievement of national PMTCT targets.

**ACCOMPLISHMENTS:** In FY 2007, the MOHSW revised the national PMTCT guidelines to include the WHO tiered-approach for PMTCT ARVs, implementation of provider-initiated testing and counseling in antenatal (ANC), labor and delivery (L&D) and postnatal wards, and provision of single dose Nevirapine as per national guideline so as to ensure all HIV-positive pregnant women receive at least the minimum PMTCT prophylaxis regimen. National PMTCT indicators and monitoring and evaluation tools (M&E), including monthly summary forms and ANC and L&D registers, are being revised to reflect the new regimen options and ensure referrals and linkages with other continuum of care services. The national PMTCT training curriculum was revised to reflect the updated guidelines, indicators, and M&E tools, and ensure implementation of revised policies and strategies. Supportive supervision visits were conducted in all regions and districts implementing PMTCT, and 203 trainers and 2758 service providers were trained in PMTCT service provision. Workshops were conducted for 24 district teams from four regions to include PMTCT in district planning and budget documents. Information, education and communication (IEC) materials are in development to address challenging issues in PMTCT implementation. The MOHSW also contributed to national PMTCT commodities and drug forecasting.

**ACTIVITIES:** 1) Strengthen national coordination and integration of PMTCT into reproductive and child health services (RCHS), integrated management of childhood illness (IMCI) programs, and HIV care and treatment services; 1a) Coordinate the expansion of early infant diagnosis programs; 1b) Ensure infant diagnosis and infant-feeding preferences are captured in data forms and used for decision-making; 1c) Ensure linkages with immunization services and that mother's PMTCT information is transferred to the child immunization card; 1d) Work with partners to ensure provision of maternal and pediatric cotrimoxazole; 1e) Work with implementing partners to devise innovative approaches to rapidly increase the percentage of HIV-positive pregnant women that receive ARV prophylaxis or ART as eligible, initiate mothers to mothers programs to promote adherence, follow-up care and psychosocial support.

2) Strengthen monitoring and evaluation of the national PMTCT program and use data for decision-making; 2a) Coordinate piloting and finalization of revised PMTCT M&E tools; 2b) Operationalize revised M&E tools by coordinating roll-out and partner implementation; 2c) Lead the integration of PMTCT data with HIV care and treatment systems and ensure HIV care and treatment systems track services provided to pregnant women and their children; 2d) Use and disseminate data (via regular reports and stakeholders meetings) to continuously review policies and strategies and make updates when needed; 2e) Coordinate expansion plans to ensure national PMTCT targets are met; 2f) Oversee and manage the decentralization of supportive supervision activities from regional to district levels in order to increase efficiency and promote ownership of the program by the Council Health Management Team (CHMT). Supervision tools will be disseminated and trainings on the importance of data use will be conducted; 2g) Train regional health management teams (RHMT) on PMTCT service provision and data use for decision-making;

3) Strengthen commodity and test kit quantification, procurement, distribution and coordinate LMIS roll-out;

4) Coordinate updates to PMTCT training curricula and guidelines;

5) Increase male involvement in PMTCT; 5a) Collaborate with RCHS to add PMTCT to existing outreach activities targeting men; 5b) Coordinate national IEC and advocacy work pertaining to PMTCT, and ensure PMTCT messages are incorporated into existing IEC campaigns;

6) Coordinate a demonstration project with the national IMCI Community Own Resource Persons (CORP) program to raise awareness of PMTCT in the community, and assist with the follow-up of HIV positive women and their children. This will be done by sub-granting this community initiative to Health Focus network, a NGO with vast experience in community outreach services in Tanzania;

7) Strengthen linkages with family planning; 7a) Participate in the development of demonstration projects for providing counseling and testing services at family planning clinics, and providing family planning services

**Activity Narrative:** and methods at ART sites. Activities will be implemented with the aim of preventing unintended pregnancies in HIV+ women of childbearing age. Family planning plays several roles in helping to maintain the health of individuals, families, and communities, and can be utilized as an entry point to counseling and testing services; 7b) Work with partners to ensure integration of HIV and PMTCT messages into existing family planning training curricula and service implementation;

8) Build capacity of district and regional supervisors and the national PMTCT coordinating unit; 8a) Maintain equipment and staff for national PMTCT coordinating unit; 8b) Provide PMTCT related program management training and relevant short-courses to PMTCT staff at district, regional, and national levels; 8c) Coordinate quarterly national secretariat and subcommittee meetings, and advise the National Care and Treatment Advisory Committee on PMTCT related policy decisions;

9) Coordinate an annual program review workshop involving stakeholders; successes, challenges, and progress towards achievement of national targets will be discussed. Innovative approaches to ensure increased coverage and quality of PMTCT services will be discussed and way forward will be decided.

**LINKAGES:** Linkages with implementing partners will be maintained and strengthened in order to increase the coverage and uptake of PMTCT services. Linkages with ART services will be strengthened to ensure HIV positive pregnant women are enrolled in care, assessed for ART, and provided ART if eligible. Linkages with ART will also ensure HIV-exposed infants are receiving appropriate care and are tested for HIV as soon as possible. In order to strengthen M&E of the national program, the PMTCT Unit will, in collaboration with the NACP M&E Unit, HMIS and partners, update and rollout a revised national PMTCT Monitoring system, support sub-national M&E efforts, provide PMTCT progress reports, and improve PMTCT data quality and timely reporting. Linkages with RCHS will be strengthened to increase coverage and uptake of PMTCT services and integrate PMTCT services within the expanded program of immunizations (EPI). PMTCT will also be included in existing RCHS outreach activities. Linkages with family planning will be strengthened to prevent unwanted pregnancies among HIV-positive women. To ensure HIV-exposed infants receive home- and community-based care and support, linkages with OVC programs will be developed.

**CHECK BOXES:** In-service training to health care workers at reproductive and child health clinics is a capacity building activity. IEC materials and media to increase male involvement in PMTCT is a gender related activity.

**M&E:** MOHSW will decentralize supportive supervision from regional to district levels and build sub-national -level capacity. M&E activities will also involve managing and implementing a national PMTCT system that reflects the national guidelines; improving data quality and reporting; training and supporting sub-national levels on data use; and disseminating PMTCT program data and data quality reports.

**SUSTAINABILITY:** MOHSW will work with District Councils to include PMTCT activities in Comprehensive Council Health Plans and support resource mobilization from Global Fund and other sources. Full integration of PMTCT into RCH services will help to ensure sustainability. Capacity building of the regional and council health management teams in program specific training, supportive supervision, and mentoring skills will be included to ensure continuity of their supervisory roles and program ownership. Capacity building at the national level will help to ensure continuity of program monitoring and evaluation for decision making.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13529

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13529	3501.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$900,000
7760	3501.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4562	1130.07		\$396,280
3501	3501.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	2892	1130.06		\$840,000

---

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$30,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1135.09

**Prime Partner:** Mbeya Regional Medical Office

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 16410.23345.09

**Activity System ID:** 23345

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$550,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has increased from 350,000 to 550,000.  
FY 2009 PMTCT targets have been modified

\*END ACTIVITY MODIFICATION\*

TITLE: PMTCT Services in Mbeya.

**NEED and COMPARATIVE ADVANTAGE:** Mbeya is one of the regions with the highest HIV prevalence (13.5%) with prevalence at antenatal clinics recorded at 12.7%. It is estimated that there are 300,000 HIV positive

people in need of services in this region, 20% of whom should qualify for treatment.

As part of Tanzania's decentralized health care approach, the Mbeya Regional Medical Office (MRMO) is the highest ranked local MOHSW representative in this region. Through its Regional AIDS Control Programme, and strong working relationship with DMOs, the MRMO leads planning and execution of health services for its region. It has been executing PMTCT in 19 facilities, receiving technical assistance from GoT, but is in need of funding and additional support in expanding the number of services site to reach more of the population.

**ACCOMPLISHMENTS:** In FY 2006 the MRMO began to integrate PMTCT as part of HIV treatment services where ART was available. It also began to rapidly scale-up basic PMTCT services by introducing them to additional health centers serving neglected rural communities. In FY 2007, facilities under the MRMO tested 16,862 women and provided prophylaxis to 2,145 HIV+ women, 12.7% of those identified as positive.

**ACTIVITIES:** With PMTCT regionalization by the USG, PEPFAR funds will be awarded to DOD partners to directly support PMTCT sites (both current as well as planned) originally served by funding through the MOHSW. As a result, the existing referral system will be further developed so that HIV+ women identified will be linked to nearby treatment centers.

1. Expand PMTCT sites to a total of 33 by September 30, 2009.

1a) Train health care workers at each new site using a "full site" approach similar to Engender Health, and whenever possible, ensuring at least four ANC staff per site are trained.

Adopt an opt-out counseling and testing policy in both an ANC setting and labor ward and delivery.

1b) Renovate ANCs where needed to improve confidentiality.

1c) Procure commodities, such as rapid test kits, when not available through central procurement mechanisms.

2) Strengthen PMTCT interventions and integration of PMTCT to ART services.

2a) Where ART is available, either at the same facility or a nearby service center, efforts will be made to establish formal referrals from PMTCT services/sites with counseling and testing centers (CTCs) to support the delivery of comprehensive HIV services.

2b) Evaluate HIV+ women for eligibility for Highly active anti retroviral therapy (HAART), and provide ARV regimens based on the new revised guidelines following the WHO-tiered approach for ARV prophylaxis to ensure HIV positive women and HIV-exposed children receive the most efficacious treatment Zidovudine (AZT) and Nevirapine (NVP or single dose Nevirapine (SDNVP).

2c) Provide "prevention for positives" counseling package based on the USG-developed approach in Tanzania.

2d) Encourage HIV+ women to bring in family members for counseling and testing at either the ANC or the hospital's VCT center

2e) Promote infant feeding counseling options (AFASS), linking mothers to safe water programs in the region, and for those choosing to breastfeed, counsel them to exclusively breastfeed with early weaning.

2f) Infant feeding and nutritional interventions during lactation period will be promoted.

2g) Train ANC staff in collection of DBS for infant diagnosis.

2h) Send dried blood spot (DBS) to MRH which will be receiving equipment from the Clinton Foundation and technical assistance from USG lab partners to conduct infant diagnosis for the entire Southern Highlands.

2i) Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.

3. Build capacity of regional and district health teams to plan, execute and monitor PMTCT activities.

3a) Acquire technical support for regional and district authorities with the assistance of other USG partners (such as Engender Health) to work with the MRMO in conducting site assessments and supportive supervision

3b) Use data collected to work with District Health Management Teams to assess site specific services and develop a plan of action to address problems.

3b) Support DHMT to include PMTCT activities in council health plans.

**LINKAGES:** This activity is linked to activities under this partner in ART, TB/HIV, and palliative care. It is also linked to other USG partner entries in the program area which can provide additional technical assistance such as Engender Health or EGPAF.

Linkages for services will include pre and post-test counseling (group or individual). Those testing negative are given education on protective measures and practices for avoiding infection while those testing HIV+ are evaluated for ART as described above. Both populations are linked to RH services. In addition, the MRMO will continue to promote outreach services from the facilities to the communities for HIV positive clients. Each facility will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened

**Activity Narrative:** through facility staff serving as points of contact (POC) for the community organizations.

CHECK BOXES: This funding will fully develop PMTCT services covering all the districts including health centers and dispensaries. Funding will support the introduction and/or improvement of PMTCT services in the region. Emphasis will be put into training of health care workers in the district hospital, health centers and dispensaries, renovation counseling and delivery rooms, and commodities for services when not available through central procurement mechanisms.

M&E: Quality Assurance/Quality Control of services will be provided by MRMO staff conducting quarterly site assessments (more frequently for new sites). Technical assistance will also be sought by other USG PEPFAR partners such as Engender Health which is executing a successful "full site" approach to PMTCT and is initiating PMTCT support in the nearby region of Iringa in FY 2008.

Data will be collected using both paper-based tools developed by MOHSW, and adaptation of the electronic medical record system (EMRS) (see DOD SI entry) to incorporate PMTCT data. On site electronic data entry will take place. All sites will have laptops with a data base and output functions as developed by UCC for the National C&T program. Data clerks will be retrained, and the data collected will be reported to NACP and the USG.

SUSTAINABILITY: The MRMO is ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as the improved capacity of the Regional AIDS Control Programme, the District Health Management Team (DHMT), through regional supportive supervisory teams as part of already existing zonal support, and routine MRMO functions. Most of this funding will be spent at the district and health facility level, thereby building capacity and sustainability at the level where the services are provided.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16410

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16410	16410.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$350,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1136.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 3393.23346.09

**Activity System ID:** 23346

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$355,000



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has increased from 250,000 to 355,000.  
FY 2009 PMTCT targets have been modified

TITLE: Providing PMTCT services to Tanzania Peoples Defense Force

NEED and COMPARATIVE ADVANTAGE: The Tanzanian Peoples Defense Forces (TPDF) has a network of military hospitals, health centers and dispensaries through out the country, supporting a total of over 30,000 enlisted personnel and estimated 60-90,000 dependants. Eighty percent of patients at these hospitals are civilians living in the vicinity of the health facilities. The eight hospitals 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. The MOHSW goal is providing PMTCT service to 80% of the projected HIV-positive mothers by September 2009. The national PMTCT coverage is still low, at 15%. Military hospitals and health centers will play an important role in realizing MOHSW goals.

ACCOMPLISHMENTS: In FY 2004 the TPDF started offering PMTCT services at Lugalo Hospital. With PEPFAR FY 2005, FY 2006 and FY 2007 funds, the TPDF and PharmAccess International (PAI) introduced these services in the remaining seven military hospitals (Mbalizi, Mwanza, Mzinga, Monduli, Songea, Mirambo, Bububu) and four health centers of Mwenge, Mbalizi, Mwanza and Tabora Hospital. In FY 2007, a total of 1,260 pregnant women were tested in the last 12-month reporting period, of which 324 women received ARV prophylaxis.

ACTIVITIES: 1) Expand PMTCT services to an additional 10 health for a total of eight hospitals and 14 health centers.

1a) Using the four-week national curriculum, carry out training of three health care workers per hospital (24) and two per satellite health center (28).

1b) Renovation of counseling and delivery rooms at 10 new satellite sites/health centers.

1c) Train PMTCT service providers in staging of HIV+ mothers and provision of ART where capacity exist. If capacity is not available on-site, then patients will be referred to nearest military, District or Regional Hospital

2) Provide PMTCT services at 22 military health facilities:

2a) Support the role-out of the new national PMTCT guidelines (50% of the HIV+ women are expected to receive NVP, 30% AZT+NVP, and 20% ART).

2b) provide services using the opt-out approach, based on the new national testing algorithm using rapid test with results given on same day.

2c) Provide PMTCT to women in ANC and labor, delivery, and post natal wards.

2d) Promote infant-feeding counseling options (AFASS), linking mothers to safe water programs in the region, and for those choosing to breastfeed, counseled to exclusively breastfeed with early weaning.

2e) Infant feeding and nutritional interventions during lactation period will be promoted.

2f) Train ANC staff in collection of dried blood spot (DBS) for infant diagnosis.

2g) Establish a formal referral system for HIV+ women and their HIV-exposed infants from the health centers to TPDF hospitals or District and Regional hospitals for additional ANC services, infant diagnosis, ART, and TB/HIV at CTC.

2h) Procure test materials and protective safety gear through the District Medical Offices (DMO) and Medical stores department (MSD) under the national PMTCT program.

3) Promote and manage quality services.

3a) Lugalo Hospital will serve as the coordinating body for services, and oversee quality assurance following national standards for follow-up at district or regional hospitals.

3b) Conduct 'Open House' days and other awareness campaigns at each center distributing information about the available services of the facilities, including PMTCT.

3c) Train volunteers/social support providers to conduct community education, home-visits, and assist in the development of the organization of post-test.

LINKAGES: Expansion of PMTCT activities in FY 2008 will ensure a close linkage of military implementation to national strategies and programs supporting MOHSW goals. Activities will be linked with organizations of women living in the barracks for promotion and patient follow up at home. Linkages will be established as well as referral for HIV+ individuals from the satellite sites to TPDF hospitals or public regional and district hospitals for CD4, TB testing, and complicated cases. Linkage will be strengthened with Prevention activities under the TPDF Program, including promotion and counseling of preventive measures for HIV+ individuals, provider initiated testing and counseling (PITC,) C&T, TB/HIV and OVC programs. Linkages will also be improved with reproductive child health (RCH) activities especially Malaria and Syphilis in Pregnancy program, family planning, and nutritional and child survival program as these are all provided in the military facilities. Furthermore, linkages with nearest by District and Regional Hospitals will be established for referral of complex clinical cases and laboratory testing. PAI will continue to collaborate with facilities supported, other USG treatment partners, and Global Fund.

CHECK BOXES: This funding will fully develop PMTCT services in the network of military hospitals and satellite military health centers. Funding will support the introduction and/or improvement of PMTCT services. More emphasis will be put into training of health care workers per hospital and from satellite health centers, renovation or refurbishing of counseling and delivery rooms, community education, and providing test materials and protective safety gear.

M&E: PAI will support the military facilities teams to collect and report PMTCT data based on the national protocol, and provide feedback on tool performance to the NACP. PAI will work with these institutions to strengthen and implement the PMTCT quality framework and provide regular supervision. PAI will continue

**Activity Narrative:** to support the district and regional teams with supportive supervision visits to monitor the collection of data, reporting of the data, and the continued on-site training of facility staff. Data will be collected both electronically and by paper-based tools. PAI will work with the MOHSW in rolling-out the revised PMTCT M&E: patient-based registers, the Monthly Summary Forms for both ANC and L&D, and the commodity logistic (LMIS) tools to all of the sites it supports. PAI, in collaboration with UCC, will train 52 health care workers and provide technical assistance to 22 facilities. PAI will continue to promote the synthesis and use of data by facility staff, and strengthen its use for decision-making for facilities and the district and regional management teams.

**SUSTAINABILITY:** In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the forces. Health facilities of the Military Forces are under the administration of the Ministry of Defense, not under the Ministry of Health. PAI will encourage the Office of the Director Medical Services to integrate care and treatment activities in military health plans and budgets at the facility and national level. To improve administrative capacity, the PAI will work with military authorities to build local authority's technical and managerial capacity to manage the program, as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13568

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13568	3393.08	Department of Defense	PharmAccess	6551	1136.08		\$250,000
7788	3393.07	Department of Defense	PharmAccess	4572	1136.07		\$150,000
3393	3393.06	Department of Defense	PharmAccess	2838	1136.06		\$150,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

### Military Populations

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1138.09

**Mechanism:** N/A

**Prime Partner:** Rukwa Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3398.23347.09

**Planned Funds:** \$550,000

**Activity System ID:** 23347

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has increased from 350,000 to 550,000.  
FY 2009 PMTCT targets have been modified

\*END ACTIVITY MODIFICATION\*

TITLE: PMTCT Services in Mbeya.

**NEED and COMPARATIVE ADVANTAGE:** Mbeya is one of the regions with the highest HIV prevalence (13.5%) with prevalence at antenatal clinics recorded at 12.7% It is estimated that there are 300,000 HIV positive

people in need of services in this region, 20% of whom should qualify for treatment.

As part of Tanzania's decentralized health care approach, the Mbeya Regional Medical Office (MRMO) is the highest ranked local MOHSW representative in this region. Through its Regional AIDS Control Programme, and strong working relationship with DMOs, the MRMO leads planning and execution of health services for its region. It has been executing PMTCT in 19 facilities, receiving technical assistance from GoT, but is in need of funding and additional support in expanding the number of services site to reach more of the population.

**ACCOMPLISHMENTS:** In FY 2006 the MRMO began to integrate PMTCT as part of HIV treatment services where ART was available. It also began to rapidly scale-up basic PMTCT services by introducing them to additional health centers serving neglected rural communities. In FY 2007, facilities under the MRMO tested 16,862 women and provided prophylaxis to 2,145 HIV+ women, 12.7% of those identified as positive.

**ACTIVITIES:** With PMTCT regionalization by the USG, PEPFAR funds will be awarded to DOD partners to directly support PMTCT sites (both current as well as planned) originally served by funding through the MOHSW. As a result, the existing referral system will be further developed so that HIV+ women identified will be linked to nearby treatment centers.

1. Expand PMTCT sites to a total of 33 by September 30, 2009.

1a) Train health care workers at each new site using a "full site" approach similar to Engender Health, and whenever possible, ensuring at least four ANC staff per site are trained.

Adopt an opt-out counseling and testing policy in both an ANC setting and labor ward and delivery.

1b) Renovate ANCs where needed to improve confidentiality.

1c) Procure commodities, such as rapid test kits, when not available through central procurement mechanisms.

2) Strengthen PMTCT interventions and integration of PMTCT to ART services.

2a) Where ART is available, either at the same facility or a nearby service center, efforts will be made to establish formal referrals from PMTCT services/sites with counseling and testing centers (CTCs) to support the delivery of comprehensive HIV services.

2b) Evaluate HIV+ women for eligibility for Highly active anti retroviral therapy (HAART), and provide ARV regimens based on the new revised guidelines following the WHO-tiered approach for ARV prophylaxis to ensure HIV positive women and HIV-exposed children receive the most efficacious treatment Zidovudine (AZT) and Nevirapine (NVP or single dose Nevirapine (SDNVP).

2c) Provide "prevention for positives" counseling package based on the USG-developed approach in Tanzania.

2d) Encourage HIV+ women to bring in family members for counseling and testing at either the ANC or the hospital's VCT center

2e) Promote infant feeding counseling options (AFASS), linking mothers to safe water programs in the region, and for those choosing to breastfeed, counsel them to exclusively breastfeed with early weaning.

2f) Infant feeding and nutritional interventions during lactation period will be promoted.

2g) Train ANC staff in collection of DBS for infant diagnosis.

2h) Send dried blood spot (DBS) to MRH which will be receiving equipment from the Clinton Foundation and technical assistance from USG lab partners to conduct infant diagnosis for the entire Southern Highlands.

2i) Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.

3. Build capacity of regional and district health teams to plan, execute and monitor PMTCT activities.

3a) Acquire technical support for regional and district authorities with the assistance of other USG partners (such as Engender Health) to work with the MRMO in conducting site assessments and supportive supervision

3b) Use data collected to work with District Health Management Teams to assess site specific services and develop a plan of action to address problems.

3b) Support DHMT to include PMTCT activities in council health plans.

**LINKAGES:** This activity is linked to activities under this partner in ART, TB/HIV, and palliative care. It is also linked to other USG partner entries in the program area which can provide additional technical assistance such as Engender Health or EGPAF.

Linkages for services will include pre and post-test counseling (group or individual). Those testing negative are given education on protective measures and practices for avoiding infection while those testing HIV+ are evaluated for ART as described above. Both populations are linked to RH services. In addition, the MRMO will continue to promote outreach services from the facilities to the communities for HIV positive clients. Each facility will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened

**Activity Narrative:** through facility staff serving as points of contact (POC) for the community organizations.

CHECK BOXES: This funding will fully develop PMTCT services covering all the districts including health centers and dispensaries. Funding will support the introduction and/or improvement of PMTCT services in the region. Emphasis will be put into training of health care workers in the district hospital, health centers and dispensaries, renovation counseling and delivery rooms, and commodities for services when not available through central procurement mechanisms.

M&E: Quality Assurance/Quality Control of services will be provided by MRMO staff conducting quarterly site assessments (more frequently for new sites). Technical assistance will also be sought by other USG PEPFAR partners such as Engender Health which is executing a successful "full site" approach to PMTCT and is initiating PMTCT support in the nearby region of Iringa in FY 2008.

Data will be collected using both paper-based tools developed by MOHSW, and adaptation of the electronic medical record system (EMRS) (see DOD SI entry) to incorporate PMTCT data. On site electronic data entry will take place. All sites will have laptops with a data base and output functions as developed by UCC for the National C&T program. Data clerks will be retrained, and the data collected will be reported to NACP and the USG.

SUSTAINABILITY: The MRMO is ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as the improved capacity of the Regional AIDS Control Programme, the District Health Management Team (DHMT), through regional supportive supervisory teams as part of already existing zonal support, and routine MRMO functions. Most of this funding will be spent at the district and health facility level, thereby building capacity and sustainability at the level where the services are provided.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13580

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13580	3398.08	Department of Defense	Rukwa Regional Medical Office	6554	1138.08		\$350,000
7796	3398.07	Department of Defense	Rukwa Regional Medical Office	4575	1138.07		\$300,000
3398	3398.06	Department of Defense	Rukwa Regional Medical Office	2839	1138.06		\$50,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1139.09

**Mechanism:** N/A

**Prime Partner:** Ruvuma Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3402.23348.09

**Planned Funds:** \$550,000

**Activity System ID:** 23348

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has increased from 350,000 to 550,000.  
FY 2008 PMTCT targets have been modified

TITLE: PMTCT Services in Ruvuma Region

NEED and COMPARATIVE ADVANTAGE: Similar to the Rukwa Region, Ruvuma has a recorded general HIV prevalence of a little over 6% with prevalence at antenatal clinics recorded at 9.9%. Expansion of PMTCT under direct MOHSW funding was slow and not well implemented. To effectively scale-up services in Ruvuma, ANC will require significant infrastructure improvements, staff capacity building, strengthened supply chains, and enhanced management systems at the district hospitals and health centers.

ACCOMPLISHMENTS: Funding from FY 2006 was used to train six counselors at the ANC at three USG funded sites executing ART. Integration of PMTCT services as part of regular antenatal care and ART services improved uptake of pregnant women for counseling and testing at these sites with 2,200 accepting counseling and testing and approximately 150 women receiving ART prophylaxis in a twelve month period.

ACTIVITIES: With PMTCT regionalization by the USG, PEPFAR funds will be awarded to DOD partners to directly support PMTCT sites (both current as well as planned) originally served by funding through the MOHSW. As a result, the existing referral system will be further developed so that HIV+ women identified will be linked to nearby treatment centers.

1) Expand PMTCT sites to a total of 24 by September 30, 2009 covering 100% of National AIDS Control Program (NACP) identified hospitals and health centers in the region and several dispensaries. The number of service outlets supported in 2007 was three, but with 2007 plus-up funding the number of service outlets supported increased to 13 as DOD transitioned into sites formerly supported by MOHSW.

1a) Train health care workers at each new site using a "full site" approach similar to Engender Health whenever possible, ensuring at least 4 ANC staff per site are trained.

Adopt an opt-out counseling and testing policy in both ANC setting and labor ward and delivery.

1b) Renovate ANCs where needed to improve confidentiality.

1c) Procure commodities, such as rapid test kits, when not available through central procurement mechanisms.

2) Strengthen PMTCT interventions and integration of PMTCT to ART services.

2a) Where ART is available, either at the same facility or a nearby service center, efforts will be made to establish formal referrals from PMTCT services/sites with CTCs to support the delivery of comprehensive HIV services.

2b) Evaluate HIV+ women for eligibility for full HAART and provide ARV regimens based on the new revised guidelines following the WHO-tiered approach for ARV prophylaxis to ensure HIV positive women and HIVexposed children receive the most efficacious treatment (AZT and NVP or NVP only).

2c) Provided "prevention for positives" counseling package based on the USG developed approach in Tanzania

2d) Encourage HIV+ women to bring in family members for counseling and testing at either the ANC or the hospital's VCT center

2e) Promote infant feeding counseling options (AFASS), linking mothers to safe water programs in the region, and for those choosing to breastfeed, counseled to exclusively breastfeed with early weaning.

2f) Infant feeding and nutritional interventions during lactation period will be promoted.

2g) Train ANC staff in collection of Dried Blood Spot (DBS) for infant diagnosis.

2h) Send DBS to MRH which will be receiving equipment from the Clinton Foundation and technical assistance from USG lab partners to conduct infant diagnosis for the entire Southern Highlands.

2i) Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.

3. Build capacity of regional and district health teams to plan, execute and monitor PMTCT activities.

3a) Acquire technical support to regional and district authorities with the assistance of other USG partners (such as Engender Health) to work with the Ruvuma RMO in conducting site assessments and supportive supervision

3b) Use data collected to work with District Health Management Teams to assess site specific services and develop plan of action to address problems.

3b) Support DHMT to include PMTCT activities in council health plans.

LINKAGES: This activity is linked to activities under this partner in ART, TB/HIV, and palliative care. It is also linked to other USG partner entries in the program area which can provide additional technical assistance such as Engender Health or EGPAF.

Linkages for services will include pre and post-test counseling (group or individual). Those testing negative are given education on protective measures and practices for avoiding infection while HIV+ are evaluated for ART as described above. Both populations are linked to reproductive health (RH) services. In addition, the Ruvuma RMO will continue to promote outreach services from the facilities to the communities for HIV+. Each facility will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as POC for the community organizations.

CHECK BOXES: This funding will fully develop PMTCT services covering all the districts including health centers and down to dispensaries as possible. Funding will support the introduction and/or improvement of

**Activity Narrative:** PMTCT services in the region. Emphasis will be put into training of health care workers in district hospital and health centers and dispensaries; renovation counseling and delivery rooms and commodities for services when not available through central procurement mechanisms.

M&E: Quality Assurance/Quality Control (QA/QC) of services will be provided by Ruvuma RMO staff conducting quarterly site assessments (more frequently for new sites). Technical assistance will also be sought by other USG PEPFAR partners such as Engender Health which is executing a successful "full site" approach to PMTCT and is initiating PMTCT support in the nearby region of Iringa in FY2008.

Data will be collected using both paper-based tools developed by MOHSW and adaptation of the electronic medical record system (EMRS) (see DOD SI entry) to incorporate PMTCT data. On site electronic data entry will take place. All sites will have laptops with a data base and output functions as developed by UCC for the National C&T program. Data clerks will be retrained, and the data collected will be reported NACP and the USG.

SUSTAINABILITY: Ruvuma RMO in ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of Regional AIDS Control Program, the DHMT, and through regional supportive supervisory teams as part of already existing zonal support and routine RMO functions. Most of this funding will be spend at the district level and health facility level thereby building capacity and sustainability at the level where the services are provided.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13582

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13582	3402.08	Department of Defense	Ruvuma Regional Medical Office	6555	1139.08		\$350,000
7799	3402.07	Department of Defense	Ruvuma Regional Medical Office	4576	1139.07		\$300,000
3402	3402.06	Department of Defense	Ruvuma Regional Medical Office	2840	1139.06		\$50,000



## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1158.09

**Mechanism:** N/A

**Prime Partner:** Elizabeth Glaser Pediatric  
AIDS Foundation

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3415.23349.09

**Planned Funds:** \$4,537,965

**Activity System ID:** 23349

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: SCALING UP INTEGRATED PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV IN TANZANIA

**NEED and COMPARATIVE ADVANTAGE:**In Tanzania, HIV prevalence is 8.7% among pregnant women. PMTCT coverage only reaches 15% of this population with services concentrated primarily in urban areas. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has contributed to more than 30% of the national coverage. HIV prevalence rate in EGPAF-supported PMTCT sites is around 5%, and still few mothers and children have access to Care and Treatment (C&T).

EGPAF, as a leading organization in PMTCT and C&T, intends to work with the government of Tanzania (GoT) and the USG toward increasing coverage and access to PMTCT services throughout the country by improving and expanding the PMTCT program.

Expansion using the district approach facilitates quick expansion, builds capacity of the districts in managing PMTCT programs, and ensures sustainability. All EGPAF PMTCT-supported sites will implement an integrated program and provide ART services which coincides with the GoT C&T and PMTCT regionalization plan.

**ACCOMPLISHMENTS:** The number of sub grantees supported by EGPAF in Tanzania increased from three in 2003 to 16 in March 2007. By March 2007, EGPAF supported 290 health facilities providing PMTCT services. From October 2006 to March 2007, the program provided counseling and testing to a total of 76,800 mothers (95% of whom were new Antenatal clinic (ANCs). Over 2,700 individuals were given antiretroviral (ARV) prophylaxis and 365 providers were trained in basic PMTCT concepts. Linkages between PMTCT and ARV services are currently occurring and will continue to be a central focus of EGPAF's mission. From February 2006-December 2006, Masasi district tested over 8,800 mothers, 464 (5.2%) were positive, and among those individuals, 254 (55%) were enrolled in C&T, 59 of whom (23%) are also on antiretroviral therapy (ART).

**ACTIVITIES:** EGPAF will expand PMTCT services within existing districts and also into new districts. By supporting 12 new sub grantees, this will bring the grand total of funded partners to 34. Through collaboration with other partners, EGPAF will assist in improving quality of care to 580 sites with PMTCT services by the end of September 2009 in Arusha, Kilimanjaro, Mtwara, Lindi, Tabora and Shinyanga regions. In order to better provide support to rural regions, EGPAF will open an office in Mtwara to effectively monitor and support Mtwara and Lindi. Upon completing a needs assessment, EGPAF will assist all districts in integrating PMTCT programs in existing outreach or mobile services.

In order to effectively scale-up PMTCT services, EGPAF will execute capacity building by training and retraining 80 PMTCT trainers employed by 10 sub grantees. In addition, EGPAF will orient 145 supervisors from district and regional levels to improve management and supervision of PMTCT services. Strengthening and supporting sub grantee staff is also a key priority to ensure adequate project oversight, guidance, and financial management according to USG rules and regulations. EGPAF will train 50% of PMTCT service providers to effectively stage and provide care to HIV-positive mothers. Additionally, measures to assist the Ministry of Health and Social Welfare (MOHSW) to coordinate integrated PMTCT services will occur through EGPAF's support of one staff member to work at the MOHSW.

Scale-up of PMTCT services will include testing in antenatal clinics (ANC), labor wards (LW), and postnatal wards with rapid test and results given on the same day. Testing will be 'opt-out' based on the new national algorithm. 330,000 women will be tested annually in six regions, and of those, almost 14,000 women will receive ARV prophylaxis. Based on capacity, both single-dose (SD) Nevirapine (NVP) and more efficacious regimens will be provided with an emphasis on providing the most effective regimens to more pregnant women. EGPAF will strengthen infant feeding (IF) counseling through collaboration with University research corp (URC) and other partners.

EGPAF will begin treatment of cotrimoxazole for 75% of HIV exposed children, all of whom will be tracked and tested after 15–18 months. This will lead to the integration of HIV testing in other reproductive and child health (RCH) services, thereby increasing the number of men tested through the PMTCT program.

Documentation of lessons learned and best practices will be completed and shared during regular meetings at all levels with MOHSW and other organizations. EGPAF will continue to play a role in identifying issues that warrant advocacy for policy improvement/change that can increase access and usage of PMTCT and Care and Treatment services, including pediatric C&T services. EGPAF will engage and collaborate with key stakeholders and media organizations, utilizing (IEC) materials to address PMTCT issues.

Selected health facilities will be renovated to ensure confidentiality for PMTCT service provision. In addition, EGPAF will support improvement of the quality of service-delivery to increase facility-based deliveries in selected districts.

EGPAF will provide support for basic equipment, supplies, test kits, and commodities (only to supplement in case of shortages) to ensure continuity of services provided at the required standards.

**LINKAGES:** HIV positive mothers will be staged, and receive care at the maternal and child health (MCH) clinic at selected sites, or be referred to C&T on the day of diagnosis. HIV-exposed infants will receive growth and monitoring cards immediately after delivery, will be marked according to the national guidelines for identification, and linked to follow-up services. Client follow-up will be reinforced, and linkages will be

**Activity Narrative:** strengthened to community based services (e.g., home based care, TBAs and local community-based organizations-CBOs). Linkages will also be strengthened between PMTCT and: voluntary counseling and testing (VCT), the TB/HIV program, OVC programs, malaria and syphilis in pregnancy programs, family planning, prevention for positives, nutritional programs, and child survival programs. EGPAF will continue to collaborate with other USG and GoT partners in all working regions. EGPAF will support the GoT coordination function by assisting in the organization of quarterly meetings and annual national meetings.

**CHECK BOXES:** The main area is prevention of mother to child transmission. Primary target or population for the program is pregnant women who attend ANC and those in labor and delivery (L&D), but include adolescents of 15–24 years and adults aged 24 and above. Male partners of women under the mentioned population are also included. Additionally, children under 5-years are included because there will be HIV exposed and HIV-infected among them who are attending the RCH clinic for other services. In-service training will be conducted to train workers who will provide PMTCT service.

**M&E:** The national PMTCT monitoring and evaluation (M&E) system will be used at all sites. EGPAF will work with the MOHSW in rolling out the revised PMTCT M&E and commodity logistic (LMIS) tools to all of the supported sites. This will include provision of support for the regional and district teams to collect and report PMTCT data based on the national protocol, and provide feedback on tool performance. EGPAF will work with partners to strengthen and implement PMTCT quality framework, and will provide regular supervision. Monitoring of sub-grantees for compliance and financial accountability will be carried out, documented, and shared. EGPAF will carry out supportive supervision visits to all sub-grantees twice a year at a minimum.

**SUSTAINABILITY:** EGPAF will work with the district councils to include PMTCT activities in their comprehensive council health plans (CCHP) and increase funding from additional sources such as basket funding, global fund (GF), and districts' own recourses. The program will be integrated in the existing district structure that ensures proper coordination of activities and management of resources. At the district level, PMTCT will be monitored by council health management teams (CHMTs). Sustainability will occur through fully integrating PMTCT in RCH services, thereby providing the necessary health infrastructure and staffing. EGPAF will encourage districts to work with community groups whereby their role will include conducting health talks to the community and client follow up. This also helps to sustain PMTCT messages.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13472

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13472	3415.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	6513	1158.08		\$4,537,965
7707	3415.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	4535	1158.07	USAID	\$4,553,310
3415	3415.06	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	2844	1158.06	USAID	\$3,300,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,078,155

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,000

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1175.09

**Prime Partner:** Academy for Educational Development

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 16364.23351.09

**Activity System ID:** 23351

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$400,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has decreased from 600,000 to 400,000.

\*END ACTIVITY MODIFICATION\*

TITLE: AED/T-MARC PMTCT Communications Initiatives

**NEED and COMPARATIVE ADVANTAGE:** According to the 2003/4 Tanzania HIV/AIDS indicator survey, while almost 69% of women know that HIV can be transmitted from a mother to her child by breastfeeding, only 17% know that there are special drugs that can reduce the risk of transmitting the virus to the baby. In addition, while approximately 90% of pregnant women access antenatal care (ANC) services, the uptake of ARV to prevent HIV transmission is approximately 12%. AED/T-MARC works with, and through community partners with the most-at-risk populations (mobile business people, market women, sex workers, women engaged in transactional sex, and people in communities where high risk behaviors occur) in the 10 highest prevalence regions of Tanzania to communicate and motivate behavior change with regard to HIV prevention. With reproductive health (RH) and child survival (CS) funding from USAID, AED/T-MARC is also utilizes funding to implement a nationally-aired, well-established radio program (Mama Ushauri) targeting women of childbearing age (WCBA). AED/T-MARC will continue to design appropriate messages advocating increased PMTCT service, demand, and utilization among Tanzania's most-at-risk populations. AED/T-MARC's community presence, communications expertise, current initiatives, and legitimacy with most-at-risk populations provide an excellent framework for increasing knowledge and demand for PMTCT prevention services for individuals who are most vulnerable.

**ACCOMPLISHMENTS:** AED/T-MARC did not receive funding for PMTCT in FY 2006 or FY 2007.

**ACTIVITIES:** AED/T-MARC will collaborate with USG PMTCT partners and the government of Tanzania (GoT) to develop messages, materials, and tools to be integrated with T-MARC's current HIV/AIDS and FP communication initiatives, targeted at the most-at-risk populations in Tanzania.

AED/T-MARC will develop behavior change communication messages including materials and tools (for providers, outreach workers, and beneficiaries) on core PMTCT issues (e.g., the benefits of testing for HIV when pregnant, the benefits of ARV and cotrimoxazole prophylaxis for both the mother and infant, family planning options and exclusively breastfeeding for 6 months etc). These materials will be developed specifically for most-at-risk populations.

In order to accomplish this task, AED/T-MARC will conduct a materials development workshop with PMTCT partners and collaborate with an advertising agency to design initiative materials, complete pretest review, and print finalized materials. Furthermore, AED/T-MARC will disseminate materials to partners for national use. These materials will include PMTCT messages integrated into T-MARC's community-based HIV prevention activities including Sikia Kengele: Tulia na Wako (Listen to the Bell, Stick with Your Partner) faithfulness campaign. Sikia Kengele is targeted at communities where high-risk sexual activities occur – particularly along the transportation corridors in the 10 regions with the highest HIV prevalence in Tanzania (Mbeya, Iringa, Dar es Salaam, Mtwara, Mwanza, Kilimanjaro, Pwani, Shinyanga, and Ruvuma) and in and around workplaces such as mines, plantations, and markets. It addresses multiple concurrent partnerships while promoting faithful relationships between partners.

Sikia Kengele involves the implementation of community mobilization events (e.g., road shows and edutainment theatre) and "bell ringers" implementing interpersonal communications activities (including peer-education and outreach). Curricula to help faith leaders talk with their congregations about faithfulness and teach faithfulness skills have been developed for both Christian and Muslim audiences. With PMTCT funds, AED/T-MARC will coordinate with USG partners working in Kengele regions to ensure linkages with appropriate services. Additionally, AED/T-MARC will implement Kengele interpersonal, community, and mass media activities advocating a strong push to increase knowledge of, and demand for PMTCT services. Some activities will focus on raising awareness of the benefits of getting tested.

PMTCT messages will be incorporated into the Christian and Muslim faithfulness curricula currently being implemented by Word and peace organization (WAPO) and Tanzania Muslim Council (Baraza la waisilamu Tanzania-BAKWATA) as part of Sikia Kengele. The curricula will target men, encourage them to be supportive in asking their pregnant partners to get tested, and advocate strong support for HIV positive pregnant women who need treatment. AED/T-MARC will conduct PMTCT awareness activities during the National Uhuru Torch campaign, which includes a mobile festival that visits every district in the country and reaches more than 1 million Tanzanians each year.

In order to successfully reach as many people as possible in Tanzania, AED/T-MARC will develop and integrate a PMTCT storyline into the long-running Mama Ushauri (Mama Advice) radio program. Mama Ushauri airs 6 times per week on three national radio stations. It targets WCBA with reproductive health and child survival messages. With FY 2008 funds, AED/T-MARC will work with USG partners to develop objectives and scripts for the integration of a strong PMTCT storyline into the Mama Ushauri program for recording and utilization for one year. This will include a bi-monthly question and answer program regarding PMTCT inquiries which will be evaluated with T-MARC's established M&E mechanisms (Steadman Media research, T-MARC Knowledge Attitude Practice (KAP) study, and regular listener focus group discussions (FGDs).

In addition, AED/T-MARC will develop and print PMTCT-specific messages to support the radio program and provide resources for listeners to access additional information. PMTCT-specific informational material will be distributed at clinics and public places with a high volume of WCBA.

**Activity Narrative:** LINKAGES: Since there are no PEPFAR indicators for outreach/communication to drive demand for PMTCT services it is imperative that AED/T-MARC's activities are closely linked to the implementation plans of USG and GoT entities responsible for PMTCT. AED/T-MARC's prevention communications activities are strongly linked to prevention partners, particularly STRADCOM and Ujana. Activities are implemented with the consultation and assistance of district and regional GOT officials: District Medical Officers (DMOs), Regional Medical Officers (RMOs) and Community Health Management Teams (CHMTs). AED/T-MARC's collaboration with the Tanzania Commission for AIDS (TACAIDS) and the National AIDS Control Program (NACP) information education and communication (IEC) Unit will provide guidance on program and materials design. Advertising agencies, graphic design firms, experiential media houses, and other Tanzanian agencies will also have creative input into the design of the initiative. WAPO, BAKWATA and other TBD NGOs/CBOs/FBOs grantees will play key roles in the implementation of this initiative on the ground.

CHECK BOXES: Because Sikia Kengele addresses male norms, the PMTCT initiatives implemented by AED/T-MARC will have a strong focus on the role of men in protecting their families. The training of NGOs and their staff to implement PMTCT initiatives – as they are incorporated into Sikia Kengele – will be part of the capacity building directed at NGO grantees, BAKWATA, and WAPO who implement the Kengele curriculum. The program also targets adults 18 and over, mobile populations, women and men involved in transactional sex, and HIV positive women. Messages regarding reproductive health are incorporated into the Mama Ushauri radio serial drama program signifying a wrap-around activity.

M&E: Approximately 7% of AED/T-MARC's PMTCT funding will be devoted to M&E. In FY 2008, AED/TMARC will implement the second round of the T-MARC KAP study that will examine the reach and recall of PMTCT messages incorporated into Sikia Kengele and Vaa Kondom (wear a condom), as well as other initiatives. The KAP also examines reported behaviors and attitudes of the target populations and questions about PMTCT can be incorporated. Through hired experiential media agencies and NGOs monthly-reach data (on a tool developed for that purpose) will be submitted into the T-MARC Project monitoring database. Steadman Media Group provides monthly statistics reflecting quantity of listeners to AED. AED will conduct spot checks of activities in the field to check on data quality. Data will be reviewed and updated quarterly according to revision standards set by the GoT. With FY 2008 funds, T-MARC expects to reach a total of 1 million individuals with Sikia Kengele community outreach activities and 1.5 million people monthly with the Mama Ushauri radio program.

SUSTAINABILITY: AED/T-MARC will enhance implementation of prevention initiatives through Tanzanian NGOs utilizing communication strategies. A major deliverable of the T-MARC Project is to create a sustainable Tanzanian communications and marketing company capable of continuously implementing high-quality initiatives. AED/T-MARC continue to provide technical assistance, marketing, and management skills and will scale-up capabilities in these areas. USG/GoT partners will benefit from these increases in technical and managerial skill-building.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16364

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16364	16364.08	U.S. Agency for International Development	Academy for Educational Development	6487	1175.08		\$600,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$20,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

Estimated amount of funding that is planned for Education      \$380,000

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1182.09

**Prime Partner:** African Medical and Research  
Foundation

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 3432.23352.09

**Activity System ID:** 23352

**Mechanism:** AMREF

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$300,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

\*END ACTIVITY MODIFICATION\*

TITLE: SCALING UP COMPREHENSIVE PMTCT SERVICES IN A REGION (TBD)

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, PMTCT coverage remains insufficient with only about 12% of all health facilities, mostly in urban areas, offering PMTCT services. Since 2004, African Medical and Research Foundation (AMREF) has demonstrated a model of expansion of PMTCT services to reach rural and underserved populations by integrating PMTCT into routine services with success in rolling out to lower-level facilities. Additionally, AMREF has trained hospital-based PMTCT and infant-feeding (IF) trainer of trainers (TOT) who conduct routine training of health care providers working at lower-level facilities. AMREF has facilitated demand creation for PMTCT services through social marketing, local community mobilization, sensitization, and enhancement of male involvement using community owned resource persons (CORPs). Upon request from the USG to continue implementation of PMTCT programs in collaboration with other partners and the GoT, AMREF will use its PMTCT model to scale up quality comprehensive PMTCT services in a region to be determined by USG and MOHSW.

**ACCOMPLISHMENTS:** Working under the ANGAZA program, during the period October 2006 to June 2007, AMREF counseled, tested, and received results for 11,000 pregnant women. Of those individuals, 700 (6.3%) tested HIV positive and 400 received ARV prophylaxis according to national guidelines. Roughly 1,500 male partners accessed care and treatment (C&T) at PMTCT service outlets. 75 health care providers and 99 community workers were trained. AMREF has also worked with the Ministry of Health and Social Welfare (MOHSW) to develop and pilot follow-up tools for HIV exposed children. AMREF, in collaboration with various stakeholders, has developed standard operating procedures (SOP) and clinical audit tools for PMTCT services.

**ACTIVITIES:** The USG has identified AMREF as the responsible partner for covering PMTCT in a region to be determined that is not currently covered through the PMTCT regionalization Initiative. They will work closely with USG and GoT treatment partners who are carrying out ART and PMTCT regionalization so that activities are well coordinated and effective while avoiding duplication of services. AMREF will increase the coverage of comprehensive PMTCT services by training health care providers on provision of quality integrated PMTCT services using the curriculum formulated by the MOHSW. To encourage men's participation in PMTCT services, AMREF will encourage training of at least one male PMTCT counselor per health facility. The program will adopt and utilize national job aids to ensure provision of quality service. The program will strengthen provider initiated 'opt-out' C&T in antenatal clinics, maternity waiting homes, labor wards, and during the postpartum period. HIV testing will be conducted per the national guidelines (e.g., group counseling, individual HIV testing with same day results, and post-test counseling). In addition, couples counseling and testing will be available.

AMREF will strengthen the integration of PMTCT into existing outreach reproductive health (RH) programs and support minor renovations in debilitated health facilities to improve RH services. One mobile van and at least two tents will be provided to hospitals to facilitate outreach. AMREF will support these programs with essential supplies, equipment, and drugs including Cotrimoxazole. The program will strengthen capacity of district-wide procurement systems in addition to providing training to districts on supply management skills. AMREF will continue to access the PMTCT joint donation for Nevirapine and Determine.

Other activities include; providing sustainable, comprehensive, and integrative quality PMTCT services with quality antenatal and delivery services; encouraging deliveries in health facilities; orientation and involvement of local government authorities on comprehensive provision of PMTCT services; TOTs in community sensitization and mobilization in accessing integrated RH and PMTCT services. Additionally, AMREF will promote male involvement as well as addressing cultural norms and behaviors hindering male participation. The CORPs carry out household sensitization and mobilization on a routine basis and during special events. Joint supportive supervision with council health management teams (CHMT) and refresher training will be conducted biannually as part of on-job staff mentoring and quality assurance.

AMREF will adopt and implement National IEC/BCC materials and products produced for social marketing of PMTCT in addition to utilizing media spots (e.g., local radio, television, and newspapers) to raise public awareness of PMTCT services. AMREF originally developed these media spots to encourage male participation in PMTCT programs. In an effort to have far-reaching implications, AMREF will collaborate with MOHSW to explore the possibility of using local media to broadcast the spots.

Scale-up of services will be a major priority for AMREF in FY 2008. Activities in this area include facilitating care and support for HIV-infected women and their infants, including early infant diagnosis and pediatric care. Individuals testing HIV positive will be referred to care, treatment, and support services and the AMREF Post-Test Club model will be used in all new sites. The PMTCT members will organize formal selfgoverned groups for support. Furthermore, AMREF will strengthen linkages to other RH services such as Family Planning; low-cost cervical cancer screening services where available; STI, care and treatment clinic (CTC), TB screening; and other care and support interventions. AMREF will facilitate early infant diagnosis and follow-up for pediatric care and support, including safe IF practices.

Finally, in order to evaluate practices, a pilot will be conducted for a model of community support for HIVinfected women and their families including ensuring access to PMTCT services for home deliveries. This will include supporting USG and GoT partners to establish a psychosocial support network of PMTCT



**Activity Narrative:** clients, their spouses, and families.

LINKAGES: AMREF will continue to work closely with MOHSW, all USG partners, and the local government to scale-up PMTCT services. AMREF will encourage integration of PMTCT services and foster linkages with other clinical services including home-based care for a comprehensive continuum of care.

Orientation will be facilitated for CHMT on PMTCT services management in addition to strengthening supportive supervision of routine districts using the MoHSW guidelines. This will include linking PMTCT services with Council Comprehensive Health Plans. Consistent collaboration with relevant stakeholders, including academia and civil society organizations, will aid effective continuation of sustainable PMTCT services implementation. AMREF will continue to strengthen public-private partnerships (PPP) down to the district level by empowering and supporting sub-grantees, the local government, and other partners. AMREF will continue to link with community structures with gender sensitive practices in order to utilize services, as well as providing support to women and families.

CHECK BOXES: The interventions will target the general population, but with efforts to increase both men and women's access to PMTCT services. Emphasis will be on linkages with other services and continuum of care for PLWHA and training of health care providers for implementation of PMTCT services.

M&E: AMREF will build the capacity of partners by utilizing nationally approved monitoring and reporting tools with PMTCT indicators for accurate and timely reporting. AMREF will train and support partners on management skills and utilization of PMTCT information. Quarterly, semiannual, and annual reports will be submitted to USAID per guidance of the USG. AMREF will use a clinical audit tool recently developed in collaboration with a drafted facility-based SOP for enhancement of the quality of services for PMTCT initiatives. AMREF is field-testing the draft SOP that were developed in collaboration with various stakeholders and approved by the MOHSW. AMREF will empower partners in collection, reporting, and utilization of community-based data in order to strengthen community-based health information systems. Six percent of the budget will support M&E.

SUSTAINABILITY: AMREF will continue to work through partnerships and in collaboration with MOHSW and district councils to ensure participatory planning, monitoring, and proper utilization of supervision tools, as well as in skill development. AMREF will also support USG and GoT partners to ensure the inclusion of PMTCT activities in comprehensive district health plans. In FY 2008, AMREF will encourage local partners to participate in numerous activities including: planning, procurement, running of services, and other community-based and mobilization activities. AMREF will coordinate with partners to address health systems' challenges in relevant platforms, including human resources challenges. AMREF will also work on a task-shift model through lay counselors and CORPs in Songea Rural district. This is a potential model for replication.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13424

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13424	3432.08	U.S. Agency for International Development	African Medical and Research Foundation	6489	1182.08		\$300,000
7671	3432.07	U.S. Agency for International Development	African Medical and Research Foundation	4512	1182.07	USAID	\$200,000
3432	3432.06	U.S. Agency for International Development	African Medical and Research Foundation	2852	1182.06	USAID	\$200,000

---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$75,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

**Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Prime Partner:** Deloitte Consulting Limited

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 12380.23353.09

**Activity System ID:** 23353

**Mechanism:** Fac Based/RFE

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$2,000,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

\*END ACTIVITY MODIFICATION\*

TITLE: TUNAJALI PMTCT Services in Dodoma, Iringa, Morogoro and Singida

**NEED AND COMPARATIVE ADVANTAGE:** Women constitute a significant proportion, nearly 60%, of patients treated for HIV/AIDS in Tanzania. Therefore, enrolling HIV positive pregnant women into programs providing ART is essential, specifically because administering treatment to pregnant women also offers critical opportunity to address pediatric HIV infection and to reduce the prevalence of perinatally acquired HIV. Of the women tested and counseled at PMTCT facilities in 2005 in Tanzania, 6.7 % were HIV positive and were offered nevirapine (NVP) and infant feeding (IF) counseling. Full adherence rates of completion of the antiretroviral prophylaxis course by these women are not known. HIV prevalence in targeted regions is: 4.9% in Dodoma; 13.4% in Iringa; 5.4% in Morogoro; and 3.2% in Singida. Without adequate interventions, it is expected that one-third of children born to these women will become infected with HIV.

**ACCOMPLISHMENTS:** PMTCT is a new initiative for TUNAJALI, however, Family Health International (FHI) (Deloitte's technical partner under TUNAJALI), has established more than 280 PMTCT sites globally, and is providing PMTCT support to 6 districts in Dodoma with support from the Abbott Fund.

**ACTIVITIES:** In keeping with the PMTCT regionalization efforts, TUNAJALI will expand its services to support PMTCT services in Dodoma, Iringa, Morogoro, and Singida regions by supporting current operational sites and establishing services in 38 facilities to enable more pregnant women to have greater access to services, thereby reducing the risk of transmission from infected mothers to newborns in Tanzania.

The minimum package of PMTCT services provided at these sites will include 'opt-out' HIV counseling and testing, referrals of positive women to a care and treatment center (CTC) for assessment of antiretroviral therapy (ART) eligibility and care, ARV prophylaxis for HIV positive mothers Zidovudine (AZT) and Nevirapine (NVP) or Single dose (SD) NVP based on facility capacity and according to national guidelines and infant feeding counseling. In order to build capacity and infrastructure, TUNAJALI will: purchase medical supplies and laboratory equipment; train health workers using the nationally approved PMTCT curriculum, and provide supportive supervision; effectively supplement MSD, Abbott, and other donor supplies by procuring and delivering NVP, reagents, and other supplies to prevent disruption of services. Additionally, TUNAJALI will train midwives in handling and staging HIV positive mothers and exposed infants to reduce stigmatizing behavior and improve perinatal care skills.

In order to successfully increase the number of women who receive counseling and testing, TUNAJALI is committed to scaling-up provider-initiated counseling and testing at labor and delivery wards and implementing a pilot program involving lay counselors in the provision of counseling services to alleviate the burden of overworked staff. Furthermore, TUNAJALI will train community-based volunteers to sensitize communities and promote PMTCT services.

Follow-up care and support for mother-infant pairs and their families is essential to ensure the continuum of comprehensive care. TUNAJALI will facilitate implementation of referral systems at sites to link mother/infant pairs with CTC sites providing facility-based care and treatment. To develop linkages, maternal and child health (MCH), PMTCT and CTC sites will engage in joint planning and budgeting to ensure integration of services. Furthermore, establishing provider-initiated counseling at Maternal Child Health clinics to ensure infants with HIV positive mothers are tested according to national guidelines and, if HIV positive themselves, referred to a CTC.

Fostering capacity building among regional and district health authorities to plan and monitor PMTCT activities will ensure that PMTCT services are integrated with district and regional systems thereby maximizing resources, creating ownership, and building sustainability. In order to accomplish this, TUNAJALI will provide technical support to regional and district authorities to conduct supportive supervision, data collection, and reporting of PMTCT activities. To maximize sustainability, health authorities will include PMTCT activities in council health plans.

**LINKAGES:** To ensure comprehensive care for mothers and infants, the project will link with TUNAJALI home-based care/OVC initiatives, TB/HIV projects, prevention for positives initiatives, reproductive health (RH), and maternal and child health (MCH) programs, in addition to other partners, to provide additional community-based support services including home-based palliative care, nutritional, psychosocial, and legal support. TUNAJALI will link with partners who have more experience in PMTCT to ensure access to optimal services and coordinated support. To this effect, the project will partner with ENGENDERHEALTH in Iringa, AXIOS (TBD) in Morogoro and Singida, and Abbott/FHI's PMTCT and pediatric AIDS program in Dodoma. TUNAJALI will also work closely with USG partners to ensure the promotion of PMTCT and will continue to work toward sensitizing communities, while mobilizing to increase uptake of PMTCT services. At the national level, TUNAJALI will work with the National AIDS Control Program (NACP) to inform national PMTCT policies and contribute to the development/adoption of standard operating procedures (SOPs) and national guidelines focused on testing and counseling approaches, and to deliver services to women who choose to give birth outside of a health facility.

**CHECK BOXES:** The main goal is to increase women's access to counseling and testing, thereby facilitating their entry into the HIV/AIDS continuum of care. The project will work with ANC and labor/delivery wards to improve these services. Linkages to services such as RH, Family Planning (FP), under-age-5 child services, and malaria programs will be emphasized and encouraged. Renovation of sites, training health workers, utilizing lay counselors, and providing technical support to facilities will all

**Activity Narrative:** exist within TUNAJALI's mission. The main target populations are pregnant women and PLWHA, but realistically, community mobilization activities will target the general population as a whole.

M&E :TUNAJALI will work with regional health and council health management teams (RHMT and CHMT) in supportive supervision and quality assurance. TUNAJALI will support the National AIDS Control Program (NACP) in developing an electronic data collection system by the end of FY 2008. Meanwhile, sites will utilize national PMTCT paper-based tools to capture data. Data compiled at the facility level will be sent to the district reproductive and child health coordinator (DRCHC) for aggregation, then forwarded to NACP and TUNAJALI to provide feedback to the sites, implementing partners, and donors. TUNAJALI will also build the capacity of facility based staff and DRCHC in data entry, management, reporting, and use of data for decision-making. Additional tools, including the national logistic management information system (LMIS), also referred to as the indent system, will be adapted to collect data tracking drugs and commodities to ensure effective and efficient management of resources. Internal audits will be carried out regularly to ensure quality. By establishing and strengthening facility-level supervision, improving quality assurance, bolstering health information systems, and ensuring activities conducted are carried out according to national guidelines, the project will maintain continuous improvement in the quality of care and promote sustainability.

SUSTAINABILITY: The project will establish PMTCT services as an integral part of the existing health system, executed in conjunction with sites offering testing, counseling, and clinical care. TUNAJALI will work with the district councils to include PMTCT activities in their comprehensive council health plans and increase funding from additional sources such as basket funding and Global Fund (GF). Sustainability will be ensured by the complete integration of PMTCT in reproductive and child health (RCH) services, and by providing the necessary health infrastructure and staffing to ensure success. The project will build local ownership by working through local government, while building human capacity through training, mentoring, and supportive supervision.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13461

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13461	12380.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$2,000,000
12380	12380.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$450,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$420,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1199.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> University Research Corporation, LLC	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 3510.23354.09	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 23354	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from 800,000 to 600,000.

\*END ACTIVITY MODIFICATION\*

TITLE: URC QUALITY IMPROVEMENT in PMTCT SERVICE DELIVERY

**NEED AND COMPARATIVE ADVANTAGE:** The Government of Tanzania (GoT) and the United States Government (USG) have collectively identified a need to improve the very low coverage and quality of PMTCT services throughout Tanzania. University Research Company/Quality Assurance Project (URC/QAP) has proven successful in preventing mother to child transmission (PMTCT), identifying and testing children potentially infected with HIV, and referring individuals to care and treatment centers (CTC) for follow up care including PCP prophylaxis and antiretroviral treatment (ART). During 2007, URC partnered with the Ministry of Health and Social Welfare (MOHSW), the National AIDS Control Program (NACP), and other USG partners to strengthen access and quality of comprehensive PMTCT services.

**ACCOMPLISHMENTS:** During the last two years, URC/QAP pediatric AIDS collaborative trained 362 health workers in HIV case management; assessed quality improvement (QI) and collaborative methods; established, trained and mentored QI teams in 17 referral facilities; provided technical guidelines, job aids, and self assessment tools; assisted with reorganization of patient flow and provision of emergency pediatric care. In addition, the program improved monitoring of emergency drugs, supplies and equipment. The program supported initiatives stemming from NACP and partners to develop nationally endorsed whole facility training curricula on infant feeding (IF) counseling in the context of HIV/AIDS. Close collaboration with GoT organizations has facilitated the creation of a necessary infrastructure for future successful initiatives in FY 2008.

**ACTIVITIES:** URC/QAP will utilize lessons learned from best practices in other countries (e.g., Uganda and Rwanda) to implement quality improvement measures using a collaborative approach. Core activities will include: improving quality of ART services for adults and children; linking PMTCT to pediatric AIDS care; and improving rates of TB testing among ART clients. To ensure synergy and success, URC will continue to develop innovative methods linking lower level facilities and communities for improved follow up and comprehensive management of PLWHA. URC will strengthen essential linkages between PMTCT, infant diagnosis and follow-up in addition to linking PMTCT with overall HIV/AIDS care and treatment services to increase numbers of exposed infants who benefit from services, (e.g., nevirapine, staging and Cotrimoxazole prophylaxis).

URC/QAP will focus on building and strengthening quality improvement (QI) capacity within MOHSW and USG partners in order to set up and maintain a standard adequate PMTCT quality of service system using a collaborative approach. This includes developing a continuous QI system for PMTCT that is linked to care and treatment while building on quality improvement collaborative work, current experience, and best practices. URC/QAP will expand capacity through collaboration with GoT and USG partners for continuous QI in PMTCT services; monitor progress; develop PMTCT QI framework; train and support regional and district QI teams in developing coaching and mentoring skills; and document and share experiences in learning sessions. URC will train regional and district teams on roll-out procedures and use of tools in addition to coordinating national training coinciding with PMTCT quarterly meetings to share experiences, monitor progress, and train future trainers to ensure sustainability. Adoption of QI methods and service tools nation-wide to improve quality of PMTCT services is necessary to provide sustainable and effective services. Therefore, URC/QAP will identify and address key systems barriers to quality PMTCT services for pregnant women and their partners. Furthermore, URC will incorporate do, study, act (PDSA) cycles to test improvement changes in anti-retroviral therapy (ART), PMTCT and IF.

Results from a networking and continuum of care pilot will be available by COP 2008 implementation, and URC/QAP will disseminate information gathered from the pilot regarding best practices, quality of services, interventions, and management procedures to regions designated by GoT to ensure a continuum of care. Best practices identified by the pilot will be put into practice nationwide. Emphasis will be placed on building ways to sustain the model of care and linkages between facilities and communities such as using Network Support Agents.

Activities will include identifying members of the PMTCT service to be included in the HIV QI team at each facility; developing procedures for networking and referral between PMTCT, Well Child clinics and ART service areas at facility levels and with Community Based Organization (CBO's) at the community level; identification of exposed infants born at home for referral within 72 hours for nevirapine and essential newborn care and establishing indicators for PMTCT quality performance as part of the overall HIV/AIDS prevention, care and treatment Program. In addition, URC/QAP will work with MOHSW and USG PMTCT partners to roll-out QI monitoring in sites integrating PMTCT and RH services, including maternal and child survival activities practices, to manage and prevent HIV transmission.

**LINKAGES:** URC/QAP will continue to work closely with the PMTCT and ART units within the NAC, the inspectorate unit of MOHSW, the Tanzania Food and Nutrition Centre, and all USG supported PMTCT partners. URC will also work with other related units such as Counseling and Testing, OVC, HBC, RCHS, NMCP, etc to ensure that the quality framework and related tools and methodology are in keeping with the programs and necessary adoptions are made.

**CHECK BOXES:** This activity addresses the in-service training needs of PMTCT counselors and other health workers to counsel on infant feeding and gain competencies in QI to improve quality of PMTCT services. Local Capacity: RHMTs and CHMTs will be strengthened in their ability to supervise and monitor

**Activity Narrative:** QI activities.

URC has developed pre/post test assessments for IF training participants, training evaluation, job aids evaluation and supportive supervision tools. We have developed M&E tools for IF counseling performance: facility checklist, counselor observation checklist, and client exit interviews.

We use QI improvement tools that capture patient data for use and analysis at site level. Run charts will be produced monthly and quarterly to highlight programmatic strengths, weaknesses and QI changes.

**SUSTAINABILITY:** By involving the RHMTs and CHMTs, quality improvement activities will be included in the Council Comprehensive Health Plans (continued education, peer coaching, continued sharing of outcomes, continuous monitoring quality improvement, data collection and management). We will collaborate with partners at National, Regional and District levels in line with the organization of national health care system. Using QI methodologies we will empower the facility QI teams to use PDSA cycles to identify, test and adopt quality care improvements in PMTCT services. Based on successful best practices, URC/QAP will utilize peer coaches and mentors across QI Teams to ensure sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13602

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13602	3510.08	U.S. Agency for International Development	University Research Corporation, LLC	6565	1199.08		\$800,000
7827	3510.07	U.S. Agency for International Development	University Research Corporation, LLC	4600	1199.07		\$650,000
3510	3510.06	U.S. Agency for International Development	University Research Corporation, LLC	2900	1199.06		\$575,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$30,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

---

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1221.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Columbia University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 8219.23355.09	<b>Planned Funds:</b> \$2,040,000
<b>Activity System ID:</b> 23355	



**Activity Narrative:** ACTIVITY HAS BEEN REVISED: Columbia will work with the MOH to establish a local NGO that can manage implementation of Family Support Groups in the country, building upon the mothers 2 mothers (m2m) program model. Data has also been updated.

**Title:**

Scale up and provision of comprehensive Family focused PMTCT Services in 3 Regions in Tanzania

**Need and Comparative Advantage**

Use of PMTCT programs as an entry point to care and treatment services is critical to ensuring a continuum of care for HIV-infected pregnant women, their partners, and HIV-exposed children. Using innovative approaches CU supported the Ministry of Health and Social Welfare (MOHSW) in implementing comprehensive PMTCT services in 3 regions of Tanzania (Kagera, Kigoma, and Pwani) where HIV prevalence ranges from 2% to over 7%. The main focus in 2009 and beyond is 'elimination of MTCT' by scaling up the innovative approaches used to ensure broader coverage, including: increased uptake through opt-out testing and counseling; the use of more efficacious regimens; integrating ART services into the RCH clinic; retention of newly diagnosed HIV-positive women into care and treatment through establishment of special clinic days for follow-up of positive mums; establishment of support groups for HIV + mums and families; strengthening safe infant feeding practices; and early identification and management of exposed infants. CU expanded experiences in the establishment of the Reproductive Child Health (RCH) platform providing counseling and testing, efficacious PMTCT regimens, ART treatment services, and psychosocial support in the same facility, ensuring a comprehensive package of PMTCT care and treatment services are linked into the continuum of care under one roof, leading to improved uptake and quality of services. Long distances in the predominantly remote areas that CU works in are a major limiting factor to adherence and long term engagement into the continuum of care. Capacity of health centres to provide ART care and treatment for pregnant women will be expanded to bring comprehensive more efficacious PMTCT and care and treatment services closer to the HIV infected mothers and their families.

**Accomplishments**

In FY 2007, a total of 19,962 pregnant women received HIV counseling and testing (18,699 at ANC and 1,263 at L&D) and 374 mother-infant pairs were provided Nevirapine prophylaxis at L&D.

In FY 2008, a total of 71,360 pregnant women received HIV counseling and testing (this includes from ANC and maternity) and 1,072 mother-infant pairs were provided nevirapine prophylaxis at L&D. Implementation of the new PMTCT guidelines using more efficacious regimens was accomplished in 14 health facilities, to further impact decrease transmission rate. Identification and early diagnosis of HIV exposed Infants has been scaled up to all Regional and District hospitals and high Volume health centres in all 3 CU supported regions. By June 31st 2008, 761 HIV Exposed Infants (HEI) had been identified at 8 sites in 3 regions and 627 of these were given cotrimoxazole prophylaxis. HIV positive infants diagnosed through DBS DNA PCR testing were referred to the Care and treatment clinics.

In FY 2009, 85,945 pregnant women will receive HIV counseling and testing and 2,922 HIV positive women will receive PMTCT prophylaxis.

**Activities**

1. Expand PMTCT services to 65 new lower level facilities in Kigoma, Kagera and Pwani regions and ensure quality of care in collaboration with the district management teams.

CU will Partner with Council Health Management Teams (CHMTs) to plan, implement, and strengthen PMTCT services in the district. Support to 151 existing sites will continue, with further scale-up to 65 new lower-level facilities to bring services nearer to the mostly rural communities in CU supported Regions. Training of Health care workers in the new PMTCT guidelines, mentoring of site staff and on-site CME's will capacitate site staff in implementing the PMTCT program. Increased male involvement in PMTCT services by provision of partner invitation letters and community mobilization efforts; Support of minor renovations in the facilities to create room for service delivery; Support communication and stationary required; procurement of test kits and related consumables and joint supervision with CHMT will continue to ensure quality of service delivery.

2. Create and/or strengthen linkages to adult and pediatric care and treatment and expand early infant diagnosis activities; The care clinics will: provide services to HIV-infected mothers, their HIV-exposed infants and partners; strengthen use of two way referral forms and physical escort by providers; and link basic sites to CTC through the peer support program. CU will support minor renovations and furniture; purchase motorcycles for blood sample transportation and systems to strengthen CD4 testing and documentation of pregnant women to link them to appropriate efficacious PMTCT prophylaxis; supply adult and pediatric cotrimoxazole for prophylaxis; supply standard package of opportunistic infection drugs; train 276 staff on clinical staging and management of opportunistic infections; provide polymerase chain reaction early infant diagnosis HIV-testing via dried blood spot for HIV-exposed infants identified in all PMTCT sites.

3. Promote use of efficacious regimens for PMTCT.

All district and regional hospitals and high volume health centres will be capacitated to implement the efficacious regimens. The Regional district managers will be oriented on the new guidelines and trained on the logistics; and site staff will be trained to implement the new guidelines. Refresher training package will be rolled out to all districts and CU will provide intensive on-site mentoring on the use and monitoring of these new regimens and follow-up the training with on-site CME's to reinforce knowledge and skills in the use of the efficacious regimens. Training in the monitoring and evaluation tools will be implemented and job aids distributed to assist quality assurance. Provision of comprehensive family focused PMTCT care and treatment, implementation of the new efficacious regimens within the RCH setting will be scaled up to include 10 sites per region. Antenatal, intrapartum, postpartum follow-up of the HIV positive women will be strengthened and their families will be invited to be counseled and tested and linked to services under the same roof in a family friendly environment.

4. Establish Family support groups for PMTCT and develop national tools and guidelines for Roll out.

CU will scale up formation of family support groups for HIV positive mothers and their families in the ICAP regions and will work with the NACP, WHO, Unicef and USG partners to adopt a standard package of tools

**Activity Narrative:** for national scale up. FSGs will be established in an additional 20 sites, with onsite trained coordinators and active follow up. Appointment systems will mesh with FSG tracking to ensure good adherence to care. FSGs will link with other community groups and resources to provide nutrition support, treatment for OIs, access to ITNs, safe water, income generation and other supports. FSGs will provide a leverage for delivery of Prevention in Care and Treatments as well as build capacity for PLHIV+ women. ICAP will work closely with USG and MOHSW to establish a local NGO that can manage implementation of Family Support Groups in the country, starting in ICAP supported regions and possibly High Prevalence Areas.

5. Support the national PMTCT program by providing technical assistance on policy issues, monitoring and evaluation of the National PMTCT program, and data use for decision making. Provide technical assistance on roll-out of PMTCT monitoring and evaluation tools; provide technical assistance in developing psychosocial support program for PMTCT.

**Linkages**

CU will partner with community-based and faith-based organizations through the district Council HIV/AIDS multisectoral Coordinator (CHAC). Through the RCHCO CU will link up with Traditional Birth Attendants (TBA) to support local communities and work closely with people living with HIV/AIDS (especially HIV+ pregnant mothers); as they are key players in promoting PMTCT services, reducing stigma and discrimination, promoting male involvement and participation, and addressing other related maternal and child health issues. Linkages to care and treatment, family planning, child survival, nutrition, TB/HIV, Malaria, RCH and OVC programs will be actively strengthened.

**M&E:**

CU will continue technical support to the NACP in roll-out of training and site support in use of the new PMTCT national M&E tools. CU will work with partners to train, pilot, and implement the tools; b) Data will be collected and reported using national PMTCT tools: ANC and L&D registers, and monthly summary forms (MSF); c) CU will promote data synthesis & use at the site, district, regional, and national level; d) Data quality will be ensured through CU and district teams conducting regular site supervision visits with review of registers and consistency checks of MSFs; e) CU will train 150 HCWs and provide technical assistance to 226 facilities, 21 districts and 3 regional offices; f) Once the national database is completed, CU will implement it at 20% of the sites. At CU, an Access database will be developed for storage of MSFs from all CU supported sites; g) CU will assist PMTCT teams at supported facilities to provide monthly, quarterly, and semi-annual/annual reports to the district, regional, and national levels as appropriate. CU will provide reports to PEPFAR as required.

**Sustainability**

CU will work with District Councils to include PMTCT activities in Comprehensive Council Health Plans and support resource mobilization from Global Fund and other sources. Full integration of PMTCT into RCH services will help to ensure sustainability. The implementation process will involve existing management systems and human resources. National guidelines will be used to ensure continuity of the implemented activities. Capacity building of the regional and council health management teams in program specific training, supportive supervision, and mentoring skills will be included to ensure continuity of their supervisory roles and program ownership. Capacity building at the national level will help to ensure continuity of program monitoring and evaluation for decision-making.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13457

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13457	8219.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$2,040,000
8219	8219.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$1,050,720

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$520,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 17869.23356.09

**Planned Funds:** \$51,000

**Activity System ID:** 23356

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: PMTCT Activities, Management and Staffing

ACTIVITIES: During the next fiscal year, USAID will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW)/National AIDS Control Program (NACP), and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. USAID provides direct technical support for all of its HIV/AIDS PMTCT programs, which are implemented in collaboration with Tanzanian governmental and non-governmental organizations. The nongovernmental implementing partners have established offices in Tanzania to carry out PMTCT activities. In FY 2008, this funding will support in-country PMTCT program staff. In-country program staff will work with implementing partners to expand PMTCT services, strengthen supervision systems, and conduct routine monitoring and evaluation. In-country staff will assist other non-governmental partners by ensuring compliance with national policies and guidelines, harmonizing PMTCT training efforts, PMTCT drug and commodity forecasting and procurement 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17869



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13620	9433.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$37,635
9433	9433.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$37,635

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10123.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 12379.23358.09	<b>Planned Funds:</b> \$2,000,000
<b>Activity System ID:</b> 23358	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: Expanding PMTCT Services in Mara, Manyara, Mwanza, and Tanga

NEED and COMPARATIVE ADVANTAGE: AIDS Relief (AR), a 5-member consortium consisting of Catholic Relief Services (CRS) (lead agency), Interchurch Medical Assistance World Health, Institute of Human Virology, University of Maryland School of Medicine, Constella Futures, and Catholic Medical Mission Board, has proven experience in ART and linkages to other HIV-related services. Existing complementary programming supported by individual consortium members (e.g. OVC, HBC, agriculture, and fluconazole partnership), represents a key comparative advantage of AR for scale-up and ensuring wrap-around support to clients. In FY 2007, AR will partner with 29 facilities in four regions (Mwanza, Tanga, Manyara, and Mara) where HIV prevalence ranges from two percent to over seven percent. By September 30, 2009, AR will work in a further 19 health facilities providing training, supplies and equipment, opportunistic infection (OI) and ARV prophylaxis and treatment, safe delivery kits, protective gear, and improved facilities for counseling and delivery. AR will help sites reach national targets by providing counseling & testing to 90% of antenatal clinic (ANC) attendees and access to ARV prophylaxis for PMTCT to 85% of HIV-positive mother-infant pairs either on-site or through care and treatment clinic (CTC) referrals.

ACCOMPLISHMENTS: To date, no accomplishments have been made. When FY 2007 supplemental funding is awarded and disbursed, AR will support 13,300 PMTCT clients at 29 health facilities in 4 regions. From October 2007 to February 2008, AIDSRelief will provide capacity building programs for PMTCT staff & improve linkages to other HIV-related programs and the community. Partners will receive material inputs including opportunistic infection drugs, ARV prophylaxis and treatment, test kits, safe delivery kits, CD4 test reagents, and protective gear. Anticipated results include increased referrals to PMTCT, more births in health facilities, more mother-infant dyads receiving a full course of ARV prophylaxis, and improved patient tracking.

ACTIVITIES: 1) AIDSRelief will expand the availability of quality PMTCT services by training 192 health care workers (HCW) to provide quality PMTCT services to mother & child. 1a) Train four HCW per site using the revised national PMTCT training curricula 1b) Implement the WHO-tiered approach for ARV prophylaxis to ensure HIV positive women and HIV-exposed children receive the most efficacious treatment, including a multidrug regimen where possible. Provide single dose Nevirapine at time of HIV diagnosis to ensure all HIV positive women receive at least the minimum ARV regimen; 1c) Provide on-site technical assistance to initiate, implement, and improve provider-initiated (opt-out) testing with same day results for all pregnant women attending antenatal clinics (ANC), labor and delivery (L&D) and postnatal wards; 1d) Work with regional and district medical teams to conduct PMTCT supportive supervision at all levels of service delivery.

2) Improve environment of PMTCT centers to motivate staff and ensure confidential services. 2a) Work with site managers to refit waiting areas, counseling rooms, delivery rooms, and waste disposal facilities (e.g. biological wastes or rubbish bins); 2b) Procure clinical and office equipment; 2c) Promote task shifting to address human resources shortfall.

3) Strengthen linkages among health facility programs including PMTCT, community outreach, ANC, maternal and child health (MCH), tuberculosis (TB), malaria, and adult and pediatric HIV care and treatment. Providing follow-up of patients at different service points will increase utilization of the full-range of PMTCT and continuum of care services. 3a) Ensure all PMTCT programs have two community workers to conduct education activities and track PMTCT clients. 3b) Train community workers and PLWHA groups to conduct patient monitoring and community education on prevention for positives, the importance of prophylaxis for mother & child, benefits of delivering at health facility, HIV testing and care and treatment services, as well as, the benefits of PMTCT and continuum of care services. Train community workers, including PLWHA, on referral systems and making referrals; 3c) Provide supportive supervision of community outreach activities; 3d) Promote HIV testing for partners of PMTCT clients, emphasize male involvement in PMTCT, and emphasize prevention for positives in counselling sessions; 3e) Use national registers to track HIV-exposed infants for follow-up care and treatment. 3f) Work with maternal and child health (MCH) clinics to identify HIV-exposed infants during routine immunization visits, and refer infants to CTC services. Mother's PMTCT information will be transferred to the child immunization card to assist with identification of HIV-exposed infants.

4) Improve the laboratory and pharmacy capacity of PMTCT sites to prevent stock-outs and ensure quality care is provided to mother and child. 4a) Work with Ministry of Health, Medical Stores Department (MSD), and partners to improve forecasting of key reagents, PMTCT commodities, ARV prophylaxis, and OI drugs. 4b) Supply partners with adequate quantities of delivery kits, delivery beds, and protective gear. 4c) Train PMTCT providers for referral of samples for infant diagnosis to Bugando Medical Center's early infant diagnosis (EID) program. Collaborate with Columbia to ensure processing of samples and return of results; 4d) In line with national guidelines, offer cotrimoxazole prophylaxis to HIV-positive pregnant women as indicated and all HIV-exposed infants from 4 weeks after birth until proven HIV-negative.

5) Strengthen program capacity to support the regionalization of PMTCT services. 5a) AIDSRelief consortium will hire an additional four technical staff to train and supervise PMTCT sites; 5b) At site level, AIDSRelief will fund one nurse as a PMTCT coordinator; 5c) Train 12 accountants and 52 coordinators in finance, compliance regulations, and monitoring and evaluation (M&E) respectively.

LINKAGES: Within the health facilities, AIDSRelief will use its relationships with other HIV-related programs

**Activity Narrative:** to build linkages for a continuum of care. TB/HIV programs in the same health facilities will identify their pregnant clients for referral to the PMTCT program. Linkages with community outreach activities and PLWHA groups will be strengthened in order to ensure proper referrals are made and HIV-positive women and HIV-exposed children are identified and receive care and treatment. AIDSRelief will also train service outlets to refer patients from PMTCT to its care & treatment programs, many of which are located in the same facility or a nearby district hospital. PMTCT staff will use national referral forms to refer HIV+ women to the CTC, where registers will be used to track referrals. Pediatric clients will be referred to CRS sponsored OVC programs within the same regions, whereby children may be eligible for nutritional support. Linkages with reproductive child health, malaria, nutrition, child survival, and syphilis in pregnancy programs will be developed. AR will continue to collaborate with Global Fund by assisting districts with sustainable resource mobilization.

**CHECK BOXES:** The areas of emphasis were chosen because activities will include training of PMTCT health workers, refitting infrastructure, and strategic information support. CRS will also provide wraparound support through its PEPFAR-funded home-based care (HBC) and OVC programs which extend palliative care, education and nutritional support. The general population will be targeted in the community outreach activities to increase uptake of PMTCT services. Children under five and pregnant women will be targeted in testing, treatment, and referral activities.

**M&E:** (7% of the budget) AR will collaborate with the National AIDS Control Program (NACP) and support PMTCT sites in the improvement of data quality & reporting. PMTCT patient data will be compiled using NACP electronic registers and paper-based longitudinal medical records. AR will assist sites with implementation of the revised community logistic tools and national PMTCT monthly reporting forms for ANC and L&D and promote data use culture in patient care and management. Feedback on tool performance will be provided to NACP and partners. Continuous quality improvement committees will be established at sites to manage and analyze data to measure quality and success of the program. This will support PEPFAR and MOH objectives of monitoring and evaluating the availability, coverage and uptake of PMTCT services.

**SUSTAINABILITY:** AIDSRelief will encourage Council Health Management Teams (CHMTs) to integrate PMTCT activities in Council Health Plans and budgets at the district level. To improve administrative capacity, AIDSRelief will work with regional and district authorities for better program coordination. To build local authority's technical capacity, AIDSRelief will participate in Regional Health Management Teams' (RHMTs) and CHMTs' supportive supervision activities including those for M&E. Clinicians from RHMTs and CHMTs will be included in central trainings alongside the health facility staff to improve technical skills and build collaboration across different levels of service providers. One hundred and thirty health workers at district, regional, and health center level will receive ongoing training to support scale-up of PMTCT services and promote sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13450

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13450	12379.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$2,000,000
12379	12379.07	HHS/Health Resources Services Administration	Catholic Relief Services	4525	2368.07	AIDRelief Consortium TZ Budget	\$800,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$420,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 3621.09**Mechanism:** N/A**Prime Partner:** Harvard University School of  
Public Health**USG Agency:** HHS/Health Resources  
Services Administration**Funding Source:** GHCS (State)**Program Area:** Prevention: PMTCT**Budget Code:** MTCT**Program Budget Code:** 01**Activity ID:** 3414.23359.09**Planned Funds:** \$900,600**Activity System ID:** 23359



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2009

THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

All Early infant diagnosis activities will be moved and be funded out of pediatric HIV treatment.

\*END ACTIVITY MODIFICATION\*

TITLE: Expansion of PMTCT services in Dar es Salaam

**NEED and COMPARATIVE ADVANTAGE:** Mother-to-child transmission of HIV is a major problem among pregnant women in Dar es Salaam (DSM), where 10.9% of the population is estimated to be HIV positive. Service delivery gaps, including lack of trained personnel, insufficient space for counseling and testing, and erratic supply of HIV rapid test kits, ARVs, and other essential commodities are being addressed but remain challenges.

MDH, a collaboration between Muhimbili University of Health and Allied Sciences, Dar es Salaam City Council, and Harvard School of Public Health, has been providing PMTCT services at eight large antenatal clinics and seven labor wards in DSM. MDH has helped to ensure that laboratory facilities are functioning well, a strong training base exists, patient monitoring and tracking loss to follow-up is in place, and that health infrastructure is well developed. There is strong commitment from the city council authority for the advancement of HIV prevention, care, and treatment services in DSM. By September 30, 2008, MDH will expand PMTCT services to twenty antenatal clinics and fifteen labor wards within DSM. The population served will include 47,000 new antenatal clients and 65,000 deliveries.

**ACCOMPLISHMENTS:** MDH has been supporting the provision of PMTCT services in eight sites within DSM. By the end of FY 2007, approximately 41,000 pregnant women will be enrolled in comprehensive PMTCT services. MDH has implemented best practices such as opt-out testing, testing at labor and delivery, and male involvement in PMTCT. These practices resulted in fewer missed opportunities for counseling and testing and increased uptake of PMTCT services. Activities to strengthen existing referral networks and improve access to care and treatment services for HIV positive mothers, partners, and HIV exposed

and infected infants are ongoing.

From October 2006 through June 2007, 23,219 women received HIV counseling and testing with test results at the antenatal and labor ward; and 2,456 HIV positive pregnant women received nevirapine (NVP) prophylaxis. Between January 2006 and May 2007, 209 health care workers (HCWs) were trained in the provision of PMTCT services.

**ACTIVITIES:** MDH will scale-up PMTCT services from the current 14 sites to an additional six sites by September 30, 2008. The new sites that MDH will include: Muhimbili National Hospital, Kimara, Tandale, Kiwalani, Vijibweni and Kawe dispensaries. PMTCT services at these sites will be strengthened and expanded.

In all existing and new sites, comprehensive and quality services will be provided. The following areas will be our priority: 1) Train 250 HCWs using the revised national PMTCT training curriculum. A two-day refresher course will be periodically provided to HCWs to further build capacity. PLWHAs will service as facilitators in a panel discussion during the training;

2) Implement provider initiated opt-out counseling and testing at all MDH supported sites to decrease missed opportunities for PMTCT service provision;

3) Train HCWs on the use of more efficacious ARV prophylaxis regimens and provide site assistance in the procurement and distribution of ARVs. Provide single dose NVP to HIV-positive pregnant women at time of HIV diagnosis to ensure mothers who deliver at home or do not return to ANC receive the minimum ARV prophylaxis regimen. Initiate ART, or provide the most efficacious regimen available, in accordance with the national guidelines;

4) Strengthen referral systems and integrate care and treatment clinic (CTC) activities with ante-natal clinic (ANC) services. A nurse counselor and a clinical officer will be assigned to the ANC to initiate care and treatment services and minimize missed opportunities. Nurse counselors will be responsible for CTC enrollment and taking map-cues for home visits when required. A map-cue is a form used to capture directions to a mother's home using landmarks and street addresses. HIV positive pregnant women will be given a referral form, or will be physically escorted to the CTC, on the day they are given their results;

5) Transfer mother's PMTCT information from the ANC card to the infant's road-to-health (RHC) card after delivery to ensure that HIV-exposed infants receive optimal care including cotrimoxazole prophylaxis and immunization;

6) Provide infant feeding counseling at ANC, labor and delivery (L&D), CTC, and immunization clinics;

7) Offer PCR early infant diagnosis HIV-testing to all HIV –exposed infants at six weeks of age and six weeks after the cessation of breastfeeding;

8) Address prevention messages for HIV-negative and HIV-positive pregnant women and their partners during counseling sessions conducted at ANC, L&D and CTC;

**Activity Narrative:** 9) Increase male involvement in PMTCT by providing invitation letters to partners of ANC clients; making PMTCT services more male-friendly by fast-tracking PMTCT services for couples; and working with community organizations to include male involvement messages into ongoing activities.

10) Conduct home visits using a map-cue to track those lost to follow-up and ensure they receive PMTCT services and HIV care and treatment;

11) Recruit a PMTCT coordinator in each district to enhance supervision, coordination, and exchange of information across districts and sites. During supervisory visits and monthly review meetings, data and other new information will be shared with HCWs at the sites;

12) Engage the labor ward in-charge, the RCH coordinator, and the PMTCT coordinator at each site to improve provision of PMTCT services by organizing monthly review meetings to discuss accomplishments, challenges, and opportunities; and

13) Increase PMTCT uptake through community awareness-building activities such as training community leaders and PLWHA in PMTCT.

**LINKAGES:** MDH works under the National AIDS Control Program (NACP) by following the national PMTCT and treatment guidelines. PMTCT services will be strongly linked with other HIV prevention, care, and treatment activities, including links to CTC and family planning (FP) programs. The MDH CTC intake form has been revised to allow for tracking of referrals and home-based care providers will track women who have been lost to follow-up.

MDH will work with health facility and district level management to support and link PMTCT and other related services. There will be a PMTCT task force at each site comprised of people from CTC, expanded program on immunization (EPI), and FP. MDH will work with District Councils to include PMTCT activities in their Comprehensive Council Health Plans. MDH will also work with local NGOs and community leaders to support and link PMTCT and other related services for PLWHA, including linkages with OVC programs. In addition, MDH will work with other partners providing PMTCT services in DSM.

**CHECK BOXES:** Training will be provided to HCW to build human capacity. The effort to increase male involvement in PMTCT is a gender related activity. The general population, and specifically pregnant women, will be targeted in our testing activities; PLWHA will be used to strengthen linkages and prevent loss to follow-up; and counseling services will focus on discordant couples. Local organization capacity building will be addressed to strengthen the capacity of health facility and district level management, local NGOs, and community leaders to be able to provide quality services on their own in the longer term.

**M&E:** MDH has established a strong data capturing, processing, reporting and utilization system. National monitoring and evaluation tools (registers and monthly report forms) are used at all sites. Training on monitoring and evaluation is included in the PMTCT curriculum. Monthly reports are used to provide supportive supervision. Quarterly reports are generated for PEPFAR and NACP from the PMTCT database. MDH also uses the database to analyze quality indicators as part of the larger MDH Quality Management Program. This allows us to develop quality improvement activities, including training and change in procedures. Feedback to the site coordinators is provided during monthly review meetings which serve as a forum for monitoring process of program implementation. Strategies to improve data collection and PMTCT services will be implemented. The monthly review meeting is approximately 13% of the total PMTCT budget. We will also leverage resources from Care and Treatment where we have built capacity for data entry, processing, analysis and reporting.

**SUSTAINABILITY:** The MDH PMTCT program is run by managers and staff who are fully integrated within the government system. The capacity of health workers is being built on an ongoing basis by updating their clinical skills through in-service and on-the-job trainings. The City Council is a partner of the MDH program which ensures that all activities are carried out as per the needs and directions of the government system. National guidelines will be used to ensure continuity of the implemented activities. MDH will work with District Councils to include PMTCT activities in their Comprehensive Council Health Plans to further ensure

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13488

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13488	3414.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$900,600
7720	3414.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4540	3621.07	Tz Budget	\$1,065,000
3414	3414.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3621	3621.06		\$500,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$220,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3745.09

**Mechanism:** N/A

**Prime Partner:** Pastoral Activities & Services for People with AIDS

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 16408.23360.09

**Planned Funds:** \$164,320

**Activity System ID:** 23360

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: Expansion of PASADA's PMTCT program in Dar es Salaam Archdiocese.

NEED and COMPARATIVE ADVANTAGE: PASADA's PMTCT program has been operating since 2002 and currently operates in 12 facilities. The current HIV prevalence in Dar Es Salaam is 13% and current PMTCT coverage is still low. In addition, PMTCT clients encounter numerous challenges: women not wanting to test due to fear of violence and abandonment; not enough involvement of male partners; mobility of mothers after delivery and lack of community awareness about PMTCT. Based on PASADA's experience and the fact it works at community level, it will use its outreach program to sensitize the community, particularly in the semi-urban areas where access to information is generally limited. The program is now specifically targeting the male partners of pregnant women, as without their collaboration and acceptance, women will not enroll in the program. PMTCT is closely linked to PASADA's other care and treatment, counseling and HBC Palliative Care services, guaranteeing continuum of care. PASADA will strengthen the facilities it supports to enhance quality of care and scale up coverage.

ACCOMPLISHMENTS: Sensitization activities have increased the number of men attending antenatal clinics with their partners for HIV testing, leading to women being able to access PMTCT more freely. Women's attitudes about HIV+ status being a "death sentence" have changed. They are therefore more willing to test. Involvement of people living with HIV/AIDS (PLWHA) has proved extremely useful in the sensitization of activities at the community level and has educated communities that are now taking preventive measures in cultural practices. 4,729 pregnant women tested and received their results from July 2006 to June 2007. Over the past 12 months, 101 health workers, 80 community volunteers and 60 Traditional Birth attendants (TBAs) were trained in PMTCT issues.

ACTIVITIES: 1) Increasing coverage of PMTCT in the catchments area by: 1a) adding one new antenatal site to the program; 1b) employing four new nurse/counselors in four antenatal sites; 1c) recruitment and training of 100 new PMTCT community volunteers who will be actively involved in PMTCT sensitization at community level; 1d) employment of one extra PMTCT community nurse in PASADA.

2) Increasing the demand for PMTCT services by: 2a) increasing the number of PMTCT sensitization interventions at community level utilizing the trained PMTCT community volunteers; 2b) through targeted drama performances transmitting appropriate messages; 2c) through the involvement of community leaders at all levels.

3) Improving the quality of the PMTCT services provided by: 3a) provision of refresher training for all PASADA staff and antenatal sites staff on PMTCT issues; 3b) training of all new staff on the best way to provide PMTCT services; 3c) supervision, monitoring and evaluation of activities; 3d) employment of two extra PMTCT nurses and maintenance of salaries for PMTCT staff.; 3e) providing opt out testing based on the new national algorithm, women will be tested in ANC, LW and post natal, with rapid test and results given on same day. Based on capacity, both single dose nevirapine (SDN) and more complex regimen will be provided with a view of accessing more women to more efficacious regimen as capacity of the facility allows. Cotrimoxazole will be provided to eligible mothers and their exposed children.

4) Promoting adherence to the PMTCT program through 4a) Targeted PMTCT sensitization and counseling with couples; 4b) Targeted sensitization meetings with male groups at community level; 4c) Targeted PMTCT training for pregnant women attending the antenatal clinics; 4d) Provide social support to poor HIV+ women accessing delivery services

5) Promoting maintenance of contact between the program and women enrolled in PMTCT after delivery, to facilitate testing of all newborn at 18 months 5a) provision of social support to HIV+ mothers; 5b) Breast feeding for six months will be promoted based on guidelines and mechanism for provision of food supplements to mothers who have delivered within the program will be explored; 5c) provision of milk support to children.

LINKAGES: PASADA's PMTCT program is closely linked with the national program and with other organizations providing PMTCT services e.g. Muhimbili National Hospital, Temeke Hospital Hindu Mandal Hospital. The Ministry of Health has provided PMTCT training for staff. The program works closely with the current 12 antenatal sites, ten of which have maternity units. Referral systems exist for women needing social support over and above what PASADA can offer, for example with the local offices of the Ministry of Health and Social Welfare religious organizations of all faiths. The program also links up with community social support groups. Linkage with VCT, C&T, TB/HIV and OVC programs supported by PASADA will be strengthened. Linkages between facilities will also be strengthened and PASADA will continue to collaborate with facilities funded by the Global Fund and others. Linkages with RCH activities especially Malaria and Syphilis in Pregnancy programs, Family planning and nutritional and child survival programs in the military facilities will be improved.

CHECK BOXES: 1) Gender: the program educates both men and women on gender issues, particularly those around sexual behavior and relations and equality for women in accessing care and treatment. It also focuses on violence due to blame for HIV+ status. Men in particular are targeted for behavioral change. 2) Human capacity development: the program focuses on training of staff (PASADA, antenatal clinics, maternity units) and of community PMTCT volunteers, so that some tasks can be shifted from nurses to volunteers. 3) Local organization capacity building: this is achieved in the dispensaries and small community groups. 4) Health related wrap around: infant-feeding, safe motherhood, and TB. 5) Non-health related wrap around: economic strengthening through PASADA's Community-based Microfinance Savings

**Activity Narrative:** and Credit scheme for HIV+ women (in collaboration with Caritas DSM), education within the program and some limited food security.

M&E: PASADA will work with the MOHSW and USG partners such as HARVARD in rolling out the revised PMTCT Monitoring and Evaluation and the commodity logistic (LMIS) tools to all of the sites it supports. It will support the facilities teams in collection and reporting of PMTCT data based on the national protocol and will provide feedback on tool performance. PASADA will work with these institutions to strengthen and implement PMTCT quality framework and providing regular supervision.

PASADA's PMTCT program collects and compiles all data from the antenatal clinics and feeds into the national data collection system. PMTCT volunteers report to the PMTCT coordinator. Monitoring of activities takes place on a regular basis, as does referrals to and from other related PASADA services, particularly VCT, ART, TB and HBC and Palliative Care programs. Temeke Municipality and Temeke Hospital are involved in monitoring of the program.

SUSTAINABILITY: 1) Antenatal clinic staff have been trained in PMTCT and infant feeding, thereby leading to sustainability in their sites. 2) Women themselves are more empowered in seeking further information and taking decisions about their own sexuality and pregnancies. 3) Couple counseling in PMTCT engages the commitment also of the male partner leading to adherence to PMTCT and continued connection of the mother to the program for testing of the newborn. 4) PMTCT contributes to the number of people testing for HIV and therefore, accessing ART and the continuum of care. 5) PASADA will work with the Dar Es Salaam Regional and District Councils to include PMTCT activities in their Comprehensive Council Health Plans and increase funding from additional sources such as basket funding, GF and overtime districts own recourses. The districts contribution to sustainability is by fully integrating PMTCT in the RCH, services, providing the health infrastructure and staffing. 6) The project will build local ownership by working through government and building human capacity through training, mentoring and supportive supervision.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16408

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16408	16408.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$164,320

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$36,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 4082.09

**Mechanism:** N/A

**Prime Partner:** Selian Lutheran Hospital - Mto  
wa Mbu Hospital

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 8220.23361.09

**Planned Funds:** \$91,968

**Activity System ID:** 23361

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: SELIAN LUTHERAN HOSPITAL AIDS CONTROL PROGRAM – PMTCT PROJECT

**NEED and COMPARATIVE ADVANTAGE:** Selian and its clinics provide Antenatal Care (ANC) to over 3000 women annually. The current HIV prevalence in Arusha is 5.3% (as per the HIV indicator survey 2004) (THIS) and the current coverage does not avail access to all women in need of PMTCT services. Selian aims to avail most women attending ANC to receive comprehensive PMTCT services. Selian plans to provide PMTCT services to 1,105 women in FY 2008 and 2,200 in FY 2009

In addition, most Selian ANC clinics sites are need of repairs to improve the quality of reproductive health (RH) services that is being provided, Health care workers needs retraining and closer supervision. The program has additional needs to make follow up of exposed infants and provide services to pediatric clients.

**ACCOMPLISHMENTS:** As of July 2007, through Selian five sites: Selian Hospital, Kisongo, Bangata dispensaries, the Arusha Town Clinic, and Kirurumo health centre at Mto wa mbu reached 1124 women with PMTCT services including counseling, testing and receiving results. Of these, 50 pregnant women were referred to CTC for ART treatment and their Infants provided with Nevirapine and cotrimoxazole prophylaxis. Trainings for counselors to be done in August. Infant follow up and home visiting was carried out to 80 infants and children.

**ACTIVITIES:** Testing will be opt out based on the new national algorithm, women will be tested in ANC, labor ward (LW) and post natal, with rapid test and results given on same day. Based on capacity of the facility, both SD Nevirapine and more complex regimen will be provided with a view of accessing more women to more efficacious regimen as capacity of the facility allows.

Selian will increase access to PMTCT services so that more pregnant women at all Selian Sites in Arusha and Simanjiro Regions can benefit from a full range of PMTCT services. New PMTCT services will be set per NACP standard guidelines and regimens, renovations will be carried out, and improvements made to ANC clinic environment, labor and delivery ward. Selian will ensure appropriate PMTCT commodities Test kits, PMTCT drugs and other commodities.

Selian will ensure that clinical staging of HIV positive women is carried out and that appropriate referral for all clients in need of ART to CTC for provision of HAART treatment and prophylaxis for their infants is carried out. Cotrimoxazole and other necessary additional services will be provided.

Selian will ensure that appropriate feeding is carried out and supplementary feeding after BF for six months is carried out after assessment and evaluation.

Selian will carry out capacity building in several fronts: Training service providers in PMTCT, infant nutrition and infant feeding; Carrying out retaining session and seminars and attending conferences so that service providers can be up to date with most recent information;; carrying out community mobilization to raise awareness develop better involvement of the community; and work with the MOHSW and other USG partners to use the information education and communication (IEC) materials developed at the national level and ensure they are adopted/used in Selian sites.

This activity will carry out and link Infant diagnosis and follow-up including home visits and Follow Ups. It will also ensuring that the PMTCT services are linked and integrated with other HIV related services such as, Home based care, Care and Treatment, Family planning, Orphans and vulnerable Children etc.

**LINKAGES:** Linkage will be strengthened with, VCT, C&T, TB/HIV, Infant Diagnosis and OVC programs supported by Selian and other USG programs. Linkage will also be improved with Reproductive and Child Health (RCH) activities especially Malaria and Syphilis in Pregnancy program, Family planning and nutritional and child survival program. Further more, linkages between facilities will be strengthened to collaborate with facilities supported by the Global fund and other supporters.

To ensure continuum of care through relationships with Non – HIV programs , effective linkages have been created with a number of organizations US government (USG), Ministry of health social welfare (MoHSW), Ministry of Education (ME), Ministry of Community development (MCD), human resource development (HR), Tanzania AIDS commission (TACAIDS) and local government (LG); also linkages with programs such as Sexual transmitted infections (STI), Family planning (FP), orphans and vulnerable children (OVC), and safe motherhood initiative (SMI).

**AREAS OF EMPHASIS:**

As a PMTCT component, this activity focuses almost entirely on Pregnant women. Increasingly, couples are being counseled together but this activity mainly directed to the ANC which women primarily attend.

**M&E:** Selian will work with the MOHSW and USG partner such as EGPAF in rolling out the revised PMTCT monitoring and evaluation and the commodity logistic (LMIS) tools to all of the sites it supports. It will support the facilities teams collect and report PMTCT data based on the national protocol and provide feedback on tool performance. Selian will work with these institutions to strengthen and implement PMTCT quality framework and providing regular supervision. All sites of Selian monitoring & evaluation system are done in an ongoing monthly, quarterly, semiannual and of year fashion in preparation of reports to all MOH, NACP, USG and Selian ACP.

Selian will work with the Arumeru, Monduli, and Simanjiro District Councils to include PMTCT activities in

**Activity Narrative:** their Comprehensive Council Health Plans and increase funding from additional sources such as basket funding, global fund (GF) and overtime districts own resources. The districts contribution to sustainability is by fully integrating PMTCT in the reproductive child health (RCH), services, providing the health infrastructure and staffing.  
The project will build local ownership by working through government and building human capacity through training, mentoring and supportive supervision.

Focus for sustainability is ensuring both technical and management capacity of Selian Hospital staff and region and local authorities. The program will systematically review all programs to identify elements that are not led by Selian staffs. At the sites level, criteria for transition to autonomy in services provided will be finalized with MOH and USG.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13587

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13587	8220.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$91,968
8220	8220.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$60,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$23,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education      \$15,135

**Water**

**Table 3.3.01: Activities by Funding Mechansim**



---

**Mechanism ID:** 4781.09

**Mechanism:** ZACP

**Prime Partner:** Ministry of Health and Social  
Welfare, Tanzania - Zanzibar  
AIDS Control Program

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3503.23362.09

**Planned Funds:** \$357,000

**Activity System ID:** 23362

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: Strengthening and scaling up PMTCT services in Zanzibar

NEED and COMPARATIVE ADVANTAGE: The goal of 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 28 % of pregnant women in Zanzibar access PMTCT services through antenatal clinics (ANC) and at Maternity hospitals during labour and delivery. To achieve the national goal, in FY 2008 ZACP is planning to strengthen existing services as well as scale up PMTCT service availability and accessibility in the islands by establishing additional and strengthening existing PMTCT sites.

ACCOMPLISHMENTS: Established six PMTCT sites with increased uptake in RCH clinics by 99% and improved enrollment in maternity wards (From 5% in 05/06 to 14% in 06/07). The unit has developed the Zanzibar PMTCT training manuals and guidelines. Trained 90 and sensitized 519 HCW, established infant diagnosis. Sensitized community gate keepers namely: 180 district officials, Shehas, religious leaders and traditional birth attendants have been sensitized.

ACTIVITIES: In order to achieve the goal of PMTCT services in Zanzibar, the proposed activities in FY 2008 are: 1) Strengthen the quality of existing PMTCT services and increase service uptake particularly in labour and delivery wards 1a) Train additional health care workers on PMTCT and other related trainings e.g. infant feeding in the context of HIV in existing sites and refresher training for existing PMTCT service providers. 1b) Employ four additional nurses for maternity wards in major hospitals such as Mnazi Mmoja and Mwembeladu. 1c) conduct supportive supervision on existing sites in collaboration with the zonal and district RCH coordinators. 1d) Conduct supportive meeting with PMTCT service providers quarterly. 1e) Strengthen referral system for care and treatment and other related services for the HIV positive mothers, their partners and children. 1f) Procure HIV testing kits, reagents and related supplies, basic protective gears and delivery kits.

2) Establish ten new PMTCT sites 2a) Identify and conduct site readiness assessment. 2b) Renovate infrastructure and update the counseling and testing rooms. 2c) Train service providers and deploy them to appropriate sites. 2d) Procure equipment for new sites.

3) Create demand for service utilization 3a) Sensitize health workers, community leaders and religious leaders and other members of the community on PMTCT services through meetings and drama performances. 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. 3b) Develop information, education and communication materials and mass mobilisation activities including radio spot to mitigate stigma and discrimination associated with HIV/AIDS, low hospital delivery and low male involvement in PMTCT services.

4) Support national PMTCT coordination unit 4a) Support office expenses. 4b) Support vehicle running cost for the coordination unit.

LINKAGES: ZACP will work in collaboration with Columbia University and Tanzania mainland to ensure smooth running of PMTCT activities, share experience, best practices and challenges, avoid duplication of efforts. Currently PMTCT services has been intergraded and being provided within RCH services and therefore allows women and mothers to easy access services e.g. family planning, immunization services for children etc. Pregnant women who found to be HIV positive are referred to care and treatment services for further evaluation and management. The HIV positive women are also linked with home based care services for continuum of care and follow up of mother and children. Regular meetings between PMTCT health care providers, community and facility home base care providers will be conducted for information exchange and ensure effective referral and feedback. HIV positive pregnant women and mothers are also referred and linked to organizations of people living with HIV/AIDS and other HIV services and non HIV related support like psychosocial support, nutrition, legal assistance etc.

CHECK BOXES: The areas of emphasis were chosen because activities will include renovation of new sites as determined by site assessments in order to get rooms which will ensure privacy and maintain confidentiality. The emphasis is also on training for service providers to build their capacity. Pregnant women are the entry point for prevention of mother to child transmission of HIV. Appropriate and early testing can impact interventions to lower and prevent viral transmission to children and strengthen continuum of care for women and their families.

M&E: PMTCT services will be monitored through paper based monitoring tools adapted from Tanzania Mainland and all PMTCT health care providers at the new sites will be trained on the monitoring tools.

ZACP in collaboration with the RCH program and the Health Management Information System (HMIS) is currently working on the development of an integrated PMTCT and reproductive health monitoring system to ensure easy collection of data and reporting. Supportive supervision will also be strengthen to ensure quality of data and services

Data from health facilities will be collected monthly and analyzed. The quarterly and progress reports will prepared and the analyzed data will be used with in the facility to improve services. At the regional and national level the data will be used for improving program management.

**Activity Narrative:** SUSTAINABILITY: This will be ensured through capacity building of staff, community participation and Involvement, absorption of activities within the health sector work plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13528

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13528	3503.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$357,000
7756	3503.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	4781	4781.07	ZACP	\$969,000
3503	3503.06	HHS/Centers for Disease Control & Prevention	Ministry of Health - Zanzibar, Tanzania	2893	1131.06		\$512,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 3518.23363.09

**Planned Funds:** \$120,750

**Activity System ID:** 23363

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE:PMTCT Activities, Management and Staffing (GHAI)

ACTIVITIES: Management and staffing funds are split between Base and GHAI to ensure continuity of activities and no interruption in staff funding.

FY 2008 funds will support a total of two full-time staff. One senior PMTCT advisor to oversee the PMTCT program and provide guidance on implementation of regionalization and one program specialist to manage cooperative agreements.

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 qualityassured national systems in prevention of mother to child transmission (PMTCT).

In FY 2008, this funding will support the PMTCT in-country program staff to provide technical assistance and support to PMTCT implementing partners as they operationalize the new district approach model and regionalization of PMTCT services. The in-country staff will work with implementing partners to expand PMTCT services to lower-level facilities and empower districts in order to serve the targeted population.

Incountry staff will provide technical assistance to MOHSW and implementing partners to strengthen linkages between ART, PMTCT, TB, malaria, family planning, and nutrition services at the national, district and site level. An integrated approach to care and treatment will be emphasized.

Early infant diagnosis and enrollment into pediatric care and treatment is a main focus in FY 2008. Incountry staff will provide technical assistance for all early infant diagnosis activities and will ensure that all PMTCT services are in line with the USG technical strategy and national guidelines. Field visits and attendance at regional authority meetings will be necessary for continued program monitoring.

PMTCT staff will provide technical assistance for the Ministry of Health and Social Welfare (MOHSW) to finalize and operationalize the recently revised national guidelines and move into a predominant role of national coordination and program planning. Increased technical assistance will be provided in the area of monitoring and evaluation to ensure quality of data and that data is used for decision-making.

In addition, the HHS/CDC in-country team will work with implementing partners to develop annual work plans, conduct training and ensure overall program monitoring. Staff will also ensure that all HHS/CDC programs adhere to the national and USG PMTCT strategies and protocols.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13640

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13640	3518.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$276,365
7832	3518.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$224,054
3518	3518.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$257,850

---

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 5096.09

**Prime Partner:** Engender Health

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 12382.23364.09

**Activity System ID:** 23364

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$1,200,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: Scaling-up PMTCT through Strengthened Linkages Between Prevention and Treatment

NEED: According to the 2003/04 the HIV indicator survey (THIS), 6.8% of pregnant women are living with HIV, yet only 10% of those have access to PMTCT services. The mission to decentralize PMTCT, scale-up, and develop strong linkages between PMTCT and care and treatment (C&T) holds considerable promise, particularly where PMTCT activities are integrated into other reproductive health (RH) activities.

In recent past, through funding from EGPAF, EngenderHealth implemented comprehensive and integrated PMTCT services including maternal and child health (MCH) affiliated voluntary counseling and testing (VCT), antiretroviral (ARV) prophylaxis, strengthening referral linkages to care and treatment, integration of VCT in family planning (FP) services and encouraging male involvement. The proposed project will build on lessons learned and replicate best practices. EngenderHealth employs competent staff to backstop the project. Our global HIV team will also provide technical assistance as needed.

In FY 2007, EngenderHealth received PEPFAR funding from USAID to initiate comprehensive and integrated PMTCT services in 12 districts in Manyara and Iringa. In collaboration with council health management teams (CHMTs), 48 sites were identified (five per district). EngenderHealth collaborates with AIDS Relief in Manyara and Family Health International (FHI) in Iringa regions where the two agencies are supporting C&T activities in hospitals. The project start-up activities, including participatory planning with CHMTs, will start in August 2007.

ACTIVITIES: EngenderHealth plans to expand a comprehensive and integrated package of PMTCT interventions to help strengthen maternal and child health (MCH) services and other care, treatment, and support services in 60 new public sites, in addition to strengthening the program in 48 old sites in 12 districts in Manyara and Iringa regions (five districts in Manyara and seven in Iringa, respectively). EngenderHealth's strength in facilities and operations management, with a strong systems approach, will focus on the provision of technical assistance and establishment of PMTCT services in the two regions.

The proposed project aims to reduce the vertical transmission of HIV and enhance access to quality care, treatment, and support services for women and their partners in the 12 districts of Manyara and Iringa regions of Tanzania. This will be achieved through five key objectives:

- 1) integrating a core package of PMTCT interventions into reproductive and child health (RCH) clinics in 60 new sites, and strengthen the program in 48 sites;
- 2) integration of family practice (FP) and HIV services for women attending FP, Child Welfare clinics, and care and treatment services in 108 health facilities in 12 districts.
- 3) building capacity of health care providers in health facilities to provide quality PMTCT, VCT, and care and support services.
- 4) strengthening referral mechanisms between higher and lower-level health facilities and between PMTCT, VCT, and care and treatment services through an integrated network model approach.
- 5) building local partners' capacity for community-based care and support to address treatment adherence, HIV/STI prevention, and care and support needs of HIV-positive women, their partners, and their children.

The project will build on previous lessons learned from implementation in Arusha and initiate PMTCT activities where they do not currently exist using the following competencies: quality assurance and quality improvement (QI) of services and service delivery through client-oriented, provider-efficient services (COPE) methodology on PMTCT and C&T; establishment of PMTCT and VCT for women attending FP and other RCH services as multiple entry points for greater utilization and saturation of C&T services; sensitivity to clients' rights, equity and respect for a woman's informed choice throughout all program activities; infection-prevention (including universal precautions) and reduction of HIV/AIDS-related stigma and discrimination among health care workers; male involvement implemented through the men as partners (MAP) approach seeking to use men's critical position as decision-makers to enhance uptake of interventions; linkage to EngenderHealth's ACQUIRE project to strengthen family planning services and FP/RH needs of HIV positive women and their partners; collaborate with district hospitals to conduct mobile PMTCT services targeting hard to reach communities (e.g., nomadic populations in specific districts).

LINKAGES: The project will build strong referral networks of health facilities and existing community structures to provide support and follow-up of HIV-positive mothers and their infants and link them to C&T services. The project will also work with the facilities to develop strong service linkages between PMTCT and family planning, and a follow-up program at the under five growth-monitoring clinic for exposed infants. Other linkage interventions will include follow-up of HIV-positive mothers and their exposed infants at both the facility and community levels. EngenderHealth will collaborate with FHI in Iringa region and AIDS Relief in Manyara to create synergy and functional referrals between PMTCT and C&T. Additionally, EngenderHealth will collaborate with partners in the area who have expertise to provide community and home-based care, social and religious support groups, nutritional support, financial assistance/income generation opportunities, and legal assistance.

The follow-up of exposed children will be linked to growth-monitoring programs and immunization clinics. All

**Activity Narrative:** exposed infants will receive cotrimoxazole syrup as early as 4 weeks. The project will give special attention to young, married girls and adolescents with early pregnancies, and provide them with services tailored to their needs. The program will also apply the basic principles of human rights and gender equity to promote sustainable and continuous prevention, care, support, treatment adherence, and referral for related services for HIV-positive women, their partners, and children.

**M&E:** The project will adhere to PEPFAR reporting requirements. Sites will use national PMTCT instruments to collect data based on PEPFAR indicators which include: 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 pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT; number of health workers trained in the provision of PMTCT services according to national and international standards; and number of HIV-positive pregnant women referred to care and treatment centers. Regional and district RCH coordinators will receive training in writing reports, and subsequently submit monthly and quarterly reports to EngenderHealth and MOHSW.

**SUSTAINABILITY:** The project will build on, and adapt best practices and lessons learned from EngenderHealth's previous PMTCT projects in Arusha region. This will include participatory planning with regional health management teams (RHMT) and CHMTs and integration of interventions into comprehensive council health plans for sustainability. Since October 2003, EngenderHealth has received field support from USAID to assist the MOHSW in expanding access to, and the utilization of, reproductive health services in Tanzania. Presently, EngenderHealth through the ACQUIRE Project, works in all 21 regions and Zanzibar. This project will build onto sites proposed for the ACQUIRE family planning/reproductive health project where EngenderHealth provides technical assistance to districts to include these activities in their comprehensive council health plans to ensure sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13473

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13473	12382.08	U.S. Agency for International Development	Engender Health	6514	5096.08		\$1,200,000
12382	12382.07	U.S. Agency for International Development	Engender Health	5096	5096.07		\$250,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$270,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 7408.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 16409.23365.09

**Activity System ID:** 23365

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$360,000



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has not changed

\*END ACTIVITY MODIFICATION\*

TITLE: Providing PMTCT services to Tanzania Police, Prisons and Immigration Department

NEED and COMPARATIVE ADVANTAGE: The Tanzanian Prisons Service, and the Tanzania Police Force have a network of hospitals, health centers and dispensaries through out the country, supporting a total of over 27,000 enlisted personnel and estimated 60-90,000 dependants for the Police, and 12,000 enlisted personnel, plus an estimated 40-50,000 dependants and approx 45,000 inmates for the Prisons. These hospitals do not only service the uniformed forces their dependents and inmates, but also civilians living in the vicinity of the health facilities. In fact 80% of the patients are civilian. Five zonal Police and five Prison hospitals offer district level services. The largest hospitals are, Kilwa Road (for the police) and Ukonga Prison, both located in Dar es Salaam and serve as national referral centers for medical services. An average HIV prevalence of 8.7% among pregnant women in the general population of Tanzania, and over 90% of the HIV infection in children below 15 years is attributed to mother-to-child-transmission (MTCT); the rates are thought to be higher in the police and prison setting.

The MOHSW goal is providing PMTCT services to 80% of the projected HIV positive mothers by September 2009. The national PMTCT coverage is still low, at 15%. Based on previous support, PAI is poised to continue to address the needs to improve coverage and access to strengthen and expand PMTCT activities in the police and prison hospitals and health centers/satellite sites across Tanzania and ensure a close service linkage of the HIV programs of the respective forces being implemented in line with the national Health Sector HIV strategy.

ACCOMPLISHMENTS: Under FY 2007 funding, Police and Prisons offered PMTCT services at five zonal Police and five zonal Prison hospitals in: Dar es Salaam, Moshi, Mwanza, Mbeya and Zanzibar.

ACTIVITIES: Eight Police and eight Prison health centers will start PMTCT services in FY 2008. A total of 10 hospitals (five police and five prisons) and 16 health centers (eight police and eight prisons) will then serve as PMTCT sites. Testing will be opt-out based on the new national algorithm. Women will be tested in ANC, LW, and post natal, with rapid test and results given on same day. Based on capacity, both single-dose NVP, and more complex regimens will be provided with the goal of accessing more women to more efficacious regimen.

Police and Prisons personnel, their dependents, inmates, and civilians living in the vicinity of the hospitals and health centers will be informed through prevention and awareness campaigns of each center. Information about the available services of the facilities, including PMTCT, will be presented and promoted to through drama, music and other presentations at different occasions, including Open-house days for civilians living in the communities around the clinics.

1) Support the roll-out of the new national PMTCT guidelines in the 10 hospitals and 16 satellite health facilities. (50% of the HIV+ women are expected to receive NVP, 30% AZT+NVP and 20% ART. 50% of the HIV-exposed infants will receive CTX)

2) Using the national curriculum, carry out training of three health care workers per hospital (30) and per satellite health center (48)

Train PMTCT service providers in staging of HIV+ mothers and provision of anti retroviral therapy (ART) where capacity exist. If capacity is not available on-site, then patients will be referred to the nearest Police/Prison, District, or Regional Hospital

3) Renovation or refurbishing of counseling and delivery rooms at 16 new satellite sites/health centers

4) Conducting community education to increase access to services and partner testing.

5) Providing test materials and protective safety gear through the District Medical Offices (DMOs) and Medical store department (MSD) under the national PMTCT program. Limited quantities of these materials will be procured under this Program to prevent stock-outs. Kilwa Road Hospital and Ukonga Hospital will serve as the coordinating bodies for services, and oversee quality assurance following national standards for follow-up at district or regional hospitals.

6) Establishing a referral system for HIV+ women and their HIV-exposed infants from the satellite sites to Police and Prison hospitals or District and Regional hospitals for additional ANC services, infant diagnosis, ART, and TB/HIV at CTC, where needed.

7) Training of volunteers/social support providers, transport and incentives for home-visits, organization of post-test clubs and other activities.

8) Provision of infant feeding.

LINKAGES: Expansion of PMTCT activities in FY 2008 will ensure a close linkage of implementation to national strategies and programs supporting MOH goals of providing this service to 80% of the projected HIV positive mothers by September 2009. Coverage will increase through the 10 hospitals and 16 health centers. PharmAccess will ensure linkages with organizations of women living in the barracks. We anticipate that these women will also operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the military barracks. However for clients in the surrounding communities, we anticipate to form linkages with

**Activity Narrative:** existing local NGOs operating in those communities to ensure continuum of care. In addition, linkages will be established as well as referral for HIV+ people from the satellite sites to the Police and Prison hospitals or district hospitals for CD4, TB testing, and complicated cases.

Linkage will be strengthened with Prevention activities under the Police and Prison Program, including promotion and counseling of preventive measures for HIV+ persons, provider initiated testing and counseling (PITC), C&T, TB/HIV and OVC programs supported by PAI. Linkage will also be improved with reproductive and child health (RCH) activities especially Malaria and Syphilis in Pregnancy program, family planning, and nutritional and child survival program, as these programs are all provided in these facilities.

Furthermore, linkages will be established with nearest District and Regional Hospitals for referral of complex clinical cases and laboratory testing. PAI will continue to collaborate with facilities supported by the Partner organizations and Global Fund.

**CHECK BOXES:** This funding will fully develop PMTCT services in the network of police and prisons hospitals and satellite health centers. Funding will support the introduction and/or improvement of PMTCT services. More emphasis will be put into training of health care workers per hospital and from satellite health center, renovation or refurbishing of counseling and delivery rooms, community education, and providing test materials and protective safety gear.

**M&E:** PAI will support the police and prisons facilities teams to collect and report PMTCT data based on the national protocol and provide feedback on tool performance. PAI will work with these institutions to strengthen and implement the PMTCT quality framework and provide regular supervision. PAI will continue to support the district and regional teams with supportive supervision visits to monitor the collection of data, and the continued on-site training of facility staff.

Data will be collected both electronically and by paper-based tools. PAI will work with the MOHSW in rolling out the revised PMTCT M&E: the patient-based registers, the Monthly Summary Forms for both ANC and L&D, and the commodity logistic (LMIS) tools to all of the sites it supports. Electronic data entry will take place. All sites will have laptops with a data base and output functions as developed by UCC for the National C&T program. To that end, PAI, in collaboration with UCC, will train 52 health care workers and provide technical assistance to 26 facilities.

PAI will continue to promote the synthesis and use of data by facility staff, and strengthen its use for decision-making for facilities and the district and regional management teams.

Data will be provided to Regional and District Health Management Teams, the National AIDS Control Program (NACP) and PEPFAR for reporting purposes and stakeholders meetings.

**SUSTAINABILITY:** PAI will encourage the Office of the Director Medical Services of the Police, and of the Prison Service to integrate PMTCT activities in their respective Health Plans and budgets at the facility and national level. To improve administrative capacity, the PAI will work with Prison and Police authorities to build local authority's technical and managerial capacity to manage the program.

The facilities provide staff and health infrastructure. Most costs of this program are for training and for infrastructure improvement. Investments are done at the start-up phase of the Program It is therefore expected that the costs per patient will decrease dramatically over time. In the Police and Prison setting, turnover of medical staff is low.

Health facilities of the Prison Service is under the administration of the Ministry of Home Affairs and the Police Force under the Ministry of Public Safety and Security, not under the Ministry of Health. This PMTCT program will be implemented under the rules, regulations and guidelines of the National AIDS Program. Training, treatment, treatment guidelines, M&E etc is all part of one large program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16409

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16409	16409.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$360,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$56,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 7569.09

**Mechanism:** STRADCOM

**Prime Partner:** Strategic Radio  
Communication for  
Development

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 17868.23594.09

**Planned Funds:** \$150,000

**Activity System ID:** 23594

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from 200,000 to 150,000.

\*END ACTIVITY MODIFICATION\*

TITLE: STRADCOM Promotion of PMTCT Services

NEED and COMPARATIVE ADVANTAGE: PMTCT is a critical prevention service that has been increasingly be made available. However, there is a need to better promote this service as well as to address misconceptions and reduce stigma. STRADCOM is positioned to promote and convey appropriate information about PMTCT. CCP the prime for the STRADCOM project has been implementing treatment communication interventions since 2002, beginning with President Bush's International Mother and Child HIV Prevention Initiative.

ACCOMPLISHMENTS: During the first six months of the project, using pre FY 2007 funding, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages in a flexible and mutually supporting manner. STRADCOM has already funded the production and broadcast of a radio serial drama on radio Tanzania (RTD). Two of the storylines deal with treatment adherence and with stigma. STRADCOM is also developing another radio serial drama for a more urban audience.

Three workshops have been conducted: one on the communication strategy, one with scriptwriters and producers for the two radio serial dramas and another for radio producers of the radio diaries. STRADCOM has also produced and broadcast a number of public service announcement (PSAs) on AB, OP and VCT Promotion supporting USG partners' activities.

ACTIVITIES: STRADCOM will develop specific PMTCT messages that will promote a greater understanding of PMTCT, publicize where there service is available and help reduce stigma. These messages will be conveyed through our established radio programs: 1) Weekly magazine programs on AIDS on at least 12 stations/networks. The typical format of these programs is a regular radio diary segment by a person living with AIDS, a pre-recorded news story, a phone in session and an optional guest. A total of 36 of these programs over 52 weeks will present core messages on PMTCT..

2) A weekly 52-episode radio serial drama with one storyline on PMTCT. This format allows time to fully explain PMTCT in an engaging manner..

3) Approximately six public service announcements that promote PMTCT services inserted a minimum of 600 times on the most appropriate radio stations. The final media schedule will be based on target audiences and radio listener demographics, number of exposures estimates, geographic locations, and other STRADCOM radio programs. All these activities include training and mentoring radio station production staff; working with key partners to review core messages, technical aspects and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations. STRADCOM has developed working relations with various radio stations including all the national stations and a few local stations. Each of these stations already has a program on AIDS, which we plan to strengthen with training and equipment. We will co produce

the diaries and documentaries to be used on these existing magazine programs. Each of these pre-recorded segments averages five minutes, allowing them to be easily integrated into these existing programs. These pre-recorded regular weekly segments will act as catalysts for participation by studio guests, persons phoning in or sending SMS messages or write-in.

LINKAGES: STRADCOM is working together with NACP, TACAIDS, and other partners to assure messages are appropriate, support policies, and are linked to services. STRADCOM intends to work closely with PMTCT partners including but not limited to EGPAF. They will play a key role on our design team to identify areas needing communication support and developing core messages. As of July 2007, potential radio partners include Abood FM, Morogoro; Clouds FM, Dar es Salaam and Region; Ebony FM, Iringa; Kili FM, Kilimanjaro; Mbeya FM , Mbeya; Radio One, National; Radio Ukweli, Morogoro; RFA, Mwanza and National; and RTD, National. This list is expected to grow to at least 12 stations by 2008. Finally STRADCOM is also working in the program areas of AB, OP, Testing, home-based care and ARV treatment, ensuring a consistent behavior change communications across the continuum of care.

CHECK BOXES: Local capacity development: STRADCOM will be training and mentoring radio station staff to better produce programs on HIV and AIDS.

M&E: PSAs, drama pilots and selected diaries and documentary episodes will be pre-tested with focus groups. Our design teams will review technical content. Selected magazine programs will be translated into English for review. The existing PMP plan will be updated. STRADCOM's PMP calls for a mid-term population-based evaluation in early 2008 to measure impact.

SUSTAINAIBILITY: STRADCOM's strategy is to work closely with partner radio stations to help improve their existing programs on HIV/AIDS. Their involvement is co-production rather than paying for airtime. By training and supporting their existing staff to produce high quality, informative and engaging programming we will demonstrate that this will increase their listeners and in turn increase their revenue from advertising. STRADCOM is also working with local production companies to improve their production, post-production and behavior communication skills and capacity. This not only makes them more effective it also makes them more competitive. STRADCOM has a cost share provision in its CA that encourages sustainability by requiring radio stations to support our productions. In one of our first partnerships with RTD, their "in-kind" contribution amounted to about half the cost of the radio series Twende na Wakati.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17868

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17868	17868.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$200,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$10,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$100,000

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 8872.09

**Mechanism:** New PHEs

**Prime Partner:** To Be Determined

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 29221.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 29221

**Activity Narrative:** The PHE "How to Optimize PMTCT Effectiveness (HOPE) Project" has been approved for inclusion in the FY 2009 COP. Its tracking number is TZ.08.0203.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 10653.09

**Mechanism:** PMTCT Follow On

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 29767.09

**Planned Funds:**

**Activity System ID:** 29767

**Activity Narrative:** New Peer support activity for PMTCT

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 02 - HVAB Sexual Prevention: AB

**Total Planned Funding for Program Budget Code: \$17,723,605**

**Program Area Narrative:**

Program Area Context  
Sexual Transmission (HVAB & HVOP)  
COP 2009

PEPFAR Tanzania's COP 2009 prevention portfolio reflects a significant shift in strategic focus to better align with new data and state-of-the-art programmatic priorities. The USG's objective is to implement a more technically sound, programmatically effective portfolio to achieve long-term behavior change and significant reductions in new infections. Prevention partners will amplify their efforts in geographic and venue-specific hotspots with comprehensive programming for adults and high-risk youth, while continuing to build on gains made in delaying sexual debut. The USG will emphasize program quality and impact, scaling-up efforts in high-risk locations and with high-risk populations through evidence-based interventions. Prevention activities will be incorporated into all PEPFAR-funded program areas, to maximize opportunities and reach. In April 2008, the USG held a Prevention Strategic Results Unit Strategy Meeting to develop a focused approach that reinforces Government of Tanzania (GoT)

priorities, reflects the nature of the Tanzanian HIV/AIDS epidemic, and integrates state-of-the-art prevention strategies. The USG held a COP 2009 Strategic Planning Retreat in June 2008, furthering efforts to realign the prevention portfolio. Through this ongoing strategic process, the Prevention SRU determined that the sexual prevention portfolio will address the following:- Risk behaviors: multiple concurrent partnerships (MCP); transactional and commercial sex; low and inconsistent condom use; early sexual debut and trans-generational sex; gender inequity and gender-based violence (GBV); and sexual risk taking associated with alcohol and drug use.- Target populations/high-risk groups: adults engaged in MCP; mobile men with money (e.g., truckers, fishermen, agricultural workers); discordant couples; HIV-positive individuals; sex workers and their clients; IDUs; bar maids; those engaged in transactional sex; young men in urban slum areas; high-risk youth; uniformed services; prisons; and STI patients. - Geographic areas/hot-spot venues: high prevalence areas with dense populations and/or concentrations of high-risk industries (e.g. mines, agricultural estates); transportation corridors; trading towns; and areas of high concentration of sex workers and IDUs. Supporting strategies will be used to more effectively address the needs of the individual, family, community, and society including efforts to create safe and supportive environments that encourage sustained behavior change, promote complex messaging that supports individuals' risk reduction, address the communication needs of couples, and reinforce healthy gender norms. An example of complex messaging is the promotion of MCP reduction within counseling and testing (CT), and condom promotion and distribution with high-risk populations. Throughout its activities, the USG will work to achieve program scope and scale in geographic and venue-specific hot spots and coordinate mass media and interpersonal activities to support a comprehensive approach ("air and ground war"). Activities will be coordinated with the broader USG portfolio through the integration of prevention messaging in care and treatment activities; referrals for HIV-negative men to male circumcision (MC) patient and partner education services; improved linkages between care and treatment programs on prevention with positives (PWP) activities; and through wrap-around programming with the Millennium Challenge Corporation (MCC), Education, Natural Resource Management (NRM) and Economic Growth activities funded with non-PEPFAR resources. The strategic review process was supported by the release of preliminary data from the 2007-2008 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), following up on the 2003-2004 Tanzania HIV/AIDS Survey (THIS). The THMIS suggests a slight decrease in national prevalence (6% overall; 7% for women and 5% for men), compared to the THIS (7% overall; 8% for women and 6% for men). HIV prevention knowledge appears relatively high: seven in ten women and three in four men know that condoms can reduce the risk of contracting HIV; eight in ten women and nine in ten men know that risk is reduced by having sex with only one uninfected partner who has no other partners. This data presents a key challenge: How can Tanzania build on its efforts, which have increased HIV/AIDS awareness, to make meaningful decreases in the rate of HIV infection through sustained behavior change? To address this challenge, the portfolio will focus on the geographic areas, populations, and behaviors which data suggests are driving the Tanzanian epidemic, while balancing the need to ensure broad geographic coverage of prevention programming. During compact negotiations, the GoT requested PEPFAR to pay particular attention to high-risk groups and communities and the eight regions with the highest prevalence. THMIS data is still being analyzed, but initial results indicate that prevalence rates range widely, with highest prevalence regions including Iringa (14.7%), Dar (8.9%), Mbeya (7.9%), Shinyanga (7.6%), Tabora (6.1%), Ruvuma (5.4%), Pwani and Mara (5.3%), and Mwanza (5%). Urban prevalence appears to be almost double that of rural areas. Prevalence is highest among adults, peaking in women 30-34 and men 35-39 years old. Sexual debut occurs relatively early (by age 15, 11% of young women and 10% of young men have had sexual intercourse) and many young adults are sexually active by 18 years old (58% female, 43% male). While preliminary THMIS analysis suggests slight decreases in HIV risk behaviors, high rates of MCP, commercial, transactional, and trans-generational sex continue and condom use during high-risk sex remains low. For 15-49 year olds who report having sex in the past 12 months, 3% of women and 25% of men had sex with two or more partners in the past 12 months. Among adults who reported sexual intercourse in the past 12 months, 21% of women and 41% of men reported higher-risk sex (defined as with a non-marital, non-cohabitating partner) and of those, 43% of women and 53% of men used a condom the last time they had sex with such a partner. Increased rates of high risk sex appear to continue with divorced, separated, and widowed women and men who had sex in the previous 12 months: 8.6% of women and 37% of men had two or more partners and 43.3% and 40% respectively reported condom use during last sexual intercourse. Paying for sex is most frequent among men age 20-24 (13%) and men who are divorced, separated, or widowed (23%). To address the evolving Tanzanian context, the portfolio will build on gains achieved in FY 2008 through implementation of programming efforts outlined below. The USG will increase its focus on adults, sexually active youth, and couples through targeted programs and complex behavior change messaging to continue translating HIV awareness into safer practices. Efforts will include: programming to reduce MCP; intense behavior change campaigns via mass media (radio, TV, print) and inter-personal communication (community mobilization, individual risk reduction counseling); messaging around transmission dynamics, window period, and early/acute infection; emphasis on prevention of alcohol and drug abuse; and expansion of MC and GBV programming. PWP programs will target HIV-positive individuals and sero-discordant couples with risk reduction messages; activities will stress the importance of CT, especially couples CT and disclosure. The USG will redouble efforts to effect normative social and cultural change, addressing gender and social norms that underlie key behavioral drivers (MCP, cross-generational sex, transactional sex) and/or hinder protective behavior change; and safe environments for vulnerable girls and women including GBV prevention. A critical focus will involve collaboration with community leaders, men, and the education sector to transform norms that promote predatory sexual behavior, including sexual violence as well as work with women and girls around skills development (e.g., condom negotiation, avoidance of trans-generational sex). Wrap-around programs will ensure that particularly vulnerable groups have access to livelihoods and training. For most at-risk populations, the USG will provide a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, and empowerment), mass media, condom distribution, CT, STI referrals and treatment (as appropriate), and linkages with care and treatment. These services will be targeted for the needs of high-risk groups, including sex workers, fishermen, truckers, and uniformed service personnel. Efforts will also focus on addressing sexual risk-taking among IDUs and their partners, including those in Zanzibar, to address the high rates of transmission among IDU populations and to prevent bridging into the general population. Condom promotion efforts will be targeted to high-risk venues and populations, including discordant couples and HIV-positive individuals through expanded PWP programming (see Care section). The overall condom market has grown by about 25% over the last two years, reflecting increased awareness and risk perception. Through USG-funded programs, female condom programming and demand has been very successful with high-risk women. Key challenges include the weak public distribution system and access to public sector condoms outside of health facilities. The USG will continue its support of male and female condom social marketing and build on gains achieved. The USG will focus on addressing the low age of sexual debut, preparing youth to transition to healthier sexual behaviors, and reinforce the portfolio's emphasis on key risk behaviors and

translating awareness into safer practices. Building on gains achieved, youth program components will focus on prevention outreach with peer educators; life skills curricula-based programming; FBO/CBO involvement; linkages with CT; school-based programs; and youth-directed mass media such as radio programs and youth magazines. Programs targeting decision-makers, power-holders, and gatekeepers will complement efforts with youth. The lack of comfort and capacity among many FBO/CBO partners to address the needs of high-risk youth remains a key challenge. The USG will continue to work closely with implementing partners on this area. Tanzania's five Track 1 ABY partners will develop transition and sustainability plans in preparation of their program end-dates of about June 30, 2010. Due to the prevention strategy's focus on adults and high-risk youth, the flat prevention budget, and the broad reach of youth prevention partners FHI/UJANA and TAYOA, as well as new education wrap-around programs, the USG is not proposing additional COP 2009 youth activities. The USG will continue to analyze its prevention portfolio and the THMIS data to determine the appropriate scale and scope for youth prevention programming. Analysis results will be reflected in COP 2010 development. The portfolio will continue to harmonize activities, including coordination of youth prevention programs; collaboration among main implementing partners on alcohol and drug abuse; sharing of lessons learned; and linkages among gender norms activities. Comprehensive prevention activities receive AB and OP funding to target sexually active and high-risk populations. Efforts will continue to increase capacity of local implementers and enhance program quality through an expanded emphasis on capacity building among sub-partners, between more experienced and less-established prime partners, and through a proposed new technical assistance mechanism. Based on successful recruiting through its Staffing for Results exercise, the USG's Prevention SRU will be fully staffed in FY 2009 with senior-level prevention experts, allowing the USG to take a more proactive and in-depth approach to capacity-building with its prevention partners. Key achievements include a comprehensive portfolio, which addresses a wide range of risk behaviors and target groups; strong partner coordination; and the creation of the Prevention SRU, for a more coordinated USG approach. Individual partners have enhanced program quality and scope. The core challenge for FY 2009 is to reallocate efforts and resources among existing partners to address the portfolio's strategic vision. Challenges include the straight-lined prevention budget, the addition of new initiatives such as male circumcision, and the current lack of a GoT-led costed national strategy, although efforts are underway and the USG is a key supporter of this process. An additional constraint is the need to continue strengthening partners' ability to implement the USG prevention portfolio's new strategic focus. This challenge will be addressed through the capacity building efforts described above. TACAIDS, through its National Multisectoral Strategic Framework (NMSF) 2008 – 2012, has identified the prevention of new HIV infections as its top priority. The USG will collaborate with the GoT to address national level policy barriers, training, M&E, and other systems strengthening issues. While the USG places high priority on donor coordination, it is the predominant donor in the area of sexual prevention. The GFATM focuses on service delivery in care and treatment, providing limited funding for sexual prevention efforts. FBOs/NGOs in Tanzania have limited donor funding for prevention programming. Linkages have been created and will be strengthened with CT, OVC, care, and support partners. The USG will continue to expand, through innovative wrap-around programming with the RH/FP, Education and NRM sectors, increased public-private partnerships, and collaboration with the MCC to ensure effective prevention programming is incorporated into their infrastructure development programs (e.g., ensuring construction camp workers have access to prevention activities). The USG ensures sustainability through a broad portfolio of implementing partners and local sub-partners, spanning public and private sectors, and close coordination with national, regional and local governments. The USG will continue to proactively engage GoT counterparts to ensure that PEPFAR efforts are fully aligned with and supportive of GoT priorities. The USG is strengthening its M&E processes to increase the frequency of quality assurance visits with partners. The USG will continue to work closely with partners to enhance data quality and monitoring efforts, and ensure that data is used to support continuous program improvements. The USG will implement a PHE to compare cost-effectiveness of condom distribution methods; study outcomes will inform future program implementation and design.

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1026.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 4868.23372.09	<b>Planned Funds:</b> \$35,000
<b>Activity System ID:</b> 23372	



**Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008**

TITLE: Peace Corps AB Activities

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. All of these 133 PCVs are expected to work on HIV/AIDS activities. 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 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.

NEED and COMPARATIVE ADVANTAGE: 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. 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.

With FY 2007 OP funds, PC/T implemented AB prevention activities specifically targeting youth in primary schools. 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 receive in their lifetime.

ACCOMPLISHMENTS: In FY 2006 PC/T reached 4,962 males and 5,371 female individuals through community outreach interventions that promote abstinence and/or being faithful. In the same year PC/T also trained 860 individuals to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful. In FY 2007 PC/T reached 3,826 males and 3,935 females through community outreach interventions that promote abstinence and/or being faithful. PC/T also trained 131 individuals to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful during the same period.

ACTIVITIES: With FY 2008 AB funds, PC/T will continue to target youth in primary schools for its AB prevention work. Primary school youth will be reached through EP-funded volunteers by: facilitating classroom sessions; strategically placing question and answer boxes throughout primary school campuses; and conducting extra curricular activities like health and life skills clubs, sports and field trips where AB messages will be the primary focus.

PCVs will also continue to train primary school teachers and peer educators in primary schools for them to initiate AB activities and life skills training to pupils. The training for teachers will also aim at enabling them to start up and maintain awareness activities in schools and initiate peer educator programs.

The Ministry of Education and Vocational Training (MOEVT) is conducting on the job training with teachers on how to initiate HIV/AIDS activities in schools. However, the actual numbers of trained teachers are very small and even some of the trained teachers still do not feel confident or lack tools to teach these subjects. PCVs have been able to compliment the MOEVT efforts by training teachers and offering them participatory techniques while simultaneously mentoring them.

In FY 2008 PC/T will use a portion of the EP funds to initiate activities targeting adult males with being faithful messages. PC/T will collaborate with partners implementing male norms programs in streamlining messaging and sharing tools developed for targeting this group.

Some FY 2007 AB funds will also be used for Volunteer Activities Support & Training (VAST) grants that provides monies for PCVs to implement community-initiated HIV/AIDS activities.

LINKAGES: Peace Corps Tanzania seeks to cultivate partnerships with grassroots NGOs, CBOs, CSOs and FBOs, which will enhance our community development focus in the communities where our volunteers are placed. In addition, PC/T will foster linkages with other implementing partners in this area to complement interventions so as to provide a more comprehensive service package to the beneficiaries. PC/T will share the best practices and lessons learned particularly through collaboration with the MOEVT, by piloting ideas which could be scaled-up by other partners.

CHECK BOXES: PC/T interventions in this area will also target adult male norms and behavior, with an emphasis on messages promoting being faithful. Adult males will also be targeted with messages addressing transgenerational sex and gender based violence. PC/T will also ensure increased involvement of females on HIV/AIDS programs by empowering them to making decisions about their bodies and to be more assertive. PCVs will be supported in interventions targeting female students as beneficiaries. In addition, male students will be taught life skills to enable them to acquire new gender values. In FY 2008 PC/T will continue to support PCV activities targeting boys and girls from primary schools, and provide inservice training for male and female teachers in primary schools.

M&E: The PC/T AB program will allow PCVs and their Host Country National (HCN) counterparts to reach 13,000 primary school youth, half of them being female. In addition, PCVs will reach 100 adult males with messages addressing being faithful (B) behaviour.

In FY 2008 PCVs will provide training for 400 primary schools teachers and they will also train 100 peer educators in primary schools. Peer education has proven to be very effective in reaching youth with behavioral change initiatives that are sustainable.

SUSTAINABILITY: AB activities are already well integrated in to PC/T's project plans and core programming that will ensure sustainability and continuity.

In addition PCVs involves the local government leadership in the planning of their activities. Communities are encouraged to contribute for the projects which gives a sense of ownership for the projects. In addition a few PCVs have managed to have their activities incorporated into the District council plans, which ensures sustainability of those activities even when the PCVs have completed their service.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13676

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13676	4868.08	Peace Corps	US Peace Corps	6571	1026.08		\$40,300
7849	4868.07	Peace Corps	US Peace Corps	4606	1026.07		\$140,000
4868	4868.06	Peace Corps	US Peace Corps	2891	1026.06		\$100,000

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 1028.09

**Mechanism:** N/A

**Prime Partner:** Kikundi Huduma Majumbani

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 3374.23373.09

**Planned Funds:** \$620,000

**Activity System ID:** 23373

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO MBEYA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that the estimated HIV prevalence in Mbeya region is 8%.

\*END ACTIVITY MODIFICATION\*

TITLE: Community sensitization to promote abstinence and fidelity

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Mbeya region is 13%, one of the highest in the country, and prevailing social norms challenge HIV prevention efforts in the region. KIHUMBE has established itself as a national leader in prevention education. KIHUMBE has established itself as a national leader in prevention education. Since 2000, KIHUMBE has won annual national awards from the Tanzanian Art Council and Kilimanjaro Music Awards for its dramatic performances. KIHUMBE has also developed expertise in coordinating large-scale media campaigns and is at the forefront of HIV prevention education in the community. In addition to conducting these activities, KIHUMBE provides training to other members of the Mbeya HIV Network Tanzania (MHNT) as well as NGOs in the Rukwa and Ruvuma regions.

ACCOMPLISHMENTS: KIHUMBE trained 75 representatives of MHNT member NGOs to provide accurate AB HIV/AIDS prevention messages, and coordinated a collaborative prevention campaign, "Know the Facts." Working with the MHNT, the campaign included promoting AB messages through cassette tapes distributed to local commuter buses. KIHUMBE volunteers reached over 100,000 individuals with performances and other activities, and collaborated with MHNT to provide HIV prevention education at large scale events, including an annual eight-day festival (Nane Nane farmers festival), World AIDS Day, and Valentine's Day events.

ACTIVITIES: 1) Continue to sensitize the community and convey AB messages through creative public presentations in Mbeya region.

1a) Continue to employ volunteer artists to create and perform motivational and educational presentations promoting AB messages.

1b) Coordinate with village executives, schools, and other community leaders to schedule presentations throughout the community and in three of the larger workplaces in Mbeya. 1c) Perform presentations at large-scale community events, including the annual Nanenane festival, World AIDS Day, and monthly HIV testing events organized by MHNT.

2) Build upon the success of previous years' efforts and coordinate a community-wide campaign in Mbeya region in collaboration with other MHNT members to raise awareness and promote AB messages. 2a) Consult lessons learned from previous years and plan an effort based upon the Dala Dala campaign, which included production of cassette tapes with AB messages, distribution, and use of these tapes on local commuter buses. 2b) Produce cassettes, videos, and/or other promotional materials for distribution to KIHUMBE's outlets, 50 wards. 2c) Promote the campaign's messages through community education activities.

3) Continue to train peer counselors at the village level to ensure a widespread and accurate knowledge base, encourage discussion to reduce stigma, and de-emphasize previous traditional responses to HIV/AIDS. 3a) Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing social norms.

3b) Provide training for peer counselors initially, and on a refresher basis, as necessary.

3c) Convene regular Saturday meetings of youth peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service.

4) Train artists and other volunteers of NGOs in Mbeya, Rukwa, and Ruvuma regions to create and perform presentations and provide other HIV prevention education activities. 4a) Provide comprehensive training to new volunteers of DOD-funded NGOs in the southern highlands zone. 4b) Offer refresher training to volunteers who previously received comprehensive training to refine skills and share new techniques.

LINKAGES: Along with executing prevention activities, KIHUMBE also provides a number of other services, including counseling and testing (CT), OVC services, and home-based care. KIHUMBE is also a founding member of the MHNT, a coalition of 13 NGOs/FBOs providing HIV prevention and care in Mbeya region that collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with: schools, faith groups and village associations; Saturday and after school youth programs; ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; and PEPFAR marketing groups STRADCOM and AED for local advertising to encourage event participation.

CHECK BOXES: Promotion of AB messages will target the general population and youth with efforts designed to sensitize the community and shift social norms toward greater respect for gender, legal, and human rights. Individuals of all ages will be targeted with specific A and/or B messages in an effort to exert broad influence on community norms. Training is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education. Developing programs in Rukwa and Ruvuma regions will particularly benefit from KIHUMBE's training activities.

M&E: In addition to established processes for monitoring indicators on a quarterly basis, KIHUMBE will implement standardized tools for collecting detailed data on service delivery. These tools, developed by MHNT under a separate entry, will allow for data from all MHNT member NGOs to be compiled, thereby

**Activity Narrative:** identifying gaps within service provision at the community level. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Data collected by the network through clients' referral routes to VCT will help refine and better target specific KIHUMBE community education efforts.

**SUSTAINABILITY:** KIHUMBE is a local, grassroots Tanzanian-run NGO that was established in 1991 and has flourished under strong leadership. Along with maintaining and expanding its original site in the Mbeya municipal area, KIHUMBE has established service outlets in Mbalizi, Tukuyu, and Chunya, extending its area of service. DOD is one of KIHUMBE's multiple funding sources. In addition to its impressive record of service delivery, KIHUMBE's organizational capacity to collect and manage data and secure funding is among the strongest in the zone. Capacity building and other training opportunities through other USG partners will remain available to KIHUMBE.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13504

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13504	3374.08	Department of Defense	Kikundi Huduma Majumbani	6530	1028.08		\$630,000
7734	3374.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$120,000
3374	3374.06	Department of Defense	Kikundi Huduma Majumbani	2834	1028.06		\$100,000

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1056.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National AIDS Control Program Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 8682.23374.09	<b>Planned Funds:</b> \$100,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Advocacy and Social Mobilization for Behavior Change Communication

ACTIVITIES: The National AIDS Control Program (MOHSW/NACP) has responsibility for coordinating the mainland Tanzania health sector response to HIV/AIDS. NACP strategies are in response to the National Multi-Sectoral Framework 2008-2012, which emphasizes the promotion of abstinence, delayed sexual debut, partner reduction and consistent condom use among young people and adults. One expected outcome of these strategies is to empower young people and adults with the knowledge and skills to dialogue about sexuality, to adopt attitudes and practices that protect them against HIV-infection and to access reproductive health services. NACP, through its IEC/BCC unit, aims to enhance communication abilities 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 2009, NACP plans to implement the following:

- 1) Continue 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: 1a) conducting an inventory of existing information resources; and 1b) identifying information gaps and thereafter developing appropriate IEC/BCC materials focusing on AB.
- 2) Promote adequate production and distribution of culturally appropriate IEC/BCC materials that support abstinence, faithfulness, and elimination of multiple concurrent partnerships. Additional areas of exploration include developing materials for related areas, including gender norms and gender-based violence. Specific activities include: 2a) producing and distributing 300,000 posters, 600,000 brochures, and 300,000 booklets covering different aspects HIV/AIDS/STI in the context of AB; 2b) distributing the materials to all referral, regional, district and ward level facilities and NGOs; and 2c) developing and disseminating 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.
- 3) Produce and print training materials and train CMACs, RACCs, & DACCs by: 3a) developing training materials for service providers, conduct training of trainers (TOT) in communication strategies for behavior change, and involve CMACs, RACCs and DACCs in IEC/BCC activities in the project area. NACP expects to reach 121 DACCs and 21 RACCs; 3b) collaborating with zonal training centers (ZTCs) to train master trainers for the zones; 3c) conducting seminars with partners and media personnel for the promotion of partner reduction and abstinence campaigns; and 3d) conducting sensitization meetings with local leaders, local government authorities and private stakeholders implementing abstinence and faithfulness interventions in the regions.
- 4) Assess the impact of efforts conducted within the IEC/BCC unit by conducting 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.

\*END ACTIVITY MODIFICATION\*

TITLE: Advocacy and Social Mobilization for Behavior Change Communication

NEED and COMPARATIVE ADVANTAGE: NACP coordinates the Health Sector HIV/AIDS response in Tanzania through planning and implementation of health related HIV/AIDS interventions in collaboration with other partners. Social mobilization is crucial for community support and uptake of services being provided through the various program areas of prevention, care, treatment, and support. These interventions are implemented by five other units within NACP and are all linked for advocacy and behavior change communication through the Information, Education and Communication (IEC) unit. The HSS recommended incorporation of Behavior Change Communication (BCC) in addition to IEC. Evaluation of whether these IEC activities lead to behavioral change towards safer sexual practices, abstaining, and faithfulness has not yet occurred. In addition to creation of conditions that influence behavior, practices and socio-cultural norms, IEC/BCC strategies must address gender and economic dimensions which influence sexual relations.

ACCOMPLISHMENTS: NACP has supported the regions in the identification and selection of the Regional AIDS Coordination Committees (RACCs), District AIDS Coordination Committees (DACCs) and Council Multi-sectoral AIDS Committees (CMACs), including 14 regional facilitating agencies to implement IEC/BCC strategies. NACP plans to implement the program in five regions including Dar es Salaam, Shinyanga, Mwanza, Tabora and Singida.

ACTIVITIES: The 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 enhance communication abilities 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 2008, NACP plans to implement the following:

- 1) Continue 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: 1a) conducting an inventory of existing information resources; 1b) identifying information gaps and thereafter developing appropriate IEC/BCC materials focusing on AB; 1c) training 2500 health care providers and media personnel on the appropriate use of IEC/BCC.
- 2). Promote adequate production and distribution of culturally appropriate IEC/BCC materials that support BCC and AB: 2a) produce and distribute 300,000 posters, 600,000 brochures, and 300,000 booklets

**Activity Narrative:** covering different aspects HIV/AIDS/STI in the context of AB; 2b) distribute the materials to all referral, regional, district and ward level facilities and NGOs.  
 2 d) 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.  
 3). Produce & print training materials and train CMACs, RACCs, & DACCs:  
 3a) develop training materials for service providers, conduct training of trainers (TOT) in communication strategies for behavior change, and involve CMACs, RACCs and DACCs in IEC/BCC activities in the project area. NACP expects to reach 121 DACCs and 21 RACCs;  
 3b) collaborate with zonal training centers (ZTCs) to train master trainers for the zones;  
 3c) conduct seminars with partners and media personnel for the promotion of partner reduction and abstinence campaigns; 3d) conduct sensitization meetings with local leaders, local government authorities (LGAs) and private stakeholders implementing abstinence and faithfulness interventions in the regions.  
 4). Collaborate with partners to develop and train partners on a BCC strategy to link with the planned STRADCOM radio program: 4 a) 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. 4b) Technical assistance will be sought for developing and producing films and talk shows on different areas with emphasis on AB.  
 5). Assess level of behavioral change and communication:  
 5a) Promote culturally appropriate AB messages and strategies for the general public; 5b) Increase the age of sexual debut; promote HIV testing through IEC/BCC strategies; 5 c) 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.

**LINKAGES:** NACP will work closely with the local government authorities in regions and districts (mainly CMACs, RACCs and DACCs in Dodoma, Tanga, Morogoro, Coast & Lindi). The linkages will be continued with other USG AB implementing partners including TAYOA, Ministry of Education and Vocational Training, STRADCOM, TANESA, track 1 ABY partners, NGOs, and Media Institutions/Houses. 1) STRADCOM will provide technical assistance and produce and air radio programs on different issues on HIV/AIDS/STIs in the context of AB in collaboration with NACP. 2). TANESA is committed to working with RACCs, DACCs and CMACs in community outreach campaigns and sensitization workshops. 3) NACP will work closely with the track 1 ABY and MOEVT-TIE partners to disseminate the youth AB curriculum to adapt a standard approach for AB life planning skills (LPS) training.

**CHECK BOXES:** The program will focus on IEC/BCC in the context of AB in different settings. NACP will focus on building the capacity of local organizations in the respective regions. Training of key implementers of HIV programs focusing on health workers at district level and community mobilization. The general population will be targeted through community outreach activities on AB implemented by existing partners in the regions

**M&E:** AB will be integrated into the health management information systems (HMIS). There will be training on the use of M&E tools and support provided in the use of the tools in day to day operations. All supported sites will use MOHSW daily registers and monthly summary forms. This will harmonize recording and reporting of AB community outreach activities.

**SUSTAINABILITY:** 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. Through the existing systems at the regional and district levels NACP will build capacity of the CMACs, RACCs, DACCs and other local leaders in the area of AB. In turn the trained CMACs, RACCs, DACCs and LGAs authorities will continue educating and advocating for the correct AB interventions in their respective communities. NACP will work with district authorities to include part of the programming in AB into the CMACs plans at the district level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13536

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13536	8682.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$200,000
8682	8682.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$500,000

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 1136.09

**Mechanism:** N/A

**Prime Partner:** PharmAccess

**USG Agency:** Department of Defense

---

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 16394.23375.09

**Activity System ID:** 23375

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$240,000



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Providing HIV/AIDS Prevention programs to TPDF, with focus on Gender Based Violence (GBV)

**NEED and COMPARATIVE ADVANTAGE:**

The HIV prevention and awareness-raising activities under this program aim to reach a target of approximately 4,000 recruits at basic TPDF training centers; 3,000-4,000 men and women under the National Services; 25,000 other servicemen and –women and their dependents; tens of thousands civilians from the communities around the military hospitals, health centers, and military camps by September 2009. Prevention efforts within the TPDF will continue to focus on military hospitals, health centers/satellite sites, TPDF training centers, detachment camps, border camps, and the training camps of the National Services. Service members are highly at risk for HIV/AIDS since they are often stationed outside their residential areas for long periods, which usually range from 6 to 24 months. Included in these critical prevention efforts are addressing gender issues, especially gender-based violence (GBV), and this target population.

GBV can be defined as any unlawful act perpetrated by a person against another person because of their sex that causes suffering on the part of the victim and results in physical, psychological, and emotional harm or economic deprivation among other criteria. Attention has been increasingly directed at the possible role military personnel could play in preventing HIV/AIDS within their ranks and in the civilian communities they come in contact with. The Tanzania People's Defense Forces (TPDF), like any other African military, is grappling with how to best stem the spread of HIV/AIDS among its officers. The TPDF serves 33,000 service members in addition to thousands of civilians living near eight military hospitals. A workplace prevention model has been adopted by the TPDF as the most effective tool for combating HIV/AIDS in the military as it provides a standardized approach to prevention, HIV/AIDS awareness, peer education, and critical issues of gender and care and treatment while enhancing force readiness.

The military arena provides a unique setting for reaching people with information on these themes. This is because military personnel are a relatively captive audience while in the military and are used to receiving new information and in-service training and upgrading of skills education. We integrate HIV/AIDS prevention messages in peer education training (focused on higher rank officers), 'life-skills' training (focused on recruits) and we train all TPDF and Youth Service trainers (including trainers in sports, exercises, administration, etc) to integrate HIV/AIDS preventive messages in their regular training programs.

**ACCOMPLISHMENTS:**

A dedicated TPDF task force has been formed to develop IEC and life skills materials. A video, a card game, and several other printed life skills materials have been produced and distributed to all camps and health facilities, many of which were supplied through UN programs for militaries. Twenty-four TOTs and 480 peer educators have been trained. Twenty-four trainers from the National Service have been trained as TOTs on life-skills for recruits. Condoms have been procured by Tanzania Marketing and Communications company (TMARC) and MSD and distributed to 86 outlets. Prevention for positives counseling through health facilities for HIV-positive persons on the risk of HIV transmission has been initiated under FY 2007 and FY008 funds. This AB component of PAI's program will be implemented as an integrated part of the peer-education and the life-skills training programs. With FY 2009 funds, PAI will continue to support assessments of the policy environment and development of IEC materials specifically related to issues of GBV, (GBV, male norms, alcohol use, etc) at 36 military sites. These activities will cover all military personnel and civilians living near TPDF health facilities and camps.

**ACTIVITIES:**

Additional information about the extent of GBV in TPDF and enabling policy environment is needed to assist with further decision-making.

- 1) Developing and distributing new IEC and life skills materials, as well as newly designed materials and prevention components on GBV by a dedicated TPDF taskforce, in collaboration with the GBV Program of Engender Health.
- 2) Special efforts will be focused on counseling of HIV-positive persons to raise awareness about the risks of HIV transmission, with an additional emphasis on partner reduction and being faithful. USG funding will support the training of 102 clinicians and HIV counselors of eight military hospitals (three per site), nine health centers, 16 training camps, and 14 training sites of the National Service (two per site).
- 3) (Re-)training of 24 TOTs and training of an additional 240 peer educators, at least two per military, navy, and air force camp, with particular emphasis on gender issues, such as GBV, as well as alcohol abuse and their relationship to HIV transmission. The peer educators will be supported in continued prevention/outreach efforts throughout their period of military service. Activities will be directed to all military hospitals, detachment, training and border camps,
- 4) (Re-) training of 24 TOTs on life-skills for recruits of the National Service
- 5) Organize one-day HIV/AIDS awareness sessions for the higher cadres at TPDF Head Quarters, the five Brigades and the Head Offices of the Navy and the Air Force.
- 6) Establishing post-test group sessions of HIV-positive persons with referrals to critical care and treatment services.

The AB component of PAI's program is an integrated part of all training programs and the awareness sessions mentioned above.

**LINKAGES:**

PAI and the TPDF will continue to link activities in this program area with clinical service and VCT activities undertaken by the military. It will also link with organizations of women living in the barracks who will be trained in social support and home-based care for HIV-positive persons in and outside the barracks. Links will also be made with Engenderhealth and with local NGOs operating in communities surrounding barracks to coordinate and collaborate on broader prevention programs. Condoms will be obtained through MSD and District Medical Officers in the respective districts. Prevention outreach will be linked to counseling and testing, PMTCT, and care and treatment activities in support of the continuum of care. Expansion of prevention services in FY 2009 will ensure a close linkage of the HIV/AIDS programs of the TPDF to national strategies and programs implemented under the Ministry of Health and Social Welfare (MOHSW).

**Activity Narrative:** M&E:

Quantification of the effect of prevention activities is not yet standardized. PAI wishes to collaborate with the Tanzania Data Quality Assurance Team (DAT) to develop standard monitoring and evaluation tools and procedures for data collection, storage, reporting, and data quality. KAP surveys will be introduced in all training programs. Plans for data use for decision-making within the organization and with stakeholders will be outlined.

**SUSTAINABILITY:**

In a military setting, staff turnover is low. Once trained, this capacity will stay within the forces. PAI will encourage the Office of the Director Medical Services to integrate services in military budgets at the barracks and at the national level. To improve administrative capacity, the PAI will work with military authorities to build local technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16394

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16394	16394.08	Department of Defense	PharmAccess	6551	1136.08		\$250,000

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1175.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Academy for Educational Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 3425.23376.09	<b>Planned Funds:</b> \$1,810,000
<b>Activity System ID:</b> 23376	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: AED/T-MARC Partner Reduction Initiatives

AED's Sikia Kengele program, addresses perceived social norms supporting multiple partnerships, such as nyumba ndogo (extra-marital relationships) and trans-generational relationships and challenges these norms via interpersonal communication (IPC) "bell ringers", community mobilization "big bell events", advocacy efforts and mass media. AED/ T-MARC will continue to implement Sikia Kengele with a few modifications as described below.

In FY 2008, the Sikia Kengele initiative was expanded throughout the country with enhanced promotional and interpersonal communications efforts - increasing the depth of one-to-one contacts and deepening message penetration. This effort focused on regions, districts, and communities most threatened by HIV reaching more than 750,000 individuals with community outreach activities. Aggressive media placement have resulted in 12 million people being exposed to Sikia Kengele radio spots, developed in collaboration with the Stradcom Project, and well over a million people exposed to T-MARC's outdoor media promotions placed at bus stops, ferries, transport hubs and along trucking routes. The messages conveyed through these media support faithfulness and partner reduction. Activities to promote faithfulness and partner reduction were also a prominent feature of AED/T-MARC's contribution to the national Uhuru Torch rally - which reached every district in Tanzania - and a total of 95,000 persons.

Other accomplishments include the development of a draft Faithfulness Manual that includes chapters from both Christian and Muslim faith perspectives. AED T-MARC has also been actively engaged in start up activities for Initiatives on HIV and Alcohol and Safe Passages (for high-risk youth) with Stradcom, ROADS and FHI/UJANA. AED/T-MARC's proposed PPP with the local wireless provider Selcom has also advanced, with the terms of reference drafted and the design of the communications piece well underway. The Selcom campaign will engage mobile phone owners in a contest in which prizes can be won for correctly answering questions about the dangers of multiple partnerships, correct and consistent condom use, PMTCT, gender norms and HIV testing.

AED/T-MARC will continue to focus on deepening the impact of Sikia Kengele at the community level via an expanded grants-making program along the transportation corridors and in other high risk geographic areas. This will involve more intensive capacity building and systems strengthening efforts targeting an expanded number of grantees. On the technical side, grantees will be provided with TA in the development of more complex prevention messages, the use of specific communications techniques to effectively target specific populations with effective communication modalities. Grantees will also be trained in how to establish reliable monitoring and evaluation systems for continuous quality improvement. This increased focus on capacity building will infuse new life into ongoing IPC and mass media communications and will challenge target audiences, including couples, to discuss the affects of gender and social norms that promote multiple concurrent partnerships, transactional and coerced sex and alcohol and drug abuse and to develop appropriate risk reduction strategies.

COP 2009 activities will involve an increased focus on facilitating communication within married and cohabitating couples. T-MARC will redouble its efforts to more closely link its Sikia Kengele and Vaa Kondom (T-MARC's condom promotion) activities, recognizing that HIV risk reduction is part of a continuum which includes both partner reduction and the correct and consistent use of condoms. T-MARC will also upgrade its M&E system in response to recommendations from an M&E audit which occurred in June 2008. Finally, AED will continue to provide mentoring and coaching to the T-MARC Company to further solidify the new business developments and long-term sustainability gains achieved by this Tanzanian health marketing institution. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

TITLE: AED/TMARC Partner Reduction Initiatives

A reduction in sexual partners can have a dramatic impact on HIV prevalence as has been demonstrated in Uganda and Thailand with similar data now from Zambia, Kenya, and Ethiopia. The 2005 Tanzania HIV/AIDS Indicator Survey (THIS) identified that

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13421

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13421	3425.08	U.S. Agency for International Development	Academy for Educational Development	6487	1175.08		\$1,900,000
7668	3425.07	U.S. Agency for International Development	Academy for Educational Development	4510	1175.07		\$425,000
3425	3425.06	U.S. Agency for International Development	Academy for Educational Development	2849	1175.06		\$200,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 16389.23377.09	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 23377	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH DELOITTE TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY. ENGENDERHEALTH CHAMPION WILL COLLABORATE IN PROVIDING TECHNICAL ASSISTANCE TO SUBGRANTEES.  
TITLE: The Rapid Funding Envelope for HIV/AIDS (RFE) Public-Private Partnership Initiative in Tanzania

**NEED AND COMPARATIVE ADVANTAGE:** To increase participation of civil society, 10 donors and TACAIDS co-operated in creating a "Rapid Funding Envelope for HIV/AIDS" on mainland Tanzania and in Zanzibar. RFE is a competitive mechanism for projects on HIV/AIDS in Tanzania. RFE supports not-for-profit civil society institutions, academic institutions in compliance with national policy and strategic framework with the goal of contributing to longer-term objectives of the national response and encouraging projects that promote institutional partnerships. To date, although the private sector is involved in the fight against HIV/AIDS, services tend to be limited to their employees, and often lack the continuum of care and sustainability due to lack of commitment at higher level. This program seeks to use the RFE mechanism to inform the private sector of the need to expand workplace programs, and establish partnerships with private organizations to strengthen these interventions, leveraging resources from existing medical structures within these private institutions to make care and treatment available to employees and their communities who would otherwise not have access to these services.

**ACCOMPLISHMENTS:** To date, RFE has conducted seven rounds of grant making and approved \$11.2 million from pooled funds, for 78 projects. In FY 2007, RFE successfully held a 4th round, providing awards worth \$3.5 million to 23 CSOs (seven had OVC activities); monitored and managed existing sub grantees; created a reliable base from which donors can utilize without duplicating efforts; continued to strengthen CSOs, financially and technically, thus laying a solid foundation for further funding; and facilitated increased resources for CSOs via disbursement of significant funding in a short timeframe.

**ACTIVITIES:** Ongoing activities will include management of the RFE-Public-Private Partnership initiatives to be established with FY 2007 plus-up funds focusing on strengthening collaboration with private organizations; selecting and providing grants for workplace organizations for treatment and care activities in support of the continuum of care efforts in the workplace and neighboring communities. In particular this will involve oversight of projects worth \$800,000 in grants to approximately 20 organizations. The 20 companies will be awarded matching contribution grants for creating or extending their workplace programs. The companies will be paired with our in-place partners to ensure that their programs adhere to best practices and national standards. The focus of the activities will include: 1) Support the implementation of workplace AIDS policies. 2) Support the development of peer counselors. 3) Provide materials, training, and other components needed to support prevention-related personnel. These funds will be used to expand prevention services in the companies while leveraging corporate resources to expand HIV/AIDS treatment and care services beyond the workplace, and using the family centered approach, include family and community members who may otherwise not have been able to access services in these private facilities. Specific activities will include: 1) Grants and financial management of sub grantees, including disbursements of grants, liquidation reviews of sub grantee financial reports and monitoring & evaluation of projects; 2) Technical monitoring and management of sub grantees, including review of project work plans and progress reports, review of project deliverables and monitoring & evaluation of projects; 3) Financial administration of the RFE-PPP fund, including preparation of financial reports and engaging project audits; 4) Grants/Project administration including external RFE-PPP communications/correspondence, convening of meetings with the donor/partners and preparation of (ad-hoc) reports. The program will strengthen collaboration with private organizations to find unique alternatives to which private-for-profit companies can contribute towards alleviating the burden caused by HIV/AIDS (a) RFE-PPP program will solicit and review short-listed private-for-profit organizations, conducting pre-award assessments to determine organizational, financial, technical management competency of the existing medical programs and identify potential weakness that may be mitigated towards improving the continuum of care; b) At least five successful organizations will be contracted and funded directly with USG funds; c) Supportive supervision will be provided to the projects, including monitoring & evaluation, guidance & oversight of the projects through regular site visits; 2) Capacity building towards graduation towards direct funding from donors will be provided through training and coaching/mentoring; and 3) Additional support will be sought from multi-donors to fund similar workplace programs. If successful, non-pooled USAID funds will support management of these grants.

**LINKAGES:** In keeping with previous arrangements, Deloitte Consulting Limited as the Prime, also the lead for grants and finance management will link with a partner (TBD) as the lead technical partner for supporting the RFE-PPP, and will work closely with donors, keeping within the mandates of the AIDS Business Council of Tanzania (ABCT). RFE-PPP will also develop formal linkages with large funding mechanisms; including regional facilitating agencies (TMAP) to feed into the development information networks system, a common database of organizations funded to avoid duplication of efforts. In effort to encourage organizational development, RFE-PPP will share funding experience with potential donors/organizations to create awareness and encourage buy-in.

**CHECK BOXES:** RFE-PPP will seek to fund organizations with existing medical programs, building capacity as needed to afford the continuum of care to their employees, as well families and surrounding communities. The RFE will support capacity building through various steps including the pre-award assessment that highlights key areas of weakness to be strengthened in the capacity building plan; technical assistance/training on programmatic (HIV) issues and finances; and ongoing mentoring and technical assistance.

**M&E:** Annual work plans will be developed and will include built-in M&E processes for which the relevant staff member takes responsibility. Management of the RFE-PPP will include conducting the following monitoring & evaluation activities: regular update of project through participation in activities; review quarterly technical reports for performance against work plan; monitoring through field visits; collection of

**Activity Narrative:** data; and preparation of site visit reports and progress reports. These reports will be shared with private organizations concerned, and donors, to enable improvement and development of the program. Best practices and lessons learned will be captured and shared.

**SUSTAINABILITY:** The private organizations involved will be encouraged to foster local community networks, and continue to leverage their own resources that will assist in continued operations of the project once RFE-PPP funding has ended. RFE-PPP requires projects to consider sustainability during proposal development, and ensures that a realistic plan has been developed to integrate the project into existing programs. RFE-PPP supported organizations will also be provided with institutional capacity building support enabling them to grow/graduate towards receiving accreditation as care and treatment centers, and allow them to receive direct funding and/or increase the level of funding from other donors, post RFE-PPP funding. The new management structure at Deloitte has been designed to better manage the function of the RFE to include capacity for managing the RFE-PPP, since the original mandate of the RFE has changed from its original form and size of projects funded.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16389

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16389	16389.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$200,000

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1225.09	<b>Mechanism:</b> CAPACITY
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 16390.23378.09	<b>Planned Funds:</b> \$50,000
<b>Activity System ID:</b> 23378	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH INTRAHEALTH TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY.  
TITLE: System strengthening to accelerate HIV/IDS Service expansion

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, the health workforce, especially at district level, is shrinking in both numbers and requisite skills. A major anxiety at this time is the relatively small number of eligible patients on ART. The Ministry of Health and Social Welfare (MOHSW) is concerned that it cannot meet the demands for ART with the current workforce and systems. It is clear that unless systems are strengthened to address the acute shortfall, in human resources, it will be impossible to meet HIV/AIDS care and treatment goals. The Capacity Project draws on the extensive experience and expertise of its global partners and now helps over 25 countries to improve capacity for workforce policy and planning and to strengthen systems to support workforce expansion and performance.

**ACCOMPLISHMENTS:** Mainland: Technical support to MOHSW to develop a HR strategic plan that offers appropriate strategic options to respond to the HR crisis and manage scarce human resources more effectively; creating new capacity for over 250 HR leaders so as to focus HR priorities. Zanzibar: human resource management capacity strengthening to improve worker productivity, and to enhance HRH tracking capacity

**ACTIVITIES:** Continue funding support to the AIDS Business Coalition, Tanzania (ABCT) to further strengthen leadership capacity for HIV/AIDS awareness raising and capacity building within the private sector and in more regions. This activity will allow ABCT to develop workplace HIV/AIDS policies and to conduct peer counselor training among its 60 member organizations.

**LINKAGES:** The project works in close collaboration with NIMR. Findings from the NIMR-led HR studies inform interventions designed and supported by the Capacity project. The Benjamin William Mkapa Foundation and Capacity Project will maintain the partnership to ensure smooth integration of new EHP hires in the work place. The Capacity Project will work with MSH to design and implement leadership development and HRM strengthening programs for central and district levels. The existing partnership between ABCT and the Capacity Project will continue to advance private sector engagement in HIV/AIDS. The project is a member of the HCD and USAID implementing partner groups. These provide a platform for sharing plans and achievements. All related work is implemented in close collaboration with the appropriate central, regional, district and local government authorities. The Capacity Project will work with various partners and stakeholders and will encourage and facilitate effective collaboration.

**CHECK BOXES:** Human Capacity Development: In service training, retention strategy, task shifting, strategic information. Workplace programs: The activities seek primarily to strengthen leadership capacity, at central and district levels, through training, to enable leaders to take appropriate and timely action to recruit and keep valued workers. The enhanced human resource information system will be a key decision-making tool to HR leaders. Support to ABCT will expand the reach of HIV prevention messages and improve the uptake of HIV/AIDS treatment and care services among private sector workers and their families.

**M&E:** The project will develop a comprehensive and integrated M&E plan linked to existing M&E plans for partner institutions. A simple and practical mechanism will be established that will allow for the tracking and reporting of progress and results from FY 2008 and FY 2009 technical assistance activities to support the implementation of the MOHSW HR strategic plan and the Emergency Hire Program (EHP). Standardized tools will be used to ensure data quality and data will be stored in paper and electronic format. The outputs will provide a basis for decision making on amendments and improvements on recommendations to achieve targets. As part of the M&E process, project results will be documented and disseminated, in addition to lessons learned including case studies from the EHP experiences.

**SUSTAINABILITY:** The project relies on effective partnerships with the MOHSW, district authorities, local training institution, and NGOs to implement the described activities. The proposed implementation model will allow the project to tap on existing strengths, mobilize, and build on local talent to leave behind sustainable systems. As an example, the Project will team up with Zonal Training Centers (ZTC) in FY 2008 to implement planned district HRM capacity building activities. ZTC will take up lead responsibility from FY 2009 onward, and roll out the training to other districts, with minimal support from the Capacity Project.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16390

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16390	16390.08	U.S. Agency for International Development	IntraHealth International, Inc	6525	1225.08	CAPACITY	\$50,000

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 1228.09 **Mechanism:** N/A  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB **Program Budget Code:** 02  
**Activity ID:** 9410.23379.09 **Planned Funds:** \$351,000  
**Activity System ID:** 23379  
**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008

This activity links to #9490 in OP and to all activity narratives in the AB section. FY 2008 funds will support two half-time equivalent 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 one full-time AB specialist hired as a USPSC and one direct hire. The two staff members work 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 two work directly with several implementing partners to develop effective interventions and to disseminate lessons-learned to others. They are active members 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 two focus on the work of ABY partners, ensuring state-of-the-art programming, incorporation of national guidelines, and coordination with other implementing partners. They will assist in the identification of portfolio-wide, as well as national prevention needs. They 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. They will also work with all USAID portfolio managers to ensure integration of prevention interventions across the continuum of care and treatment. They will be active members of the USG prevention thematic group.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13606

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13606	9410.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$275,000
9410	9410.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$429,642

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 1470.09 **Mechanism:** GAP  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB **Program Budget Code:** 02  
**Activity ID:** 9423.23380.09 **Planned Funds:** \$124,240  
**Activity System ID:** 23380



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Management and Staffing (Base)

ACTIVITIES: In FY 2008, HHS/CDC will continue to work closely with the government of Tanzania (GOT) through the relevant Ministries of Health and Social Welfare (MOHSW)/National AIDS Control Program (NACP), Ministry of Education and Vocational training (MOEVT), and other key actors in the areas of abstinence and faithful programs to strengthen technical and program capacity for implementing the PEPFAR. The proposed funding will support the salaries of in-country youth program staff for FY 2008 and site visits to provide direct capacity building among partners.

Emphasis will be placed on building the capacity of the organizations to develop appropriate behavior change communication strategies and IEC materials for AB. Staff will collaborate with the NACP/TAYOA, MOEVT/TIE, Balm In Gilead and other key USG funded AB partners. Staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that promote abstinence messages for in and out of school youth.

The staff will work with MOEVT/TIE to scale up the LPS training in more schools in the selected regions. 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 prevention strategies.

The in country staff will conduct site visits to other countries to learn HIV/AIDS prevention programming to sites managed by government, NGO, and FBO partners. They will also conduct field visits for monitoring the implementation of the programs through supportive supervision with partners. More time will be spent mentoring the NACP/TAYOA and the MOEVT/TIE on the development of quality BCC materials and curriculums tailored to different target groups. A particular focus will be placed on assisting the key implementers to adopt the Modeling and Reinforcement to Combat HIV (MARCH) and Families Matter Program (FMP) strategies and approaches.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13623

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13623	9423.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$289,961
9423	9423.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$231,341

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 1508.09

**Mechanism:** Track 1.0

**Prime Partner:** American Red Cross

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 3472.23381.09

**Planned Funds:** \$1,168,904

**Activity System ID:** 23381

**Activity Narrative:** THE ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Together We Can (TWC) Program

American Red Cross's Track 1 ABY program closes in June 2010. December 2008 marks the end of the American Red Cross's (ARC) support of the TWC program in Kigoma, as the program moves to a higher prevalence region. The project has seen considerable success. According to the THMIS (2007/08) Kigoma's knowledge of HIV prevention methods is the second highest in the country for girls (62%), and the third highest for boys (56%). Despite ARC's departure from Kigoma region, the Tanzanian Red Cross Society (TRCS) continues to maintain a presence in Kigoma. Building on the strong volunteer capacity and training developed through both the refugee relief operation and the TWC program, TWC will enjoy continued exposure in the communities of Kigoma through the presence of trained peer educators (PEs), coaches, and youth multipliers. In line with epidemiological trends and USG recommendations, ARC will transfer its expertise, successes, and lessons-learned to four densely populated, high sero-prevalence districts of Shinyanga region in FY09. To accommodate this shift to a more strategic area, TWC anticipates a transition period between January and March of 2009. A PLACE-inspired methodology will be used to rapidly gather information to facilitate strategic targeting and monitoring of higher risk youth and young adult populations. In response to recent evidence, TWC is moving towards a peer education model which uses community-based educators aged 17 or above. In addition, the TWC curriculum is in the process of an adaptation that, building on new information regarding drivers of the epidemic in Tanzania, addresses risk and protective factors such as transactional sex, sexual coercion, cross-generational sex, multiple concurrent partnerships, individual risk planning, and gender equity. The curriculum will be finalized in time for use in the new region.

Current strategies will be modified to increase youth-peer interaction through the curriculum's built-in series of four take home assignments which include sharing key TWC messages, facts, and skills through the use of: a decision making tool; a newly adapted pamphlet identifying risk factors for HIV infections; and referrals and site-visits to local sexual and reproductive health services. Through an increased emphasis on out of school youth and a targeted 50:50 in school to out of school breakdown in youth reached, ARC will develop special training sessions incorporating facilitation and counseling skills to help PE's identify and work with high-risk youth. ARC will enhance efforts to conduct follow-up interventions (FUI) through the roll-out of guidelines to ensure FUI content matches the needs of local communities, based on district-specific analysis from the pre/post-test database and qualitative feedback from youth. FY09 will see a minimum of 70% of all youth reached by the initial TWC curriculum also reached by one or more FUI.

Community Council and Town Hall Meetings will continue to address the needs of stakeholders and community members, while encouraging an enabling environment for youth outreach. In addition, ARC will scale up implementation of its three-day Adult Child Communication curriculum in partnership with Family Health International (FHI) UJANA. These interventions all help to create supportive environments promoting positive social and gender norms, and encourage healthy behavior choices and sustained behavior change. Partnerships with Stradcom and T-Marc will continue to support mass media radio shows and marketing campaigns in the new region, coordinated with listening and discussion groups for youth. Finally, leveraging existing ARC funding, ARC is developing a broader integrated HIV program to utilize existing TRCS capacity to develop home-based care (HBC) and support activities. Of the four TWC districts, two districts will overlap with Pathfinder International's HBC activities. The remaining two districts will incorporate a newly developed Red Cross HBC program, as well as free condom distribution through Red Cross branches, linkages to counseling and testing, prevention programs for people living with HIV, and wrap around programs including gardening, village community banking, and orphan and vulnerable children programming. To date, TWC has reached over 425,000 youth with AB messages, and trained over 720 individuals. Volunteer retention rates exceed 95%.

\*END ACTIVITY MODIFICATION\*

At 3.2%, young men's zero-prevalence in Kigoma is higher than the national average. The percentage of rural women who demonstrate comprehensive knowledge about HIV/AIDS in Tanzania is only 38% (DHS 2004). TRCS, a local organization established in 1962, has active offices in each of Kigoma's districts and an established network of over 140 community-based HIV prevention volunteer peer educators uniquely suited to reach remote areas of the country. ARC provides technical support to the TRCS and is a recognized leader in the field of youth peer education, using a curriculum and methodology implemented by the Red Cross movement in over 20 countries worldwide. Project messaging emphasizes life-skills in abstinence and fidelity, and includes condom information and education for at-risk youth.

ACCOMPLISHMENTS: TWC has reached over 300,000 youth with AB messages, and trained 599 individuals (peer educators and field managers). Due to a systematic approach to refresher trainings and incentives, volunteer retention rates exceed 95%. Increases in knowledge, accepting attitudes and self-efficacy average over 82% (post- over pre-test scores in curriculum-based interventions). MEASURE evaluation cited TWC as very strong in volunteer supervision systems, consistent skills-based messaging, and high retention rates.

ACTIVITIES: The TWC project strengthens HIV related life skills for Tanzanian youth using multiple venues. Groups of potential peer educators (PE's) are identified in the community based on age, education (minimum of standard seven) and availability to work within the region from which they came. Once selected, PEs are trained using participatory, skills-based, locally adapted interventions. Refresher trainings and management meetings are held regularly. PEs also provide referral information to key services provided in the region including VCT and STI treatment, thereby enhancing linkages to other partner organizations and generating demand for these services. Referral manuals that list locally available youth friendly services are kept up to date by the PEs. Graduated PEs host multiple training sessions to convey the TWC curriculum to youth. Pairs of PE's facilitate these sessions for small groups of approximately 20 beneficiaries per workshop. Each youth participant in the workshop is responsible to communicate key prevention messages via peer-to-peer outreach to ten of their peers as a 'take-home assignment'. Youth

**Activity Narrative:** are encouraged to talk informally about issues that directly affect their life and health, drawing on knowledge learned in training sessions. The final phase of the TWC project communicates prevention messaging through the organization of 'edutainment' events and through the production and dissemination of behavior change materials (educational brochures, referral manuals, and support materials). Activities address gender equity, norms and behaviors, stigma and discrimination, critical decision making skills, negotiating abstinence, reduction of sexual partners, fidelity, and condom use. In line with recommendations from MEASURE evaluation's recent process evaluation, TWC is refining follow-up strategies to increase the booster effect on youth who have already completed the TWC curriculum. Workshop 'graduates' will benefit from two follow-up interventions 3-6 and 9-12 months after completion of the initial curriculum. To enhance the community environment for the adoption of safer sexual practices, the TWC project holds town hall meetings and hosts community councils at each key project site. Town hall meetings are designed to inform, seek permission to conduct sexual education activities, and solicit direct involvement of adult stakeholders. Councils are designed to encourage participation by adult stakeholders including parents, teachers, and religious and secular community leaders from all sectors. Project staff works with local community councils and organizations on day-to-day project implementation. Projects to date include; planning TWC workshops in schools; consensus building on appropriate messaging for younger youth; in-kind contributions to project activities; promoting TWC sessions via letters to parents; and offering feedback after observing project activities.

**LINKAGES:** TWC collaborates with teachers, parents, local government task forces, FBO's, and CBO's to ensure the direct involvement of adult community members in the fight against HIV/AIDS and the safer reproductive lives of youth. TRCS works extensively with Emergency Plan and other donor funded NGO partners and taskforces at the national, regional and community level through sharing of work-plans, quarterly prevention partner meetings, and joint planning. This occurs through meetings and dialogue with partners, and the sharing of curriculum and best practices. Common strategies and messages are established and duplication of efforts is reduced, leading to a more efficient use of project resources. The TWC project also shares best practices across countries where the program is in operation (Haiti and Guyana) as well as through the Red Cross movement which is active in 185 countries. TWC is able to provide referral information to the thousands of youth it reaches each month, thereby creating demand for other Emergency Plan funded services such as STI treatment and VCT.

**M&E:** TWC uses data collection forms to track the number and nature of outreach and trainings as well as town council meetings, media events, and refresher trainings, and utilizes a pre/post test tool to measure knowledge gained through training sessions. Data is used for multi-level analysis to identify gaps in understanding. When counting beneficiaries, a discount rate is applied to avoid double counting at large scale events. Each type of activity has its own targets and is judged on its own objectives. This system ensures that all outreach targets reported comply with the OGAC guidance. TWC will revise data collection tools to harmonize with other PEPFAR AB and OP partners, and is currently active in prevention partner meetings, volunteering M&E tools for review, and attending meetings to standardize tools. A written M&E plan is currently in development, and will begin implementation no later than the receipt of FY 2008 funds. Seven percent of the budget will be allocated to M&E.

**SUSTAINABILITY:** TWC's work through TRCS retains capacity in this local organization, which has been working in Tanzanian communities since 1962. TRCS receives support from national chapters including the Spanish, French, and Japanese Red Cross, and the Red Cross Federation. TRCS is currently seeking funds from the Tanzanian government to expand chapter capacity throughout the country. The ARC will continue to provide organizational development trainings and technical support for key areas (e.g., volunteer management and training, project planning, finance and compliance, monitoring and evaluation, and curriculum adaptation). TWC also uses partnership building as a capacity-building tool, allowing the TRCS to learn from and leverage each partner's expertise in HIV prevention, care, and treatment.

**Targets:**

TWC targets represent the number of individual youth multipliers and youth participants reached. These figures are documented through the TWC HMIS on various forms and represent "A+B+C". (A= Youth completing the TWC curriculum, B= Youth reached through Peer-to-peer outreach, and C= youth reached through mass communication events.) Recognizing that youth reached through curriculum based interventions may be reached through multiple other methods, a 50% discount rate has been applied to the number of youth reached via the peer-to-peer outreach ("B") and the number of youth reached via community mobilization/edutainment events ("C") to avoid double counting. In addition, community mobilization activities have been modified to comply with the new OGAC standards, and are now only counted for USAID if the event has fewer than 500 participants, although larger community events and mass media broadcasts are still occurring.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13437

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13437	3472.08	U.S. Agency for International Development	American Red Cross	6496	1508.08	Track 1.0	\$587,731
9060	3472.07	U.S. Agency for International Development	American Red Cross	4518	1508.07	ARC Track 1.0	\$278,365
3472	3472.06	U.S. Agency for International Development	American Red Cross	2874	1508.06		\$844,027

#### Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3490.09

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 16395.23382.09

**Activity System ID:** 23382

**Mechanism:** ROADS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$720,000

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH ROADS TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY.

**TITLE:** Expanding AB in Makambako, Tunduma, Isaka and port of Dar es Salaam

Roads sites in Tanzania have been selected in collaboration with TACAIDS and NACP to bring services to high prevalence areas that have been historically underserved and host a critical mass of truckers overnight. AB activities in the sites have been underdeveloped and ad hoc, mostly operationalized through faith-based organizations. ROADS has made progress in reaching MARPs (truckers, community men and women, sexually active youth) with AB, though there is a need to scale-up AB programming. ROADS is USAID's regional platform to address HIV along the transport corridors of East/Central Africa. It is a comprehensive program focusing on the most underserved communities, extending prevention, and care and support as appropriate to address gaps and add value to bilateral programs. With its network of approximately 70 indigenous volunteer groups, including 20 FBOs, ROADS is well placed to extend AB services.

**ACCOMPLISHMENTS:** During January-June 2007, ROADS established the Safe-T-Stop model in the two sites, linking indigenous volunteer groups, businesses, and FBOs through common branding. ROADS trained 300 peer educators and community mobilizers from indigenous volunteer group's community to convey AB messages, reaching 14,330 people. AB prevention is disseminated to truck drivers, community men and women, out-of-school youth, and OVC. ROADS will strengthen peer education and community outreach to examine barriers to abstinence and being faithful to MARPs (especially truck drivers who spend much of their lives away from home). ROADS will also help youth and OVC to develop more positive, safe sexual behaviors and norms (including secondary abstinence for youth) in Makambako and Tunduma, expanding programming to Isaka and potentially the Port of Dar. ROADS will expand programming into primary schools, particularly focusing on creating positive gender norms through extra-curricular programming such as creating positive self-images through art and other forms of expression, healthy attitudes, and safe behaviors. ROADS will continue integrating with existing activities and services as a priority. This includes linking HVAB activities with such services as counseling and testing (C&T) (ANGAZA sites in Makambako and Tunduma), ART, and PMTCT. ROADS will continue to link and strengthen these services through the Safe-T-Stop model, which mobilizes the community around HIV prevention, care, treatment, and mitigation services as well as addressing gender norms, alcohol use, stigma, and discrimination, that promote or lead to high-risk sexual behavior. ROADS works with transport workers to create opportunities to strengthen family ties while the men are on the road (e.g., through email linkages at resource centers) and to provide alcohol-free programming and venues (e.g., adult learning activities, men's discussion groups, and sports activities linked to the resource centers) to provide safer alternatives. In Makambako, ROADS will continue working with the faith-based community and youth groups to promote AB, including partner reduction for truck drivers, community men and women, and sexually active youth. ROADS will link AB audiences with local health facilities, including pharmacy/drug shop providers, to promote C&T and other services. The project will reinforce AB prevention programming for military personnel, particularly at sites where they congregate off base. ROADS will strengthen the referral system with the four existing C&T services and the USAID care and treatment partner for Iringa Region (FHI). In Tunduma, ROADS will continue mobilizing indigenous volunteer groups, particularly those linked with faith-based organizations, to expand HVAB programming for MARPs. ROADS will continue using its strategically located Safe-T-Stop resource center as a center for truck drivers, community men, women, and youth providing HIV and AIDS education around AB, counseling and support services. This site is an alcohol-free alternative recreational site for transient populations and Tunduma residents. Finally, ROADS will introduce an innovative MP4 device with HVAB content for use by drivers on the road and discussion groups where they stop.

**LINKAGES:** As a regional program, ROADS integrates with and adds value to USAID bilateral programs. This entails linking closely with USG and non-USG partners. In Tanzania, ROADS has linked with T-MARC on HIV prevention and with FHI on care and treatment. In Tunduma, ROADS has coordinated closely with Walter Reed/DOD to ensure synergy and to jointly fund selected activities. In Makambako, ROADS has linked with the FHI care and treatment team (Njombe) to link AB audiences to clinical and non-clinical services and build AB programming into its work with COTWU. In addition, the SafeTStop strategy is predicated on building local capacity. In Makambako and Tunduma, ROADS has linked with 51 indigenous volunteer groups, strengthening and supporting their HVAB activities. ROADS also liaises regularly with district leadership and health teams. District commissioners from Mbozi and Njombe attended the official SafeTStop launch in Tunduma in May 2007.

**CHECK BOXES:** For this activity, ROADS focuses on addressing gender and social norms (partner reduction), human capacity development, local organization capacity building, and strategic information. ROADS target populations are children 5-9 (A for OVC), adolescents 10-24, adults, mobile populations (including military in Makambako), and street youth. The project works on HVAB with discordant couples, PLHA, religious leaders, and teachers.

ROADS M&E system will be fully integrated with the National Monitoring System. Qualitative and quantitative data will continue to be collected by the ROADS Site Coordinators in liaison with indigenous volunteer groups reporting to districts and ROADS. The project will conduct focus groups and in-depth interviews with beneficiaries, community volunteers, and community leaders to gauge the quality and impact of AB programming provided. Integration with the National Monitoring System will build M&E capacity of the myriad community groups who report data through ROADS/SafeTStop.

**SUSTAINABILITY:** Almost all partners on the project are local entities that exist without external funding. As a result, project activities are highly sustainable. Indigenous volunteer groups collaborating with the project were established without outside assistance and will continue functioning over the long term. Local

**Activity Narrative:** businesses, market sellers, and farmers are also part of the fabric of community life and will be present over the long term.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16395

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16395	16395.08	U.S. Agency for International Development	Family Health International	6517	3490.08	ROADS	\$840,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 10654.09

**Prime Partner:** To Be Determined

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 25083.09

**Activity System ID:** 25083

**Mechanism:** NRM Wrap Around

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** [REDACTED]

**Activity Narrative:** THIS IS A NEW ACTIVITY:

**Need and comparative advantage:**

USAID/Tanzania has a vibrant Natural Resources Management/Economic Growth (NRM/EG) program, which is set to begin a new round of 4-year partner awards in FY09. PEPFAR Tanzania and USAID/Tanzania's NRM/EG programs are working closely to integrate HIV/AIDS activities into the program design and procurement development of NRM/EG's new round of partner awards. Total USAID/NRM funding for FY09 is anticipated at \$6 million, with a range of competitive awards and contracts expected. The availability of funds from PEPFAR Tanzania will allow for new partners in the NRM/EG portfolio to integrate key HIV prevention messages and activities into their programs, and will enable PEPFAR to expand its reach to underserved peri-urban and rural populations and leverage the unique access NRM partners have to these underserved populations.

**Activities:**

PEPFAR will work with the NRM/EG program to implement targeted HIV/NRM/EG wrap-around activities thus leveraging the approximately 4-year, \$26 million NRM/EG portfolio and associated infrastructure. PEPFAR plans to apply a total of \$855,000 in HIV/AIDS funds (AB and OP) to both support the integration of HIV/AIDS activities into NRM/EG programs and to provide technical assistance to NRM/EG partners to ensure the technical quality of these wrap-around activities.

**Planned wrap-around activities include:**

- HIV prevention programming with farmers' groups and/or associations, and primary agricultural producers in various sectors including but not limited to horticulture, coffee, and cashew, and organic spices.
- HIV prevention programs for community-based conservation organizations, particularly in coastal areas where NRM project goals include livelihood improvement programs and integrated coastal zone management.
- HIV prevention activities as part of the new NRM water/sanitation program bringing clean water and sanitation facilities to communities with a high prevalence of HIV.

**Linkages:**

Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. PEPFAR will expand its reach to underserved populations, building upon NRM partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs.

**Target Population:**

Target populations will likely be located in rural farming or peri-urban areas for interventions in the agriculture sector as well as in key conservation areas including high-risk coastal communities.

**M&E:**

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues. Annual progress will be presented at the NRM/SO Team meeting to all partners and Government of Tanzania SO Team representatives.

**Sustainability:**

Both PEPFAR and NRM/EG programs focus on project sustainability. A value-chain approach is used by NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. Biodiversity conservation programs focus on livelihoods development, from conservation-based enterprises like eco-tourism, handicrafts, honey, and mariculture, thus enabling communities to meet their economic needs while participating fully in sustainable natural resources management. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these NRM/EG programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

---

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

Workplace Programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 3502.09**Prime Partner:** Salesian Mission**Funding Source:** Central GHCS (State)**Budget Code:** HVAB**Activity ID:** 4882.25088.09**Activity System ID:** 25088**Mechanism:** Track 1.0**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$0



**Activity Narrative:** THE ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Salesian Mission's Track 1 ABY program closes in January 2010. To promote an increased focus on quality programming and scale back activities in preparation for program close-out, Salesian Missions will decrease the number of schools they target from the previous 80 per year to 30 per year. The aim is to increase program frequency and intensity, allowing trainers to increase their time working with particular schools. It is expected that this will result in enhanced communication between trainers and principals/teachers, and that over time, trainers will also be able to target school staff themselves. School activities will focus on: 1) dissemination of the Life Choice curriculum to in-school youth for a total two full days (split into 5 different school periods). During these periods, trainers will also provide referrals for youth who may need additional services. 2) Additional peer-education activities will occur after school through one-hour weekly sessions. Trainers will cover similar topics from the curriculum, but will focus more intensively on building the skills of peer educators to ensure improved quality of subsequent peer outreach activities. Peer educators will be expected to reach their peers individually and organize schools events to reinforce messages (peers reached on a one-to-one basis will be counted; those reached via school events will not).

The old curriculum being used by the Life Choices (LC) program was discontinued when USAID following questions about its accuracies and effectiveness. Options were considered for revisions and it was decided that the successful Salesian Missions South Africa curriculum would be adapted and translated for use in Kenya and Tanzania. The South African Life Choices Director traveled to Kenya and Tanzania to help with program design and curriculum adaptation. From late June 2008 to September 2008 the curriculum was adapted indulging additional feedback from the USG, translated into Swahili, piloted tested to ensure accuracy, and finalized. Each in-school youth will be reached with seven sessions of 45-60 minutes each. To be counted as "reached", youth must attend at least one session. Topics include: Self-esteem, Vision & Goals, HIV/AIDS & STIs, Abstinence, Risk Behavior, Gender & Violence, and Diversity. The Curriculum includes information on partner reduction and the risks associated with concurrent partnerships.

On-the-job training for all trainers will be conducted, focusing on the following topics: HIV/AIDS, M&E, report writing, techniques in community mobilization, counseling, collaboration, networking, drug abuse and sexual abuse. The program will also organize in-house trainings whereby each trainer will have a chance to present the sessions to their peers in order to received feedback on how to improve the delivery of the sessions.

Salesian Mission's Track 1 ABY agreement ends in January 2010. To promote sustainability, Salesian Missions will work closely with USG to develop a transition plan that will guide the program's successful close-out.

TITLE: Salesian Missions – Life Choices Program (LC)

NEED and COMPARATIVE ADVANTAGE: Youth account for 60% of the new HIV infections. Four percent of women age 15-24 and 3% of men age 15-24 are HIV-positive. Most youth have heard about AIDS but fewer know how to prevent HIV. Seventy-three percent of young women and 68% of young men could name the two key ways of preventing HIV. To curb the impact of youth HIV/AIDS, Salesian Missions has implemented Life Choices in 11 centers/schools in Tanzania. Salesian's process encourages youth to embrace positive roles and responsibilities within their family and community. The approach also serves out-of-school and underprivileged youth.

ACCOMPLISHMENTS: Outreach activities reached 6,423 youth. Specifically, 2,847 youth 10 to 24 years of age were reached with abstinence only messages. Salesian trained 547 individuals to promote HIV prevention programs through abstinence/be faithful educators. Youth living with HIV/AIDS gave testimonials about living positively, accessing services, and choices about sexual reproductive health. Fifty-five percent of school youth accessed VCT services. We will encourage other providers to offer youth friendly testing and hope these efforts will lead to an increase in out-of-school youth being tested in the future. Produced LC Program Training Manual with national organization of peer educators NOPE) in Kenya. Conducted two one-week sporting events and peer-educator camps that served as a place for learning and reinforced AB messages. Training of trainers workshops were conducted on reproductive health and HIV/AIDS, writing, reporting, counselling, gender, and M&E.

ACTIVITIES: 1) LC will be implemented in public and private schools to increase youth outreach in urban and rural areas. Seventy-nine schools are targeted including approximately 50 primary, 20 secondary, and 10 vocational training centers. Youth will be exposed to 12 hours of the Life Choices curriculum to qualify as being "reached." LC Curriculum contains 12 sessions on peer education, self-discovery, personal hygiene, puberty, human sexuality, relationships, sexual exploitation and abuse. Gender issues touch upon violence, female vulnerabilities, and male norms. Behavior change requires time and outreach activities continue after youth have been "reached" via school clubs, peer educators, etc.

2) Out-of-school youth reached are found in parishes, Salesian youth centers, and other groups. Out-of-school youth complete a 12 hour Life Choices program to qualify as "reached" as well. The program connected with 111 OVCs in FY 2006. In FY 2006 the program trained 48 OVC care givers in Iringa and Dodoma in human rights, stigma reduction, HIV/AIDS prevention, etc. Youth gave testimonials about living with or caring for those with HIV/AIDS. This made many youth aware of the importance and the need for counseling and testing, which led to 55 out-of-school youth to access VCT services. 2a) Reach out-of-school youth throughout the 11 sites in Tanzania where the LC Program is being implemented.

3) On the job training for trainers will improve quality of performance in record keeping and reporting format. 3a) We will provide in-service training to 14 trainers 3b) Training focuses on conducting survey assessments, recruiting peer educators and community leaders, and planning monthly activities and reporting.

4) BCC activities (festivals and sporting events) will provide a safe environment to foster learning and social interactions that reinforce AB messages. BCC will involve cultural beliefs, gender, sexual violence, drugs and alcohol abuse, stigma, etc. In FY 2006 Tanzanian youth showcased their talents through a youth festival and a summer camp. Activities reached 1,170 youth and allowed youth to showcase their skits,

**Activity Narrative:** plays, and songs. In FY 2007 the program conducted two sporting events. 4a) Conduct 11 youth festivals focusing on disseminating the AB message 4b) Reach 20,000 youth with the 11 youth festivals. 5) LC aims to increase access to youth friendly VCT, as lack of job opportunities have placed youth at greater risk of contracting HIV/AIDS. LC will refer youth to VCT services and hold events where VCT services are available. LC will collaborate with Marie Stopes to provide VCT services. 5a) Conduct approximately 10 VCT promotion campaigns during youth festivals and summer camps in FY 2008. 5b) Counsel and test approximately 800 youth.

**LINKAGES:** We work at national level with the MoHSW through TACAIDS and NACP. Program collaborates with the Ministry of Education and Vocational Training. The partnership with the Ministry of Planning Economy and Empowerment has been achieved through the Coordinating Committee of Youth Programs (CCYP). To increase reach/availability of services to orphans, LC programs partnered with Amani Orphanage Centre and the Diocese of Shinyanga OVC project. LC will work with Marie Stopes to increase the number of youth that have access to VCT services.

**CHECK BOXES:** Gender: The LC Program makes gender an integral component of the curriculum. Human Capacity Development: In-service trainings provided to all program trainers. Strategic Information: Lists of those reported to have been reached by the program will be updated and used for follow up programs to ensure behavior maintenance, modification and change. Wraparound Programs: The program is integrated within the Salesian youth centers and schools in 11 locations across Tanzania.

**M&E:** M&E will ensure adequate provision of youth services, and that targets are met. An M&E life choices matrix is used and disseminated to program managers. Project goals, objectives, and activities are analyzed. Indicators help improve activity implementation. Attention will be placed on maintaining data quality through supervision of data collecting staff. Specific steps include: 1) Youth leaders record number and characteristics of youth attending meetings; 2) Peer leaders provide data to trainers; 3) Trainers and community leaders track numbers and characteristics of youth peer leaders; 4) Trainers and community leaders record data about communities reached and activities; 5) Trainers and community leaders track number and characteristics of youth; 6) Program staff deliver monthly reports to the program manager; 7) Program manager gathers data, monitors trainers, and submits regular reports to HQ; 8) Knowledge, attitude and practice (KAP) surveys measure youth with regard to sexuality, relationships, HIV/AIDS and STIs.

**SUSTAINABILITY:** Local communities trust and rely on the Salesian community to be at the forefront of educational excellence. Sustainability of PEPFAR funds rests on the fact that the LC Program is being implemented from the 11 Salesian centers and/or schools in Tanzania. Some schools have incorporated the Life Choices curriculum into their school schedule, allowing for youth outreach to continue throughout the year even after the 12 hours of the program have been completed. Over time, many more schools (Salesian and non-Salesian) will incorporate the curriculum within their school schedule, ensuring the continuity of funds invested via PEPFAR.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13584

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13584	4882.08	U.S. Agency for International Development	Salesian Mission	6556	3502.08	Track 1.0	\$0
9061	4882.07	U.S. Agency for International Development	Salesian Mission	4577	3502.07	SM Track 1.0	\$50,098
4882	4882.06	U.S. Agency for International Development	Salesian Mission	3502	3502.06		\$549,797

---

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 10668.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 25119.09**Activity System ID:** 25119**Mechanism:** Education Wrap Around**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** ██████████

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Strengthening and Expanding HIV Prevention through the Education Sector in Tanzania

**Background:**

This program is a wraparound activity that leverages resources, both human and financial, from USAID's Education Strategic Objectives (SO) in order to complement Emergency Plan goals and maximize the effectiveness of the education sector. This activity will likely be implemented through an Education SO partner in close collaboration with the USG's HIV/AIDS prevention team to ensure quality HIV/AIDS prevention programming and solid linkages to care, support and treatment services.

Young people are the most important asset to any community or nation. Protecting them from contracting HIV is unquestionably one of the most important missions of the Emergency Plan and is central to the Tanzanian National Multi-Sectoral Strategic Framework on HIV and AIDS (2008-2012). In addition, ensuring that those who are already infected, or orphaned as a result of AIDS, have access to education is critical to their ability to lead normal, productive lives. Evidence shows that educational systems in Tanzania are also highly affected by the impacts of HIV/AIDS. To address these challenges, the PEPFAR team in Tanzania is proposing this wraparound activity with the education sector to maximize opportunities for comprehensive programming through jointly funded programs and referrals.

The USG currently has a three-pronged approach to integrating HIV and Education activities. One prong aims at the semi-autonomous region of Zanzibar. The other two prongs work at the Mainland level. (1) The Zanzibari approach works with science teachers and links to USAID's Education SO "Textbooks and Learning Materials Program" (TLMP) integrating HIV/AIDS content into scientific curricula. (2) On the Mainland, we work with selected primary schools to pilot and test school-based interventions for HIV/AIDS behavior change among young people. (3) We also collaborate with the Ministry of Education and Vocational Training to strengthen the delivery of HIV information via the secondary school curriculum and teacher training. The USAID education team has also regularly organized round-tables for USG education and HIV partners to encourage inter-project learning and collaboration in the field.

**Activities:**

With COP 09 funding, USAID's Education Team and USG/PEPFAR will work closely with the Mainland and Zanzibari Ministries of Education and Vocational Training to jointly define the scope and scale of USG support for HIV/AIDS prevention activities to be implemented through the Education Sector. Specific activities will build on existing successful wrap-around approaches and priority will be placed on expanding activities implemented in areas where PEPFAR and USAID Education programs are geographically co-located in order to maximize synergies and linkages. This program will also likely support the Tanzanian Teachers Union (TTU) to expand the geographic coverage of its existing peer/mentor teacher HIV/AIDS prevention program to five additional regions including Iringa, Kigoma, Manyara, Tanga and Mtwara. It will also likely encompass an expansion of the Kigoma based HIV prevention activities implemented by the Jane Goodall Institute (JGI) through the leveraging of additional JGI Roots and Shoots clubs currently supported by USAID's Education SO along the coast. Emphasis will be placed on fostering protective and egalitarian gender/social norms and on creating safer environment, particularly for girl children, through the engagement of support structures for young people including teachers, parents and community members.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3500.09	<b>Mechanism:</b> Track 1.0
<b>Prime Partner:</b> Adventist Development & Relief Agency	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 4859.23383.09	<b>Planned Funds:</b> \$689,004
<b>Activity System ID:</b> 23383	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ADRA's Track 1 ABY program will end in June 2010. To address recommendations from USG's monitoring visit in March 2008, ADRA will strengthen its peer education activities in 63 primary and secondary schools in 21 districts (three clubs per district). The selected schools will be grouped in threes, and volunteers will make supportive supervisory visits to each school at least once per month. Additional peer educators will be trained to increase the number of educators in the schools. Patrons and matrons will be trained to provide more support and counseling to strengthen interventions. Peer educators will maintain attendance records with names of participants to track attendance for each topic of discussion and those who complete the curriculum. Each pupil/student going through the curriculum-based peer education program will be encouraged to discuss the topical issues with at least 5 peers during the term. FBO partners will emphasize reaching youth through multiple sessions. Registers will be distributed to track the sessions and document those who complete the curriculum modules, using the Youth 10-to-15 and Pathfinder Honor Badge Manuals. Youth Leaders and Trainers of Trainers (TOTs) will be reoriented to the program through refresher trainings. Youth will be encouraged to have one-to-one and group discussions with their peers.

ADRA will intensify supportive supervisory activities through recruitment of three additional volunteer TOTs to the cadre of existing 18 volunteers. Each district will have a volunteer to conduct supervision in three selected schools/clubs. ADRA will conduct refresher trainings with all volunteers to enable them to provide supportive supervision and mentor peer education clubs. Participatory community theater will be used to facilitate community discourse on risk behaviors such as multiple concurrent partnerships, transactional and commercial sex, low and inconsistent condom use, sexual debut and trans-generational sex, gender inequity and GBV, and sexual risk taking associated with alcohol and drug abuse. TOTs from community groups will attend refresher trainings to enable them facilitate discussions on these issues.

ADRA will continue partnering with 17 FBOs and 51 CBOs and collaborating with government ministries. ADRA will conduct trainings targeting 2,533 TOTs to equip them with skills for improving abstinence and be faithful (AB) message delivery, including: 1) five-day refresher courses for first level TOTs to update their knowledge and skills; 2) five-day training for second-level TOTs on the Youth 10-to-15 and Parent-Child Communication Manuals; 3) five-day training for Peer Educators from primary and secondary schools; 4) training of matrons and patrons; 5) training of TOTs in participatory community theater; and 6) training of FBO/CBO leaders on management, record keeping and resource mobilization to enhance sustainability of AB activities. Partners will conduct community outreach activities to reach 100,000 people with AB messages, through curriculum-based peer education in schools, churches and mosques and through participatory community theater. Partner review meetings and project steering committee meetings will be held on quarterly basis. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

The ADRA ABY project works closely with Faith Based Organizations (FBOs) and Community Based Organizations (CBOs) to build their capacity to implement AB messages and to coordinate life skills building activities. Since 2004, the ADRA ABY Project has reached over 342,600 people with AB messages through 157 outreaches such as community meetings, community dramas, and school debates. Fifty-two television and 26 radio programs have been aired, reaching over 824,000 youth. Thirty-eight training sessions have been conducted for over 2,200 facilitators. ADRA has also held young ladies soccer competitions in which 240 girls in Mwanza and 150 girls in Mara participated, and more than 15,000 people were reached. Three thousand four hundred and seventy students have participated in the week of the African Child in Mwanza. A volleyball competition reached over 3,000 people and a week of music competitions reached over 10,000 people.

In FY 2008, six major ACTIVITIES will be achieved: Training of Trainers (TOT): First-level training to 60 facilitators, second-level training to 870 facilitators from different FBOs and CBOs; refresher training to 60 first-level TOTs, training to 90 religious leaders, second level training to 90 theatre group leaders and training to 60 youth from high-risk areas. Finalize training manuals for the blind in Braille; 60 completed manuals to be printed and distributed. Community Outreach: 118 partners will be financially supported to conduct community outreach activities, in order to reach 100,000 people directly with AB messages. Trained TOTs will conduct outreach, and two resource centers will be established and equipped with necessary materials, one each in Mara and Kilimanjaro regions. Mass Media: 52 TV and radio programs will be produced and aired twice a week. The radio programs will be broadcast using local radio stations. Both programs will reach at least 500,000 people. To promote ABY radio programs, 120 solar powered radios donated by Freeplay Radio Foundation will be distributed among youth groups and schools in Mara and Kilimanjaro. Community/Folk Media: Community theatre groups will be trained on the participatory theatre (Theatre for Development) approach in order to reach people while involving them in dialogue or community discourse. Risk reduction fairs and competitions: Out-of-school and in-school youth will be involved and reached through fairs and competitions, as a method to reduce risky behavior. Specifically, sports, debates, and exchange visits will be held. Young ladies football competitions will be conducted in conjunction with national events. In Mwanza, the week of World AIDS day, for Mara, the week of World Women's Day, and in Kilimanjaro, and the week of the African child will be used for ladies soccer competitions. Easter week will be used for "Choose Life" Choir competitions, while a week of Maulid (festival celebrating for Prophet Mohamed's birth) for Kaswida (Muslim music festival) competitions will be utilized. Secondary school peer educators will conduct inter-school debates and discussions on abstinence as the ideal approach to HIV prevention among youths. Behavior Change Communication: Different promotional materials will be adopted or produced to support community outreaches, media campaigns, fairs, and competitions. IEC materials to be adopted or produced include 30,000 fact sheets, 12,000 posters, 4,000 t-shirts for TOTs and theatre groups, five banners, 5,000 stickers, and 100,000 "Choose Life" salaam club greeting cards. The "Caravan of Hope" event (a week long youth activity where youth meet and discuss their issues and arrange walks to raise awareness on various issues of concern in the community) and "Choose Life" events will be held in Kilimanjaro. School children participating in this project will create drawings to submit in a nationwide competition, with the winner's picture to be included in a mural painting.

**Activity Narrative:** LINKAGES: The project links with other USG PEPFAR projects such as Family Health International (FHI), TACARE, International Youth Foundation (IYF), and the African Medical Research Foundation (AMREF). Collaboration and networking will include project staff participating in training of facilitators; sharing of information; Information, Education and Communication (IEC) materials; and referrals of youth for services such as voluntary counseling and testing (VCT). Sexually active youth are encouraged to adopt secondary abstinence are also linked with AMREF for condoms and VCT services.

M&E: In accordance with the PEPFAR reporting requirements and guidelines, ADRA will use program monitoring indicators (process) to track key grant-supported activities and use of project level outcome indicators. CBO and FBO activities will be monitored through regular reports and quarterly TOT meetings where implementation challenges and lessons learned will be documented and discussed to improve implementation. General information on media-based activities will be tracked by the media technical advisor in collaboration with the M&E coordinator. This will include number of programs developed and aired (media station record), type/target of IEC materials adapted (distribution records), type and target of curriculum adapted, and other educational materials used. Partner volunteer activities will be supervised and monitored by the project behavior change specialist officers to ensure that activities are implemented as detailed in work plans, and partners will be expected to provide monthly reports detailing the activities conducted. Quarterly review meetings will be conducted to review and address lessons learned and challenges encountered by partner volunteers during the implementation period. Semi-annual and annual reports will be prepared and sent to USAID CTO in Washington and the local USAID mission.

CHECK BOXES: Abstinence among youth both in- and out-of-school, aged 10 – 24 years who are not married and “Be Faithful” for those already married. A total of 100,000 youth to be reached directly with AB messages and 500,000 people indirectly reached via media. The project also works with organizations of PLWHA as facilitators and agents of change for stigma reduction.

SUSTAINABILITY: The project builds the capacity of partners in the area of HIV prevention among youth. The trained TOTs work within partners’ systems of operation, strengthening existing systems of operation instead of inventing new ones. The approach has proven to be sustainable, since partners currently contribute towards implementation costs, while others implement planned activities entirely on their own, without depending on project funding. The partners’ main contributions are food and accommodation during training events and community outreach events to their members and the community at large.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13423

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13423	4859.08	U.S. Agency for International Development	Adventist Development & Relief Agency	6488	3500.08	Track 1.0	\$737,229
9063	4859.07	U.S. Agency for International Development	Adventist Development & Relief Agency	4511	3500.07	ADRA Track 1.0	\$749,580
4859	4859.06	U.S. Agency for International Development	Adventist Development & Relief Agency	3500	3500.06		\$1,625,448

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3501.09

**Mechanism:** Track 1.0

**Prime Partner:** International Youth Foundation

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 4860.23384.09

**Planned Funds:** \$678,185

**Activity System ID:** 23384

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: IYF Abstinence and Behavior Change for Youth Project in Tanzania

IYF's Track 1 ABY program closes in June 2010. In accordance with the March 2008 USG site visit recommendations, several new strategies will be implemented in FY09:

- (1) IYF will adjust its M&E system to track two distinct types of individuals reached: individuals reached through curriculum-based activities and individuals reached through community-based activities. Per the OGAC criteria for community outreach events, individuals will only be counted as reached if they attend an event which provides an opportunity for individual interaction within the larger event.
- (2) IYF will adjust its M&E system to track two distinct types of individuals trained: unique individuals who have been trained on all ten of the core topic areas of IYF's peer education training curriculum, which includes Growth and Development, Relationships, Sex & Sexuality, STIs, HIV/AIDS, Prevention and Risk Reduction, Behavior Change, Peer Education Skills, Facilitation Skills, and M&E as well as training and facilitation skills and parents/adult influencers who have been trained on the complete Parent-to-Child Communication training using the full Safe from Harm Curriculum.
- (3) IYF will uphold a 1:15 peer-to-beneficiary ratio for its curriculum-based activities.
- (4) IYF will minimize double-counting, build sub-partner capacity, and monitor program delivery by developing increasingly rigorous M&E standards.
- (5) IYF will facilitate lessons learned and best practices throughout its sub-partners' program offices by increasing communication and dissemination of program materials and literature.

To continue scaling-up of skills-based HIV prevention education, IYF's six sub-partners will train 3950 youths at the national and district levels to serve as peer educators. IYF and its sub-partners will train in- and out-of- school boys and girls, focusing on comprehensive messaging on delaying sexual debut and raising individuals' awareness of the HIV risks associated with trans-generational and transactional sex, and multiple concurrent partnerships. 82,000 youths will be reached through curriculum-based activities conducted by the trained peer educators, and reinforced by community outreach events. To continue stimulating community discourse on healthy norms and risky behavior, IYF will conduct two types of mass media activities: 1) IYF will partner with USG mass media partners STRADCOM and Femina HIP to distribute existing materials through IYF's wide network of sub-partners; and 2) IYF will air a limited number of radio programs on local radio stations. IYF will continue airing only those radio programs which build on existing efforts of its sub-partners, promote youth's skills development by engaging them as active partners in program development and implementation, and serve as an incentive to promote youth's continued involvement in peer education. Activities will involve increasing gender balance on HIV/AIDS, reducing gender-based violence and coercion, and behavior change for males through trainings and outreach activities, with the goal of increased gender equity in HIV/AIDS programs. To continue reinforcing the positive role of parents and key influencers on youth's behavior, IYF will train adults and young people on parent/adult-to-child/youth communication. Recruiting parents/adult influencers who can attend the full Safe from Harm curriculum training has been a challenge for IYF and IYF recognizes the need to identify new ways to recruit and retain its goal of 150 facilitators.

IYF will continue to emphasize capacity building with its partners as one of its key program strategies. In addition, IYF will work with its partners to develop a sustainability/transition plan after the project-funding period. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

With national HIV prevalence rates at 7%, Tanzania has a burden of disease biased towards young people. The districts and administrative wards selected by IYF and partners with the District AIDS Committees, have higher than national prevalence rates, are hard to reach or have large high-risk populations, and have fewer interventions in place. IYF has a history of youth programming and its implementing partners have national presence with huge youth membership, and enjoy government and community support across all age groups. Structures and forums allow peer-peer, responsible adult-child, and mentoring relationships to flourish.

**ACCOMPLISHMENTS:** As of 31 March 2007, IYF provided technical and financial management assistance to six organizations; adapted and developed training and BCC support materials; and supported project entry meetings at national and district level. 925 peer educators and 66 Parent-to-Child (PTC) facilitators have been trained and reached over 170,800 others through small groups, music, dance, and drama outreach and community meetings.

**ACTIVITIES:** 1. Scale up skills-based HIV prevention education. The six partners will conduct knowledge, attitude, behavior change, and skills training at national and district levels using harmonized training materials. Targets include boys and girls both in and out of school. Five thousand young people will be targeted for training as peer educators. More than 50,000 additional youth will be reached through one-to-one and group interactions. Drama groups will be oriented and trained on AB approaches. Twenty-four music, dance and drama events are planned with 50 video shows, all designed to deliver AB focused BCC messages, incorporate audience feedback, and provide opportunity for discussion. The dissemination of age and culturally appropriate BCC materials mainly sourced from the Ministry of Health and Social Welfare, TACAIDS, and other partners will be done in conjunction with outreach activities. Messages will emphasize abstinence in prevention of HIV transmission, delay of sexual debut, promotion of 'secondary abstinence', skills development to help young people practice abstinence and life skills, and the reduction/elimination of casual sex and multiple relationships. Other topics include self-risk perception, gender, sexual and reproductive health, and substance abuse. 2. Stimulate community discourse on health norms and risky behavior. IYF will participate in national, district, and community coordination committees and meetings. Influential faith and political leaders and community resource individuals will participate in HIV prevention sensitization, mobilization, and advocacy. IYF will reinforce the role of parents and key influencers and encourage partners to train adults and young people on parent/adult-to-child/youth communication. Over 150 newly trained facilitators will reach adults in the communities to create

**Activity Narrative:** approachable parents/adults and increase their knowledge and confidence to act as youth educators and mentors.

3. IYF will reduce the incidence of sexual coercion and exploitation through: working with sub-partners will work with the community to identify and act on the risk areas, behaviors and prevalent vulnerabilities among young people, including intergenerational and trans-generational sex, in the targeted districts; maintaining linkages with available referral interventions for youth, including youth-friendly VCT centers, and advertise these through peer-peer approaches, and outreach with influential leaders and community members. Since IYF partners work at the community level a challenge in underserved areas is the unavailability of such referral services. IYF will strengthen its partners' program, management, and financial systems in addition to strengthening program quality, integration, and sustainability.

**LINKAGES:** IYF and implementing partners will collaborate with the public and private sector, and civil society organizations: at national level participate in CCYP, AB and other prevention partners meetings; at district level in the DAC and NGO forums; by working with DAC to identify villages/ wards for geographic expansion after saturation of the current wards; and by strengthening linkages with available referral interventions for youth including VCT. IYF will strengthen linkages with partners such as ADRA (to share materials and synchronize work plans in Mwanza), AMREF (Mwanza: synchronize community mobile VCT outreach services) World Vision (Kilimanjaro region: community mobilization and prevention), PSI (IEC/BCC materials, use of mobile video units for community mobilization and outreach), and KIWOHEDE in Mbeya for job skills referral training. IYF and partners will source materials from MOHSW and other NGO partners. New materials will be developed only to implement the program where there are no alternative appropriate materials,

**CHECK BOXES:** Activities will involve assessments of the implementing partners followed by targeted trainings to strengthen their financial and programmatic management systems, policies and skills, and their ability to deliver more efficiently and integrate the project activities into their mainstream work with youth as a measure towards sustainability.

**M&E:** IYF has developed an M&E plan to guide data collection, entry, storage, reporting, quality, analysis, use, and dissemination. Paper and electronic tools will be used to capture data. The tools of the paper-based system will be the activity registers and the training report forms. These will track the number and nature of trainings and outreach. They will be summed up monthly at district level and forwarded to the partners' headquarters for compilation and conversion into electronic systems. At the headquarter level, and with support from IYF and TACAIDS, the system will be linked to the national Tanzania Output Monitoring System for non-medical HIV and AIDS interventions. Reports will be sent to IYF for further analysis and dissemination. Revisions to the data collection tools will be completed as appropriate to harmonize with new PEPFAR/OGAC guidance. A data quality audit/assessment is planned this year. M&E support will be obtained from the field office specialist and from MEASURE and USAID. IYF will allocate 7% of FY 2008 funding to M&E.

**SUSTAINABILITY:** IYF will strengthen and improve the technical and management systems and capacity of its implementing partners through workshops, on-site support, regular assessments, and reviews, providing opportunities for trainings and sharing of best/promising practices. IYF will work with its partners to make plans for sustainability after the project-funding period, and assist in the research and positioning for new funding opportunities. We will continue working with the partners to improve on their volunteer management and to integrate the HIV prevention activities into their regular programs with young people.

**Targets:**

(1) Individuals reached: (A) Individuals reached through curriculum-based activities (defined as unique individuals who have been taught at least five core curriculum topics through repeated visits to the same participant group), and (B) Individuals reached through community-based activities (defined as unique individuals reached through video shows or music, drama or dance community outreach events; per the OGAC criteria for community outreach events, individuals will only be counted as reached if they attend an event which provides an opportunity for individual interaction within the larger event).

(2) Individuals trained: (A) Unique individuals who have been trained on all ten of the core topic areas of IYF's peer education training curriculum (which includes: Growth and Development, Relationships, Sex & Sexuality, STIs, HIV/AIDS, Prevention and Risk Reduction, Behavior Change, Peer Education Skills, Facilitation Skills, and M&E as well as training and facilitation skills) and (B) Parents/adult influencers who have been trained on the complete Parent-to-Child Communication training (using the full Safe from Harm

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13495



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13495	4860.08	U.S. Agency for International Development	International Youth Foundation	6523	3501.08	Track 1.0	\$912,500
7727	4860.07	U.S. Agency for International Development	International Youth Foundation	4543	3501.07	IYF Track 1.0	\$612,915
4860	4860.06	U.S. Agency for International Development	International Youth Foundation	3501	3501.06		\$230,279

#### Emphasis Areas

##### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3504.09	<b>Mechanism:</b> Track 1.0
<b>Prime Partner:</b> World Vision International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 4885.23385.09	<b>Planned Funds:</b> \$425,779
<b>Activity System ID:</b> 23385	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, the ARK program will make modifications based on recommendations made by USG program managers in March 2008, findings from the phase 2 midterm review (low perception of risk among respondents), an analysis of evidence-based studies on effective ABY curricula, emerging trends in HIV/AIDS in Tanzania, and the new PEPFAR Tanzania prevention strategy. Specifically, ARK will:

- (1) Streamline and strengthen evidence-based interventions placing more emphasis on curriculum-based peer education and small group dialogues, while scaling back activities such as large crowd events. More emphasis will be placed on "B" or "fidelity" messaging at the individual (youth, parents/caretakers) and small group levels.
- (2) Include more complex content on multiple concurrent partnerships, healthy gender norms, and transactional/cross-generational sex. Reinforce curriculum-based messages through the radio, theater group presentations and skill-based practice sessions.
- (3) Link program prevention priorities to Tanzania's recent HIV prevalence and sexual behavior statistics, e.g., underscore the importance of delaying sexual debut while emphasizing risk reduction measures among older male youth and adult males with deliberate targeting of the latter age group.
- (4) Complete training/retraining of youth, parents/caretakers, and community leaders as facilitators and peer educators (PEs). Conduct refresher training to previously-trained youth. For parents/caretakers, use adaptations from the Families Matter and World Relief "B" curricula, and introduce a more balanced ABC approach.
- (5) Strengthen outreach to higher-risk youth such as OVC, youth in extreme poverty, and sexually active youth.
- (6) Increase the number of PEs to 6,574 to achieve the PE:Youth ratio of 1:25.
- (7) Strengthen its M&E system: (a) reinforce the existing M&E handbook to enhance data collection; (b) retrain staff, volunteers and district and community representatives; (c) standardize the operational definition of "reached" vis-à-vis "trained"; and (d) monitor staff and volunteer performance and improvement.
- (8) Undertake a sustainability transition-planning exercise with targeted ministries and community representatives. ARK will assist its local partners to develop realistic sustainability plans. Current stakeholder groups will identify and address shifts in the local context or in stakeholders' capacities that might impede or promote sustainability of the project.

All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

**NEED and COMPARATIVE ADVANTAGE:** The program intends to expand and strengthen HIV prevention through promotion of positive social norms that reduce youth's risk of becoming HIV positive; primarily abstinence, faithfulness, and mutual monogamy while creating supportive family and community environments toward an HIV-free generation of youth. The transformative power of the program lies in small, self-actualizing groups such as young people, parents, faith-based organizations (FBOs) and community-based organizations (CBOs). Strategic communication approaches are used to support and reinforce healthy social norms thus contributing to World Vision's (WV's) transformational development (TD) philosophy. TD has a unique framework with five areas for desired change: well being of youth, empowered youth, transformed relationships, interdependent and empowered communities, and transformed systems and structures.

**ACCOMPLISHMENTS:** Over 1,703 youth were trained as peer educators and coaches to promote A&B behaviors reaching 70,620 youth. This number exceeds the annual target by the end of September 2007 by 34,262. Four-hundred and twenty-eight parents and responsible adults were trained to educate other adults to support youth to make healthy choices. Over 10, 800 people were reached through CGMP (Common Ground Melting Pot) meetings and theatre by the end of June 2007. The 'pot' is the meeting and the ingredients (people and ideas) of the pot are combined so that one agreed upon action plan is created. ARK trained 154 schoolteachers who established over 100 school health clubs. Teachers conducted orientation to staff to support intra and inter-schools activities such as debates, drama, music festivals, and essay writing completions. Two-hundred and thirty-nine FBOs were trained to disseminate ARK messages among their congregations through weekly sermons, youth camps, and other church activities. Strengthened radio discussion programs through three radio stations, namely; Radio Maria, Radio Abood, and Orkonerei Radio. Forty-two listener groups were established, and the discussions have enabled 1,260 young people and parents to initiate discussions about sex issues and HIV prevention.

**ACTIVITIES:** 1) Strengthen youth capacity to practice A&/or B behaviors in order to prevent HIV transmission. Fifteen new youth advisory groups (YAGs) at ward levels and 140 youth action groups (yags) at village/sub-village levels will be established, while approximately 60 existing YAGs and 290 new YAGs will be strengthened. 1a) Train youth in interpersonal communication, life skills and transformational development, and provide support to develop and roll-out personal and group development plans. 1b) Outreach to out-of-school youth through the YAGs, theatre and radio listener group activities will be established to support the various youth action groups to reach approximately 131,000 youth. Youth will continue to be encouraged to go for VCT in addition to holding joint VCT sessions with MOH during farmers' week, etc.

2) Increase capacity of families, CBOs and FBOs to support abstinence and faithfulness among youth. Fifteen new Parent Advisory Groups (PAG) and 30 parent action groups (PAGs) will be established, 25 existing PAGs will be strengthened, and five existing government district advisory committees (DACs) will be strengthened through quarterly feedback and action-planning sessions. Through these groups, approximately 47,100 parents and responsible adults will be oriented to the program and trained on HIV prevention, communicating sexuality and transformational development, as well as the development and roll out of action plans. Fifty community leaders and 200 church leaders will be trained on ARK branded life skill manuals. The leaders will facilitate 180 youth-adult dialogue and 20 CGMP meetings to promote communication between youth and adults and adoption of the A&B behaviors. Build capacity of all individuals involved in the program to disseminate accurate messages and provide effective coaching and mentoring for youth and responsible adults, and promote the adoption of the A&B behaviors. Using the

**Activity Narrative:** cascade approach to training, the district level trainers will conduct downstream training for 150 district facilitators, who will train/orient a further 2,220 action group members and volunteers (coaches and peer educators). Ten thousand ARK Passports for youth and 1,000 ARK facilitation guides for youth (10-14 and 15-24) and adults will be re-printed. ARK passports are extending tools given to each youth after completing the training; a personal booklet to reinforce the learning and also a self-monitoring and goal-setting tool. To expand the on-going dialogue about HIV prevention and the broader issues of sexuality, the ARK program team will expand radio programming to reach four districts from the current three districts. Two additional radio stations will be identified to broadcast programs targeting communities in Karagwe and Hai districts, while activities with the existing three will be strengthened. Eight radio spots will be produced and approximately 260 discussion programs will be broadcast throughout the year while 80 listener groups will be established and 40 radio presenters will be trained. These activities are provided by JHUCCP as sub recipients and are coordinated closely with other USG radio programming partners such as STRADCOM etc. 3) Create enabling environment for A&/or B behaviors. Fifty government officials will be sensitized at various levels (district, division, ward and village) to generate their involvement in planning and implementation of the ARK interventions within their areas of jurisdiction. Given the increasing demand by neighboring communities outside of ADPs, ARK in collaboration with MOH/MOE will expand to adjacent communities in at least two districts.

**LINKAGES:** Abstinence and Risk Avoidance program (ARK) has a very strong and well defined link with all WV Area Development Programs (ADP), existing community groups such as drama groups and Community Care Coalitions (CCCs) working with OVC at the community level. The program also works with churches and mosques (FBOs), CBOs, and other HIV/AIDS programs at community and district level. ARK works with United African American Community Centre (UAACC), Huduma Integrated Medical Services (HIMS), Centre for Education Development in Health Arusha (CEDHA) and Family Health International (FHI) and FEMINA at national level and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU/CCP) at the international level. ARK also coordinates closely with other USG AB and OP partners to ensure that radio programming is not duplicative.

**CHECK BOXES:** Abstinence and Risk Avoidance program (ARK) put emphasis on expanding and strengthening HIV prevention through promotion of positive social norms that reduces 10-24 youth's risk of becoming infected with HIV through primary and secondary abstinence, faithfulness and mutual monogamy while creating supportive family and community environments toward a preferred future context. This will be achieved by building youth capacity to practice A&B behaviors through trainings and outreaches, increase capacity of families, CBOs and FBOs to support abstinence and faithfulness among youth.

**M&E:** ARK uses the Observing U Check How (OUCH); a quality improvement checklist to assess the quality of the delivery of training/facilitation. The tool also is used as a job aid to self-assess the trainers/facilitators own performance. The ARK team plans to make one visit to every district per month to insure quality, provide outreaches, observe ongoing education, validate reports, affirm trainees, provide immediate feedback to current and planned activities, and as needed, also to impart new knowledge and skills.

**SUSTAINABILITY:** ARK has been designed with sustainability-promoting activities at the outset. Apart from its focus on sustained, positive behavior change at individual, group, family, and community levels, ARK has capitalized on WV's long-term Area Development Programs. As lead agency, WV has been contributing matching funds for activities such as midterm review to determine individual and group motivation for behavior change and training in grant compliance. Through WV's ADP managed by community committees, more trainings are conducted to build capacity of community based organizations including FBOs to take over the program. This strong platform of implementation is well utilized by ARK program through its technical assistance from the Johns Hopkins University which has developed training materials and communication methodologies that will continue to be used by World Vision and ARK collaborators such as HIMS, UAACC, FBOs, CBOs, School Health clubs and other community based leaders.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13683

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13683	4885.08	U.S. Agency for International Development	World Vision International	6573	3504.08	WVI Track 1.0	\$396,000
7852	4885.07	U.S. Agency for International Development	World Vision International	4607	3504.07	WVI Track 1.0	\$908,487
4885	4885.06	U.S. Agency for International Development	World Vision International	3504	3504.06		\$515,635

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 3511.09**Prime Partner:** Ministry of Education and Culture, Tanzania**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 4863.23386.09**Activity System ID:** 23386**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$0

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL CONTINUE IN FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. WHEN FY 2009 FUNDING IS ISSUED, THIS ACTIVITY WILL BE MANAGED UNDER THE USAID PORTFOLIO. THE REASON FOR THE SHIFT IS THAT USAID HAS BROADER SUPPORT IN THE EDUCATION SECTOR WHICH WILL FACILITATE BETTER INTEGRATION OF HIV/AIDS INTO SCHOOL CURRICULA.

**TITLE:** Strengthening and Expanding HIV Prevention in Primary Schools in Tanzania

**NEED and COMPARATIVE ADVANTAGE:** A situational analysis conducted recently in the project area (Mtwara and Ruvuma regions) indicates that HIV and AIDS affects between 10%-15% of enrolled pupils, and an average of 7% teachers. Furthermore, schools have as many as 25% of pupils becoming orphans resulting from various causes including HIV/AIDS. Through PEPFAR support the Ministry of Education and Vocational Training (MOEVT) –Tanzania Institute of Education (TIE) has developed an operational plan to reach 50% of all schoolchildren from Mtwara and Ruvuma regions with life planning skills education and 6,000 teachers from the same areas with basic HIV education. This project will equip both teachers and pupils with the knowledge and skills to prevent HIV infections by practicing delayed sexual debut, abstinence and being faithful to one partner. In FY 2008 MOEVT–TIE will continue to train teachers and other caretakers in life planning skills education (LPSE) provide appropriate materials, advocate for community involvement in protecting children, and promote healthy lifestyles in schools and local communities. A special emphasis will be placed on girls' education to promote the empowerment of women and delay early childbearing to allow time for maturity and fulfillment of academic goals.

**ACCOMPLISHMENTS:** With FY 2007 funds, MOEVT-TIE is currently: 1. Developing and printing comprehensive life planning skills package and IEC materials; 2. Training 57 district facilitators and 6,000 classroom teachers; 3. Advocating for acceptance, support and collaboration in mainstreaming HIV/AIDS prevention education using Life Planning Skills from 200 leaders at regional and district levels; and 4. Disseminating IEC materials in schools and surrounding communities.

**ACTIVITIES:** Continuing activities initiated last year, MOEVT-TIE will: 1. Strengthen the capacity of teachers, school counselors, and youth leaders in LPSE as a strategy to reach 50% of all the schools in the two regions. To achieve this, MOEVT-TIE will: 1a) Build the capacity of 6,000 classroom teachers and 90 Teacher Resource Center (TRC) coordinators in interactive teaching and behavior change communication; 1b) Train 50 school counselors with 500 supportive youth leaders per district in basic counseling skills for HIV/AIDS; 1c) Train 50 school inspectors and 180 ward education coordinators in supportive supervision and monitoring skills. 2. Provide adequate reading materials for learners when in and out of school by printing and disseminating 50,000 comprehensive life planning skills packages to schools and surrounding communities in each district. 3. Advocate for community involvement and participation in HIV prevention activities being implemented in schools including annual events such as World AIDS Day, Day of the African Child, Parents' Day, and School Open Day. 4. Advocate for Guidance and Counseling services in all schools to address HIV related issues. 5. Strengthen local teacher resource centers (TRC) with HIV materials and relevant information for local use. 6 Advocate for voluntary counseling and testing among teachers and pupils (with parental consent). 7. Strengthen information sharing mechanisms between TIE and project area by: 7a) Conducting stakeholders coordination meeting quarterly in Mtwara and Ruvuma; 7b) Conducting dissemination workshops for teachers and education inspectors in selected districts; and 7c) Producing and distributing newsletters monthly that will provide feedback on the progress of implementing the program. 8. Regularly monitor and evaluate project activities at all levels. This includes reinforcing regular supportive supervision, conducting field-monitoring visits to schools, supervising classroom teaching and extra curricular activities.

**LINKAGES:** To achieve the above linkages will be with the National AIDS Control Programme (NACP), GTZ, Track 1 AB partners, and TAYOA, and other relevant NGOs in the respective regions.

**CHECK BOXES:** Capacity building activities will be conducted in the respective districts by trained facilitators with additional faculties deployed from zonal and regional education offices, health facilities, and other sources. Trainees will be strictly drawn from the respective district only. Printing and material dissemination will be conducted by TIE in collaboration with zonal and regional education officials for easy follow up. Advocacy meetings will be conducted in open meetings and all key persons will be invited to attend and make policy statements or guidelines in activity implementation.

**M&E:** MOEVT-TIE has a monitoring mechanism in place for all sponsored school based interventions. These will be used to track results and evaluate impact. However, collaboration with CDC Tanzania is being sought to design a tool for monitoring that is easy to use and interpret findings. TIE will work closely with the zonal and district inspectors of schools to ensure both monitoring and evaluations are implemented accordingly. Findings and lessons learned will be shared with parents, partners, and other interested parties.

**SUSTAINABILITY:** Positive outcomes of this intervention will be sustained by mainstreaming LPSE in the school curriculum and ensuring that teachers and educational leaders are well conversant with teaching them and monitoring the outputs. Enhanced community involvement and participation in school activities will also be a driving force to the teaching of LPSE for prevention of HIV infections.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13522

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13522	4863.08	HHS/Centers for Disease Control & Prevention	Ministry of Education and Culture, Tanzania	6539	3511.08		\$500,000
7754	4863.07	HHS/Centers for Disease Control & Prevention	Ministry of Education and Culture, Tanzania	4560	3511.07		\$500,000
4863	4863.06	HHS/Centers for Disease Control & Prevention	Ministry of Education and Culture, Tanzania	3511	3511.06		\$300,000

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4781.09	<b>Mechanism:</b> ZACP
<b>Prime Partner:</b> Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 16392.23387.09	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 23387	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; IN FY 2009, USG WILL CONTINUE TO WORK WITH ZACP TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY.  
TITLE: Abstinence and faithfulness programming in HIV/AIDS interventions in Zanzibar

The first HIV/AIDS index case in Zanzibar was diagnosed in 1986. Since then, routine surveillance conducted using pregnant women (ANC) has documented HIV prevalence of <1% on the islands. Similarly, an HIV magnitude validation survey and a recently finalized ANC surveillance study have documented HIV rates at 0.6% and 0.87% respectively. Higher HIV infection rates have been documented in females compared to males (1:5 respectively) with heterosexual transmission accounting as the significant route of HIV transmission. Concurrently, voluntary counselling and testing (VCT) data have shown an annual increase in the number of clients diagnosed as HIV-positive from 180 (ZACP, 1996) to 690 (ZACP, 2006).

Based on these data, it is necessary to raise public awareness of behaviors that put individuals at the risk of contracting or transmission of HIV and other sexually transmitted diseases. The likelihood of transmitting HIV is greatly increased for those who have multiple sex partners and engage in unprotected sex. All sectors at different levels are involved in enhancing public awareness, particularly at the community level, to empower the community to develop culturally appropriate approaches in prevention of HIV transmission. These include; being faithful to the same partner; practicing abstinence; and delaying engagement in sexual practices according to well-informed individual decisions. A functional faith-based initiative that positively promotes abstinence and faithfulness in a holistic manner is an important strategy for the prevention of HIV among Zanzibaris.

**ACCOMPLISHMENTS:**  
N/A

The HIV/AIDS Faith Based Initiative that currently works in close collaboration with ZACP will establish an abstinence and faithfulness program for youth and the general population focusing on the following: spiritual, social, psychological and health gains associated with abstinence and faithfulness; personal risk assessment; adherence to faith-based teachings on abstinence and faithfulness contained in the Qur'an, the Bible and the Hindu holy books; awareness on the role of abstinence and faithfulness in the prevention of unplanned pregnancies, sexually transmitted diseases, and HIV/AIDS; and promotion of spiritual and premarriage counseling for couples.

The HIV/AIDS Faith Based Initiative will adopt mass media communication strategies that address promotion of AB activities for youths aged 10-24 and adults. One theme will be the slogan, "Life without substance abuse and HIV/AIDS is a pearl to Zanzibaris." Other issues to be addressed in the AB promotion campaign include raising awareness, increasing understanding of the negative aspects of early sex, developing resistance to peer pressure, and promoting parent and child communication. There will be collaboration with the Tanzanian media to use television and radio spots to support a compassionate response from faith communities on AB messages that will use quotes directly from the Holy texts.

**LINKAGES:**  
**CHECK BOXES:**  
Religious leaders  
Adults (male and female, 25 and over)  
Adolescents (male and female, 15-24)  
Adolescents (male and female, 10-14)

**M&E:**  
Monitoring and evaluation will be conducted quarterly and indicators on the performance of the program will include: number of youth attending VCT services in 10 districts; number of youth reporting to have learned a positive lesson from the media strategies on ABY; number of outreach faith-based organization (FBO) programs in schools; and number of trained religious leaders and peer educators on AB.

**SUSTAINABILITY:**

This activity will be implemented by faith-based leaders currently working with ZACP. These leaders are interwoven with and supported by community members. As a result, their activities are propagated and sustained.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16392

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16392	16392.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$150,000

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 4896.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Balm in Gilead	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 8687.23388.09	<b>Planned Funds:</b> \$750,000
<b>Activity System ID:</b> 23388	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Scale up HIV Prevention through Abstinence and Being Faithful in Seven Regions of Tanzania and Zanzibar

**ACCOMPLISHMENTS:** By March 2008, BIG reached more than 75,000 people with prevention messages that promote AB. Many of the accomplishments were the result of complementing religious teachings with HIV prevention messaging. Focal points have included youth counseling, marital counseling, religious classes, and prayer sessions. Capturing audiences in these situations continues to build faith-based organization (FBO) capacities to intervene within their own institutions, and has become a unique and best practice of the program. During FY 2009, BIG intends to expand outreach in the Shinyanga, Lindi, Mtwara, Kigoma, and Singida Regions. Other best practice models are being adopted for replication in target geographic communities. Trained AB promoters, peer educators, religious leaders, and teachers will be equipped to implement these best practice models. To date, approximately 100 Islamic teachers, 250 women Muslim community leaders, and 150 Christian teachers have been trained to integrate religious HIV/AIDS prevention education. Each religious teacher has an outreach capacity to educate facts of HIV transmission, reduce stigma and discrimination and promote prevention through abstinence. During this period, 16,500 adolescents and youth have been reached.

**ACTIVITIES:** BIG will continue to scale-up community outreach as indicated in COP 08 and will reach at least 35,000 people in FY 2009. It will strengthen risk reduction messages by adapting existing best-practice models and incorporate strategic priorities identified by USG during its prevention portfolio review in April 2008. Approaches will involve developing and disseminating focused prevention interventions that have shown evidence of influencing attitudes and risk behaviors in neighboring countries of sub-Saharan Africa. The models, "Families Matter" and "A Time to Talk" (ATT) are holistic and family centered by nature. These approaches offer greater opportunities for sustained knowledge of HIV transmission, and for the adoption of safer sex practices, including partner reduction and delay in adolescent and youth sexual debut. Specifically, Families Matter will train parents to engage in sexual health-related conversations with their children. Although these discussions will largely focus on abstinence, the training provides an opportunity to address partner reduction and faithfulness with parents and guardians. ATT is designed to reach adults over age 25 by providing them with communication skills within adult relationships. ATT focuses on inter-related messages that instill knowledge of HIV and practices, stigma reduction, gender discrimination, sexual violence, and safer sexual behavior including reducing multiple concurrent partnerships. In addition, the approaches used by BIG will address gender norms and gender-based violence among participants. These important areas are addressed further through BIG's active participation in the MenEngage Tanzania Network. The goal of the network is to create a supportive environment that increases awareness and knowledge of male involvement in HIV prevention and SRH promotion. BIG incorporates these best practices and information into its programming with faith communities.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Scale up HIV Prevention through Abstinence and Being Faithful in Seven Regions of Tanzania and Zanzibar

**NEED and COMPARATIVE ADVANTAGE:** According to reported national statistics, 93% of Tanzanians are HIV negative and need to protect themselves from being infected. There is need to develop relevant, focused, and appropriate prevention interventions that aim toward eventual behavior changes of social norms regarding HIV, by creating a social and cultural climate that supports protective practices. The cornerstone of Balm In Gilead (BIG) s program is recognizing that faith-based institutions have a great capacity to reach community members. Religious leaders play an integral role in understanding cultural sensitivity and providing prevention methods that fit within traditional, faith-based values. BIG's program of AB education teaches, supports, and empowers recipients to abstain from pre-marital and multi-partner sexual activity and delay sexual debut for youth.

**ACCOMPLISHMENTS:** By March 2007, BIG reached more than 75,000 people with prevention messages that promote AB. Many of the accomplishments were the result of complementing religious teachings with HIV prevention messaging. Focal points have included youth counseling, marital counseling, religious classes, and prayer sessions. Capturing audiences in these situations continues to build faith-based organization (FBO) capacities to intervene within their own institutions, and has become a unique and best practice of the program. During FY 2007, BIG intends to expand outreach in the Shinyanga, Lindi, Mtwara, Kigoma, and Singida Regions. Other best practice models are being adopted for replication in target geographic communities. Trained AB promoters, peer educators, religious leaders, and teachers will be equipped to implement these best practice models.

**ACTIVITIES:** BIG proposes to scale-up community outreach by reaching at least 35,000 people. It will strengthen risk reduction messages by adapting existing best-practice models. Approaches will involve developing and disseminating focused prevention interventions that have shown evidence of influencing attitudes and risk behaviors in neighboring countries of sub-Saharan Africa. The models, "Families Matter" and "A Time to Talk" are holistic and family centered by nature. These approaches offer greater opportunities for sustained knowledge of HIV transmission, and for the adoption of safer sex practices, including partner reduction and delay in adolescent and youth sexual debut.

In FY 2009, BIG will complete the following activities:

1. Reproduce materials and disseminate the "Families Matter Program (FMP)" in Kigoma, Shinyanga, Dodoma, Mtwara, Iringa, Tanga and Zanzibar. This best practice is designed to increase parent/child communication channels with the goal of promoting healthy sexual decision-making for children. The target population is parents of pre-adolescents ages 9-12 years. A total of 12,600 parents will be trained using FMP, benefiting an estimated 25,000 pre-adolescents. Partner organizations offer routine family-based counseling, youth peer education and other religious gatherings. Facilitating FMP within these

**Activity Narrative:** structured

gatherings helps to strengthen the foundation for AB prevention and further scale-up.

2. Reproduce materials and conduct adult BCC model "A Time to Talk" (ATT). ATT is designed to reach adults over age 25 by providing them with communication skills within adult relationships. ATT focuses on inter-related messages that instill knowledge of HIV and practices, stigma reduction, gender discrimination, sexual violence, and safer sexual behavior. This activity will reach 12,000 people.

3. Develop and reproduce training curriculum for empowerment/negotiation skills for girls attending religious schools and women attending religious sessions. The training curriculum will be infused in formal settings, which include Sunday school, Catechism and Koranic classes. Trained religious teachers will reach girls and women ages 9-24. It is estimated that 2,500 girls will be reached in seven target regions.

4. Reproduce a variety of IEC materials (e.g., posters, fliers, and audio/visual) and conduct communitybased assemblies and campaigns to targeted audiences that reinforce HIV awareness and promote abstinence and being faithful. This activity is designed to reach wider audiences through scheduled faithbased events.

5. Conduct refresher trainings for existing AB promoters. Each of the four national partner organizations will train and deploy about ten AB promoters. At least 40 AB promoters will have been trained in each of the seven target regions, representing 280 trained AB promoters deployed.

6. Conduct needs assessments in two expanded geographical areas to determine faith-based congregation populations; knowledge of HIV transmission and risks; perceptions of HIV/AIDS; awareness and access to CT; and sexual practices.

7. Monitor and evaluate effectiveness of behavior change models through evaluation reports. This will be done by developing pre- and post-intervention assessments that will examine and measure participant responsiveness, knowledge, and practice outcomes.

LINKAGES: BIG collaborates with the Ministry of Education and Vocational Training and the German Technical Corporation (GTZ). The program will also seek opportunities to link with other appropriate projects, including the Youth Alive Organization, PRIDE/TZ and FINCA.

CHECK BOXES: 1. Ages 9-12; "Families Matters" (parent/child focus group BCC). 2. Youth 13-24; youth forums, religious schools; life skills. 3. Adults; marital guidance and life-coaching for PLWHA. 4. Families; "A Time to Talk," (focus BCC for parent/parent and adult/adult). 5. Gender issues will be emphasized in the program because of the low social status of women and girls arising from cultural norms; issues that increase the susceptibility of women to HIV infection. 6. Human resources are developed within the participating faith-based institution. A cadre of religious and lay AB promoters are trained and provided with activity-based incentives.

M&E: Best practice models will be evaluated for effectiveness to deliver appropriate interventions. 1. Conduct pre- and post-intervention evaluations 2. Conduct mid term and final intervention 3. In BIG monitoring and evaluation has always played an important role. There are four full time employed valuator at the partner level and one at the national level. Tools are in place for the collection of data from service outlets to the national level. All levels are encouraged to use the data collected to improve their performance.

SUSTAINABILITY : This program belongs to the faith-based partners who are interwoven with community members. Families are one avenue for promoting healthy behavior, sexuality, and life skills. As the program endeavors to equip them, it is expected that knowledge, which is accessible within families, has a greater chance of being passed along within the family extended structure. Hence, when families are positively impacted through imparted best practices, the results will roll up to impact the entire society.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13440

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13440	8687.08	HHS/Centers for Disease Control & Prevention	Balm in Gilead	6499	4896.08		\$750,000
8687	8687.07	HHS/Centers for Disease Control & Prevention	Balm in Gilead	4896	4896.07	Balm in Gilead	\$845,000

**Table 3.3.02: Activities by Funding Mechansim**

---

**Mechanism ID:** 4900.09

**Prime Partner:** Jane Goodall Institute

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8681.23389.09

**Activity System ID:** 23389

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$0

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No FY09 funding due to procurement end date in FY09. FY09 targets will be achieved with FY08 funds. USG will continue to support wrap-around activities with NRM/EG through a TBD mechanism (see NRM/EG Wrap-Around TBD narratives in AB and OP).

TITLE: Youth Involvement and Education

**NEED and COMPARATIVE ADVANTAGE:** JGI has implemented interventions to improve AIDS education, care, and stigma reduction and has provided support to communities in 24 villages within Kigoma district since 2005. HIV prevalence is estimated at 4%, lower than the national average of 7%. Kigoma accommodates business communities and refugees from neighboring countries that puts the region at risk of increased HIV transmission.

Sexual values limit youth involvement in, and access to, HIV/AIDS education, which increases risk. The increasing numbers of community-based secondary schools has encouraged more youth to go to school away from home. Parents and leaders report increasing risky behavior among girl students renting rooms near school but with little family financial support. Financial needs and lack of parental control have influenced girls to engage in unsafe sexual behavior. Schoolgirl pregnancies and subsequent termination from school are on the increase. Expanding and strengthening life saving skills by training more facilitators and engaging more peer educators will ensure more young people are reached and will contribute to reduced HIV transmission among youth.

**ACCOMPLISHMENTS:** Trained 23 peer educators from faith based organizations (FBOs) in life saving skills including HIV/AIDS communication, making informed choices against HIV transmission, creative thinking, peer resistance, negotiation, self esteem, assertiveness, and ability to cope with emotions. Peer educators reached over 19,900 youth with life saving skills education. Life skills training introduced in schools through Roots & Shoots clubs, which were well received by students and teachers. Trained 26 teachers and 609 students.

**ACTIVITIES:** 1. Provide capacity building to youth clubs to improve youth involvement in providing HIV/AIDS education. 1.1 Facilitate Roots and Shoots clubs in schools to disseminate AB messages and conduct training through training of trainers, club leaders, matron, and patron teachers and supporting life skills training sessions for youth in schools 1.2 Support FBOs to provide peer education life saving skills by adopting AB messages into religious youth movements through: training youth leaders as trainers and peer educators for out of school youths; supporting delivery of life saving skills training through religious youth clubs and ministries; and collecting and disseminating printed AB messages for youth and parents. Existing tools and guides developed by other partners, NACP/MOHSW, will also be utilized. 2. Advocate for FBO acceptance and participation in life skills training approach by conducting annual review meetings for religious leaders and supporting FBO HIV/AIDS education forum. 3. Improve project management, coordination, and operation by: providing training for district health, community, and education personnel on life saving skills/behavior change communication; conducting monthly monitoring visits; conducting annual project review and assessment; facilitating quarterly coordination meetings by Council Health Management Team and Full Council meetings; maintain data collection/reporting system at school, village, program, and district levels.

**LINKAGES:** AB initiative is implemented through a youth environmental movement (Roots & Shoots) in schools. This gives the initiative more credibility and acceptance among rural communities and demonstrates the inter linkages between HIV/AIDS and natural resource management. Root & Shoots is supported by USAID through Environment and Natural Resources strategic objective. This linkage helps develop further the population, health and environment concept. The linkage demonstrates the effects of HIV/AIDS in reducing the human resource ability to take care of the environment and the pressure put on specific tree species used as traditional medicines alleviating AIDS related illnesses.

JGI implements HBC interventions in villages where schools are located. This establishes a link between prevention and care and ensures continuum of information flow across different age groups. Implementing the two initiatives together maximizes effective and efficient use of the resources. JGI implements family planning interventions for clients at childbearing age and youths. The initiative is supported by USAID under the Health safety officer. A combination of family planning and HIV prevention life saving skills compliments one another.

Wrap-around activities will include supporting youth sports events and other forms of gathering (camping summits) through the PEPFAR funding, and assisting out of school youth to start small businesses by facilitating access to existing micro-credit schemes supported jointly by JGI and USAID/E&NRM funding.

**CHECK BOXES:** The project area covers 24 villages with a population of 178,961 people, mostly farmers and fishermen. There are two refugee camps (Lugufu I & II) neighboring the villages where there is interaction between the two communities that influence sexual behavior, and increase risk behavior between the communities. The villages have easy access to Congo DRC and Burundi where there are no or little initiatives to provide HIV/AIDS prevention services for young people due to political instability. In providing life skill interventions the project capitalizes on capacity building for local volunteers, youth leaders, health workers, and FBOs working in the rural areas. Matron and patron teachers of the Roots& Shoots program have a key role in supporting youth prevention activities.

**M&E:** Peer educators, youth leaders, and teachers will be the primary source of information for reports. Reports are submitted to District Medical Office and GGE project on monthly basis. GGE Monitoring and Evaluation Officer will be responsible for analyzing the data and maintaining database. JGI will submit quarterly and annual reports to USAID.

Performance monitoring will also be done through the Council Health Management Team quarterly meetings and annual by Full Council meetings. JGI will prepare a written M&E plan and will begin implementation no later than receipt of FY 2008 funds. The plan will outline procedures for data collection, storage, reporting, and data quality in addition to outlining plans for data use for decision-making within the organization and with stakeholders. JGI will allocate 7% of FY 2008 funds to M&E. Currently, JGI uses data

**Activity Narrative:** collection forms to track the number and nature of outreach and trainings that include training assessment forms, AB sessions report forms, and activity plan sheets. JGI will revise data collection tools as appropriate to harmonize with other PEPFAR AB and OP partners. A monthly supervision matrix will be developed to schedule all supervision and monitoring visits. Technical team will do annual project assessment and review.

**SUSTAINABILITY:** The project is implemented in collaboration with government personnel from different departments. Training will be conducted to improve their skills in different competencies. JGI will engage the community as its own resource by facilitating volunteers to be peer educators. A built in reporting system within the government management information system allows continual data collection through MTUHA.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13499

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13499	8681.08	U.S. Agency for International Development	Jane Goodall Institute	6527	4900.08	TACARE Project	\$80,000
8681	8681.07	U.S. Agency for International Development	Jane Goodall Institute	4900	4900.07	TACARE Project	\$50,000

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 10715.09

**Mechanism:** CHAMPION

**Prime Partner:** Engender Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 8686.23390.09

**Planned Funds:** \$2,360,000

**Activity System ID:** 23390

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In May of 2008, EngenderHealth initiated "CHAMPION." The project's goal is to promote a national dialogue about gender roles, increase gender equitable beliefs and behaviors, and, in doing so, reduce the vulnerability of men, women, and families to HIV/AIDS. Building on the Male Norms Initiative in Tanzania, CHAMPION focuses on high-risk adult men and their partners in the ten regions that are among those with the highest HIV prevalence. During FY 2008, we intend to: 1) adapt, field test and translate the "Men as Partners" (MAP) curriculum and the community engagement manual, 2) select and provide technical assistance (TA) to, regional non-governmental organizations (NGOs) to implement the MAP curriculum, 3) mobilize community action teams (CAT), complete a participatory community assessment, develop a work plan of community-based educational activities and develop a behavior change communication (BCC) strategy, 4) train service providers and develop facility-specific plans to promote service utilization by men and their partners, 5) review and revise the AIDS Business Coalition of Tanzania (ABCT) (a partner on CHAMPION) workplace policies, monitoring tools, and curriculum, 6) initiate quarterly ABCT workplace coalition meetings, 7) sponsor a national conference on HIV workplace best practices, 8) select recipients of workplace grants, 8) launch and maintain the MenEngage coalition, 9) identify policy priorities and develop an advocacy strategy, 10) develop the capacity of MenEngage partners to implement male involvement programs, especially regarding multiple concurrent partnerships, transactional and trans-generational sex, gender-based violence (GBV) and alcohol and drug abuse.

With COP 2009 funding, we will continue the activities listed above and propose the following new activities, listed by objective.

- Objective 1: Promote partner reduction, fidelity and reduce high risk behavior. Activities: a) Disseminate translated MAP curriculum, b) provide refresher training to MAP facilitators, c) conduct training for partners on quality assurance and improvement in curriculum-based education and monitoring and evaluation d) initiate women's MAP groups, e) build capacity in additional NGOs to incorporate male involvement components into existing curricula, especially related to multiple concurrent partnerships, transactional and trans-generational sex, GBV and alcohol and drug abuse. Partners: Building Resources Across Communities (BRAC) and regional NGOs.

- Objective 2: To create an enabling environment that promotes positive social norms, including fidelity, non-violence and respect for healthy relationships. Activities: a) Disseminate community engagement manual b) conduct training for implementing partners in QA/QI in community engagement, c) form district-level multi-sectoral CHAMPION coordinating bodies, d) build capacity in coalition-building and community health planning to CHAMPION coordinating bodies and the Council Multisectoral AIDS Committees (CMAC), e) launch mass media campaign. Partners: KickStart, FHI/UJANA, T-MARC, STRADCOM and Femina/HIP.

- Objective 3: Promote positive health-seeking behavior by men. Activities: a) Continued training, including QA/QI, and TA to facilities to promote quality services to men and their partners, b) develop facility certification process for male- and couple friendly services, c) test pilot two alternative models (a CHAMPION clinic and community liaison committees) to promote service utilization by men and their partners d) conduct review with the National AIDS Control Program of existing service guidelines and strategic documents to include male involvement components. Partners: ACQUIRE, AMREF and Private Nurses and Midwives of Tanzania.

- Objective 4: To mobilize workplace environments to advance gender equity and constructive male engagement in HIV. Activities: a) Continued collaboration with ABCT in the conduct of quarterly coalition meetings, b) assess grant recipients' needs and provide TA, d) develop workplace certification process, e) sponsor awards/recognition events for model programs. Partners: ABCT and Barrick.

- Objective 5: To Develop strategies for strengthening national, regional and district laws and policies to engage men in HIV efforts and to reduce the HIV risk of both men and women as well as promote overall family health. Activities: a) Through MenEngage, produce policy briefs, b) sponsor district-level advocacy events, develop communications campaign and support materials, c) conduct capacity development sessions for CMACs and parliamentarians, especially related to transactional and trans-generational sex and GBV, d) organize national advocacy events on key commemorative dates, e) convene selected religious leaders to conduct a scan of cultural and religious documents supporting men's positive involvement in HIV prevention. Partners: MenEngage member organizations.

\*END ACTIVITY MODIFICATION\*

TITLE: TBD Male Involvement Project Channeling Men's Positive Involvement in National HIV/AIDS Response (The CHAMPION Project)

NEED AND COMPARATIVE ADVANTAGE: The USG/Tanzania will pursue a competitive procurement process to identify the most appropriate implementing partner to channel men's positive involvement in the National HIV/AIDS response through gender transformative activities focused on supportive social norms that discourage multiple partnering and other high-risk behaviors, including gender-based violence. USG/Tanzania anticipates that the scope of some project activities will be national while others will be limited to specific regions. It is expected the project activities will target higher HIV prevalence areas and higher risk populations, perhaps in clusters, but not tightly geographically defined. Where practical, activities should be located in areas that build on current PEPFAR/Tanzania activities and presence.

ACCOMPLISHMENTS: Technical assistance from the O/GAC Gender Working Group has helped to ensure appropriate input and guidance in the development of the Request for Application (RFA). It is anticipated that this procurement will be released for response from applicants by September 2008.

ACTIVITIES: This activity will consist of multiple components aimed at influencing partnering behavior in Tanzania by explicitly engaging men and their communities in promoting fidelity, partner reduction, and other critical supportive social and gender norms and in discouraging high risk behavior, including trans-generational and transactional sex and gender-based violence. In addition, the CHAMPION Project will promote positive health-seeking behaviors by men, including male participation in health services and in the national HIV/AIDS response. The 2005 Tanzania HIV/AIDS Indicator Survey (THIS) identified several positive trends in Tanzania. The median age of sexual debut has increased, while the number of concurrent

**Activity Narrative:** partners has decreased. However, it is reported that 5% of married women and 24% of married men had more than one partner in the 12 months before the survey. An even higher number of never-married women and men, aged 15-24, had sex with a non-cohabitating partner in the last 12 months (33% and 40% respectively). Nine percent of girls aged 15 to 19 who had sex with a non-cohabitating; non-marital partner in the last 12 months did so with men ten or more years older than themselves. This trend is particularly concerning as older men are more likely to be infected with HIV. A key strategy of this program will be to engage highly respected local male leaders in the design of gender and social transformation interventions targeting other adult men, sexually active male youth, and male youth nearing the age of sexual debut. The CHAMPION Project will instruct these and other prominent male role models in effective ways of addressing HIV/AIDS risk factors including harmful gender/social norms and practices, trans-generational and transactional sex, and the occurrence of gender-based violence in Tanzania. Activities will engage men in promoting positive masculine identities which promote fidelity, discourage multiple partnering, and facilitate more equitable relationships among men and women. This program will also address alcohol abuse, which has been linked to increased violence toward spouses and therefore increased HIV transmission. Community leaders, religious leaders, Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), and NGOs will play an instrumental role in implementing this activity. The Champion program will also partner with service delivery providers in order to develop strategies for encouraging men to more actively seek out health services for themselves and their families and also to further engage them in community care interventions aiming at providing care to HIV-positive individuals. The first phase of this activity will be a detailed situational assessment of sexual partnering in higher prevalence areas of Tanzania. Issues to be identified will include: societal norms and expectations regarding masculinity and sexual behavior; number and types of sexual partners; situations in which multiple partnering occurs; barriers/facilitators of multiple partnering; avenues for reaching men; influencers in men's lives and avenues for influencing social norms around partnering; and strategies for addressing partner reduction in the context of polygamy. The findings of this assessment will drive the content of interventions and activities and will be shared through national stakeholder events as well as at USG partner meetings. Implementation strategies for the second phase of this activity will include, but not be limited to: engaging male social networks and role-models; employing interpersonal methodologies that allow individuals to accurately assess their own personal risk; promoting and facilitating positive behaviors to decrease risk of HIV/AIDS infection; and supporting more equitable gender relations in couples, families, and communities.

**LINKAGES:** This program will coordinate with other USG partners such as T-MARC, UJANA, ROADS, Strategic Radio Communication for Development (STRADCOM), and the new male norms initiative. The male norms initiative is a critical linkage, as this initiative will undertake critical policy, advocacy, and coordination efforts. Additionally, the male norms initiative will serve as an important resource for technical assistance to the implementing partners of the CHAMPION Project. Additionally, the implementing partner of the CHAMPION Project will coordinate closely with the GOT and other donors who are active in sexual prevention activities.

**CHECK BOXES:** Emphasis areas include community mobilization and participation, development of networks, linkages and referral systems, information education and communication, local organization capacity development and training.

**M&E:** In year one, this activity will train 100 individuals to promote HIV/AIDS prevention through reduction of multiple partnering and emphasis of positive social norms, and reach 5,000 individuals through community out-reach activities. Targets are lower than they will be in subsequent years because the first phase of program implementation will involve a detailed situational assessment of sexual partnering in higher prevalence areas of Tanzania. The findings of this assessment will drive the content of interventions and activities. Outcomes of these activities will include: reduced social acceptance of sexual coercion, cross-generational relationships, and transactional sex as well as a reduction in number of sexual partners and increased levels of fidelity. This will be measured through one-on-one interviews with participants chosen at random. A standardized questionnaire will be designed and administered pre- and post-intervention to measure the changes in attitudes towards the behaviors CHAMPION counselors will address. The CHAMPION program will prepare a written M&E plan that will outline procedures for data collection, storage, reporting, and data quality control. It will also outline plans for use of data for decision-making within the organization and with stakeholders. This activity will allocate 7% of FY 2008 funds to M&E.

**SUSTAINABILITY:** Strengthening capacity of local organizations involved in HIV/AIDS program implementation is a key component to achieving scale-up and results, and to ensuring long-term sustainability of PEPFAR-assisted programs. Strategies to build capacity may include subgrant making and ensuring effective use of partnerships, including public/ private partnerships, and working with existing international and indigenous NGOs, community and faith-based organizations, and a wide range of ministries. Activities may include expanding and/or strengthening existing programs, projects, and networks. CHAMPION will also make use of existing partnerships that are key to targeting specific populations, such as workplace interventions among uniformed services and migrant laborers, and in locations such as mines, plantations, and industries.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13414

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13414	8686.08	U.S. Agency for International Development	To Be Determined	6480	4903.08	Male Involvement	■
8686	8686.07	U.S. Agency for International Development	Engender Health	5096	5096.07		\$1,265,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4907.09	<b>Mechanism:</b> UJANA
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 8691.23391.09	<b>Planned Funds:</b> \$3,701,125
<b>Activity System ID:</b> 23391	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under AB, UJANA will increase its focus on raising the perception of risk and building skills of youth to lower their risk. Emphasis will be on older youth and youth at higher risk of HIV infection, including those in high HIV prevalence areas with denser populations, out-of-school and working youth, and those engaged in alcohol or drug use. According to the 2007-2008 Tanzania HIV/AIDS and Malaria Indicator Survey, among youth 15-24 years of age (and in particular for those 15-19 years), more girls than boys are sexually active, and HIV prevalence rates are higher among girls than boys. Among sexually active females, those 15-19 years are more likely than any other age group to have two or more partners. Transactional sex and cross-generational sex are both common, particularly among urban youth. Thus, inter-personal communication (IPC) efforts (health talks, discussion groups, etc.) will address the specific needs of girls as well as boys, using gender-focused curricula such as the Kaka wa Leo, Dada wa Leo ("Program H" and "Program M") and Stepping Stones. Gender work will also include younger youth (10-14), when gender norms are being formed. Among sexually active youth, boys are even more likely than girls to have two or more partners. Moreover, many youth are already married (68% of women and 28% of men aged 20-24 are), so greater focus will be made to conduct IPC with married youth (for example, through RH facilities) and to emphasize B messaging. B messaging will go beyond faithfulness in marriage, to emphasize more complex messages around partner reduction and in particular reduction of multiple concurrent partnerships (MCP). Specific B-focused, behavior change messages and materials will be developed and disseminated.

Greater reach through IPC with youth will be promoted through strategic partnerships with the Ministry of Education and Vocational Training and with the Ministry of Labor, Employment, and Youth Development (MOLEYD) to support teacher training on HIV prevention and the development and dissemination of MOLEYD's life skills curriculum for out-of-school youth respectively. Reaching youth through sports will also be expanded, taking advantage of events such as the 2010 World Cup. Having supported the Ministry of Health and Social Welfare (MOHSW) to finalize national Peer Education (PE) standards in 2008, UJANA will support the implementation of these standards by managers of PE programs through training and technical support. Involvement of faith-based organizations will be supported through training in the use of guidelines for religious leaders in teaching youth about HIV/AIDS (the Christian and the Muslim Family Life Education curricula). The Ishi campaign, a largely volunteer, youth-led IPC campaign, will be expanded. The Ishi campaign also seeks to engage influential adults in HIV prevention, such as Elders Councils and adult-youth discussion groups, as well as the community at large. Additional efforts to create an enabling environment for HIV prevention among youth and to influence social norms which influence HIV transmission, such as gender inequality and gender-based violence (GBV), cross-generational sex, MCP, and alcohol use, will target influential adults and the wider community through the performing arts (e.g. interactive theater), media, and training.

A safe-schools initiative to promote safe environments for girls, especially girls in school, will be initiated and linkages will be created with PEPFAR education sector wrap-around programs. Adult-child communication will be promoted through other selected implementing partners. Family communication was promoted through radio in FY2008, so the focus of media campaigns in FY2009 (including radio, magazines, and other) will focus on other areas of relevance to HIV prevention among youth such as MCP, cross-generational sex, alcohol use, GBV, in partnership with multi-media initiatives such as Femina HIP, STRADCOM, AED/T-MARC and others. Ongoing efforts to involve young people living with HIV/AIDS equipping them with skills to effectively share their stories, link HIV prevention messages to their personal experiences, and become prevention advocates will be strengthened. UJANA will continue to play a key role in coordinating the work of the ABY partners, for experience sharing and coordination. Efforts to identify and involve local celebrities and high-level government officials to reach youth with HIV prevention messages will be continued, building on the successful engagement by UJANA in 2008 of music artists, TV personalities, models, etc. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

The 2003-2004 Tanzania HIV/AIDS Indicator Survey (THIS) reported a 4% prevalence rate among young women and 3% among young men. About 60% of new infections occur among youth. The THIS also revealed a significant gap between knowledge of HIV and the practice of preventive behaviors. To address these challenges, UJANA will partner with its FHI counterparts (Ishi and ROADS projects), as well as external partners, T-MARC, and STRADCOM to implement "Safe Passages", a comprehensive prevention project to deter new infections among high-risk youth in the southern transportation corridor. "Safe Passages" will include high-risk areas and youth sub-groups (ROADS project), use interpersonal channels of behavior change and life skills education, (UJANA and Ishi), community mobilization (UJANA, Ishi, and TMARC), promote linkages and referrals (ROADS), and utilize mass media (T-MARC and STRADCOM).

ACCOMPLISHMENTS: In addition to many mass media contacts, FHI has delivered HIV prevention education to over 1,000,000 youth and adult leaders in 2006. It has provided technical assistance (TA), developed tools, curricula, and other educational materials to build the national prevention infrastructure. Through its coordination mechanisms, UJANA has promoted a national, well-planned, and evidenced-based response to the HIV epidemic among youth. Currently, UJANA is developing two key strategy documents. One will identify most-at-risk youth populations and to develop gender-based population-specific behavior change communication messages. The other will identify and build the capacity of CBOs who can most effectively deliver UJANA's gender-based prevention communication messages at the required scale. These strategies will be implemented fully through the "Safe Passages" project in the southern transportation corridor in collaboration with T-MARC, STRADCOM, ROADS, and Ishi. ACTIVITIES: 1. Provide targeted, intensive evidence and gender-based AB-focused HIV prevention programming to youth in focus regions. 1a: Provide grants and capacity building to implementing partners (IPs). 1b: Conduct needs assessments with IPs. 1c: Conduct a workshop for IPs to develop capacity-building plans. 1d: Conduct training workshops to address technical knowledge gaps especially in curriculum-based education, peer education, and counseling. 1e: Conduct periodic capacity-building visits to monitor and support implementation of prevention efforts and the capacity-building plan. 2. Roll out delivery of the Ministry of

**Activity Narrative:** Education and Vocational Training's HIV prevention (abstinence) curricula in all primary schools in one focus region.

2a: Orient stakeholders at regional and local levels on best practices. 2b: Adapt training manual to promote integration of HIV/AIDS into school curriculum. 2c: Train ten education sector trainers per district to roll out and support initiative. 2d: train seven teachers and 14 youth peer educators per school to provide HIV education, create linkages with other initiatives, and make referrals to counseling and other services. 3. Implement a multimedia campaign to promote family communication about HIV and increase youth knowledge and skills related to abstinence and faithfulness to reduce HIV risk. 3a: Train local celebrities/role models on HIV/AIDS and family communication. 3b: Support celebrities to promote local values and family communication; 3c: Organize parent/youth communication workshops (using existing curricula). 3d: Produce and disseminate IEC materials targeting parents, caretakers, and teachers to promote adult/youth communication, including Watoto Bomba Parent's Guide (Adaptation of Soul City publication promoting adult child communication), Watoto Bomba (publication for children aged 10-15) and 'Children Infected and Affected by HIV/AIDS' (Soul City adaptation) for parents and teachers in the school sector, including primary schools. LINKAGES: UJANA will work internally with Ishi and the ROADS project and externally with T-MARC and STRADCOM to implement "Safe Passages", a model prevention program to target high-risk youth in the southern transportation corridor. UJANA will implement their interpersonal channels of behavior change interventions (described above), STRADCOM and T-MARC will contribute their mass media efforts, and ROADS will engage in the identification of sites and at-risk youth sub-groups, as well as referrals and linkages. UJANA will continue to work at the local level through its sub-grantees, reaching youth and community leaders with HIV prevention information. Also at the local level, UJANA staff and IPs will work together with council and district management teams to promote coordination of CBOs and governmental organizations and to advocate for the inclusion of UJANA partners' work in the council and district health plans. At the national level, UJANA will continue to work with the Ministry of Health and Social Welfare and the Ministry of Planning and Economic empowerment to conduct joint planning and facilitating the Coordinating Committee for Youth Programs and the Adolescent HIV/RH Working Group to promote a coordinated and evidenced based response to the epidemic. UJANA will work with the First Lady's WAMA foundation to target parents with capacity building activities designed to improve their ability to effectively protect children from HIV infection.

CHECK BOXES: UJANA will work with youth who are most at risk, including street youth, transportation workers, and youth who engage in transactional sex. UJANA will build the capacity of IPs to effectively deliver gender-based HIV prevention messages. A special focus will be building the capacity of the education sector to implement the HIV curriculum. A public campaign will be launched to promote family communication about HIV and sexuality, which will target adult leaders from various sectors. Finally, UJANA, with its partners, will deliver public education about the positive association between alcohol use and risk for HIV infection. M&E: FHI has developed data collection tools for IPs and UJANA activities. These tools include work plans, monthly summary forms, narrative forms, and QA/QI tools. A database will be developed and FHI will facilitate the discussion with USAID and TACAIDS to harmonize the data collection tools for HIV prevention programs in Tanzania. Training on qualitative research design and analysis methods, use of data and QA/QI will be conducted to equip the IPs with the skills to evaluate the effectiveness of their programs. Supportive capacity building visits will be conducted on quarterly basis to monitor implementation progress, ensure uniform understanding of M&E processes and tools and verify data quality. In addition, two review meetings with IPs and local government officials will be organized in Dar es Salaam and Iringa.

SUSTAINABILITY: Priorities include strengthening capacity of professionals, youth and public and private organizations to respond to the HIV prevention needs in their communities. At the local level UJANA, staff and IPs will work with council and district management teams. At the national level, the focus will be to continue to lead coordination efforts involving both public and private partners to develop plans and key documents that incorporate evidence-based strategies to increase the effectiveness of the national response to the HIV epidemic among youth.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13484

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13484	8691.08	U.S. Agency for International Development	Family Health International	6518	4907.08	UJANA	\$3,905,000
8691	8691.07	U.S. Agency for International Development	Family Health International	4907	4907.07	UJANA	\$3,504,847

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$160,000

## Education

Estimated amount of funding that is planned for Education \$300,000

## Water

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 9422.23392.09

**Planned Funds:** \$24,000

**Activity System ID:** 23392

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008

TITLE: Management and Staffing

ACTIVITIES: This activity is split-funded between GAP and GHCS. Please refer to activity #9423 for the activity narrative.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13643

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13643	9422.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$21,000
9422	9422.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$10,420

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 10707.09

**Prime Partner:** Tanzania Marketing and  
Communications Project

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 12383.23393.09

**Activity System ID:** 23393

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$600,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Implementation of the Families Matter Intervention in Dar es Salaam, Mtwara and Ruvuma to Increase Parent-Child Communication of AB and HIV

**NEED and COMPARATIVE ADVANTAGE:** 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 indicator survey (THIS) found that the sexual debut of 50% of adolescents was at age 15, 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 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 two of the projects' target regions (Ruvuma and Mtwara) is indicated by the high rates of pregnancies and abortions in schoolgirls. In Dar es Salaam, a new implementation region in COP 09, research studies have found that transactional and transgenerational sex are common among youth. One strategy for addressing the risks faced by youth is strengthening activities that promote abstinence and delay of sexual debut. Both abstinence and delay of sexual debut in young people have been key in a multi-component intervention program to improve adolescents' sexual and reproductive health.

**ACCOMPLISHMENTS:** In a community forum facilitated by the Ministry of Education and Vocational Training (MOEVT), parents and community leaders in Mtwara and Ruvuma expressed support for an approach like Families Matter to enable parents to take a more active role in HIV prevention for their adolescent children. T-MARC was awarded the funds to conduct "Families Matter" and formative work will soon begin to culturally adapt and pilot test the program materials that are currently being used in Kisumu, Kenya for three regions in Tanzania.

**ACTIVITIES:** "Families Matter" is an evidence-based, parent focused intervention designed to promote positive parenting and effective parent-child communication about abstinence, sexuality, decision-making and sexual risk reduction for parents or guardians of 9-12 year olds. This intervention is an adaptation of the US-based "Parents Matter" curriculum which CDC has evaluated in the US. The ultimate goal of this community-based family prevention program is to support sexual abstinence and reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. Although these discussions will largely focus on abstinence, the training provides an opportunity to address partner reduction and faithfulness with parents and guardians. "Families Matter" has been implemented in Kisumu, Kenya and preliminary analysis of a recent assessment conducted 15 months post-intervention, seems to indicate a sustained positive effect in terms of parenting and communication skills reported by participants and their children separately. The intervention will be implemented in the Dar es Salaam, Mtwara and Ruvuma regions, where early sexual debut and high rates of pregnancies and abortions among adolescents are common.

T-MARC will begin implementing program activities building upon the training of facilitators, which was funded in FY 2008. Program staff will identify parents of primary school students where the MOEVT is or will be supporting life planning skills education. Trained facilitators will deliver the five consecutive three-hour sessions to the identified parents and caregivers. The intervention curriculum focuses on: raising awareness about the sexual risks many youth face today; encouraging general parenting practices (e.g., relationship building, monitoring) that increase the likelihood that children will not engage in risky sexual behaviors; and improving parents' ability to effectively communicate with their children about abstinence, sexuality, sexual risk reduction, and increased age of sexual debut. The "Families Matter" program in Dar es Salaam, Mtwara and Ruvuma will have a strong gender component, which will include improving communication between parents or guardians and their young girls to increase awareness of the risks associated with transgenerational sex. Furthermore, program content will address cultural and male norms and behaviors that are associated with early sexual debut and HIV risk behaviors. These elements are important contextual influences and mediating factors found in the target regions.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Implementation of the Families Matter Intervention in Mtwara and Ruvuma to Increase Parent-Child Communication of AB and HIV

**NEED and COMPARATIVE ADVANTAGE:** 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 indicator survey (THIS) found that the sexual debut of 50% of adolescents was at age 15, 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 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 projects' target regions (Ruvuma and Mtwara) is indicated by the high rates of pregnancies and abortions in schoolgirls. One strategy for addressing the risks faced by youth is strengthening activities that promote abstinence and delay of sexual debut. Both abstinence and delay of sexual debut in young people have been key in a multi-component intervention program to improve adolescents' sexual and reproductive health.

**ACCOMPLISHMENTS:** In a community forum facilitated by the Ministry of Education and Vocational Training (MOEVT), parents and community leaders in Mtwara and Ruvuma expressed support for an approach like Families Matter to enable parents to take a more active role in HIV prevention for their adolescent children. A potential partner has been identified for "Families Matter" and pending official reprogramming approval from OGAC and CDC, formative work will soon begin to culturally adapt and pilot test the program materials that are currently being used in Kisumu, Kenya for two regions in Tanzania.

**Activity Narrative:** ACTIVITIES: "Families Matter" is an evidence-based, parent focused intervention designed to promote positive parenting and effective parent-child communication about abstinence, sexuality, decision-making and sexual risk reduction for parents or guardians of 9-12 year olds. This intervention is an adaptation of the US-based "Parents Matter" curriculum which CDC has evaluated in the US. The ultimate goal of this community-based family prevention program is to support sexual abstinence and reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. "Families Matter" has been implemented in Kisumu, Kenya and preliminary analysis of a recent assessment conducted 15 months post-intervention, seems to indicate a sustained positive effect in terms of parenting and communication skills reported by participants and their children separately.

The intervention will be implemented in the Mtwara and Ruvuma regions, where early sexual debut and high rates of pregnancies and abortions among adolescents are common.

The TBD partner for "Families Matter" will begin implementing program activities building upon the training of facilitators, which was funded in FY 2007. Program staff will identify parents of primary school students where the MOEVT is or will be supporting life planning skills education. Trained facilitators will deliver the five consecutive three-hour sessions to the identified parents and caregivers. The intervention curriculum focuses on: raising awareness about the sexual risks many youth face today; encouraging general parenting practices (e.g., relationship building, monitoring) that increase the likelihood that children will not engage in risky sexual behaviors; and improving parents' ability to effectively communicate with their children about abstinence, sexuality, sexual risk reduction, and increased age of sexual debut. The "Families Matter" program in Mtwara and Ruvuma will have a strong gender component, which will include improving communication between parents or guardians and their young girls to increase awareness of the risks associated with transgenerational sex. Furthermore, program content will address cultural and male norms and behaviors that are associated with early sexual debut and HIV risk behaviors. These elements are important contextual influences and mediating factors found in Mtwara and Ruvuma.

LINKAGES: "Families Matter" activities for parents and guardians will compliment the life planning skills education that the MOEVT is beginning in Mtwara and Ruvuma primary schools. Primary schools will be chosen based on the existence and stage of implementation of life planning skills activities in order to compliment existing programs. As trained parents and guardians become more aware of HIV, there may be a chance to link them with other USG supported services such as counseling and testing, and treatment programs. The adapted materials also will be available to other USG partners interested in implementing "Families Matter" and adhering to the intervention's core components.

CHECK BOXES: Adults (men and women 25 and over); Adolescents (boys and girls 10-14); Children (boys and girls 5-9)

M&E: Monitoring of the implementation of "Families Matter" will be done using tools developed by "Parents Matter". These tools will be adapted for the local context and will capture process measures for the individual components of the intervention.

An evaluation will be structured in collaboration with the TBD partner to assess the impact of the program on parent-child communication in Mtwara and Ruvuma. Pre- and post-intervention surveys will be administered to parent-child pairs at baseline, at the conclusion of the five-week intervention, and 15-month post-intervention. Prior to the initiation of these evaluation activities, appropriate human subjects review will be obtained.

SUSTAINABILITY: "Families Matter" has a low implementation cost which will facilitate the program's sustainability. This program will also be implemented in collaboration with the MOEVT to promote buy-in and ownership within the education sector. Finally, "Families Matter" equips parents with skills that they can use throughout their lifetimes and with their other children. This helps to promote and establish a cultural norm of open communication about sexuality and HIV.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13388

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13388	12383.08	HHS/Centers for Disease Control & Prevention	Tanzania Marketing and Communications Project	12091	12091.08		\$400,000
12383	12383.07	HHS/Centers for Disease Control & Prevention	To Be Determined	6160	6160.07	Families Matter	■

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 7408.09

**Mechanism:** N/A

---

**Prime Partner:** PharmAccess

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 16386.23394.09

**Planned Funds:** \$217,588

**Activity System ID:** 23394

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. The program began in earnest in June 2008.

**TITLE:** Providing HIV/AIDS Prevention programs for the Tanzania Police Forces, Prisons Service and Immigration Department

**NEED and COMPARATIVE ADVANTAGE:**

The HIV prevention and awareness-raising activities under this program concentrate on 30,000 police officers (including 2,500 recruits per year), 30,000 prison officers (including 2,500 recruits per year), 5,000 immigration officers (400 recruits per year), their dependants and thousands of civilians living in the vicinity of the police and prison health facilities. The program is a continuation of the program started under FY 2007 funding, as well as FY 2007 plus-up funds, which devoted resources specifically to looking at critical gender issues, such as gender based violence (GBV) among this target population. Tools and materials developed under the DOD/PAI/TPDF program can be used for all police, prisons and immigration departments and vice versa.

GBV can be defined as any unlawful act perpetrated by a person against another person on the basis of their sex that causes suffering on the part of the victim and results in among others, physical, psychological, and emotional harm or economic deprivation. Attention is increasingly being directed at the possible role military personnel could play in preventing HIV/AIDS within their ranks and in the civilian communities they come in contact with. The Tanzania Police Forces, Prisons Service and Immigration Department, like any other uniformed services groups are grappling with how to best stem the spread of HIV/AIDS among its workers.

**ACCOMPLISHMENTS:** This activity is scheduled to begin in the middle of FY 2007, with 0207 plus-up funding.

**ACTIVITIES:** A core activity of the initial funding is to develop a comprehensive HIV/AIDS education program, based on life-skills modules which were developed by the Tanzania Peoples Defense Forces (TPDF) through Emergency Plan funding with PharmAccess. A critical component to this work is to assure that the module that is developed to specifically assess and address a host of issues related to HIV, gender and other critical topics, as they relate to newly recruited policemen and policewomen as well as new recruits into other uniformed services in Tanzania. Specific materials to work with the uniformed services to address GBV issues will be developed and implemented including materials to increase positive male involvement, to reduce alcohol abuse that leads to high risk behavior, and to reduce the acceptance and practice of GBV among uniformed personnel. Materials will be distributed to appropriate locations such as police stations, prisons, border crossings, and park ranger stations targeting all such personnel working in Tanzania. Training specific to GBV will be conducted throughout Tanzania; both sensitization throughout the general forces, as well as specific prevention and counseling training with medical personnel to create an environment conducive to reporting and addressing such issues.

Specific activities include: 1) Develop and distribute new IEC and life skills materials, as well as newly designed materials and prevention components on GBV, positive male involvement, and issues around alcohol abuse. 2) Provide prevention IEC and life-skills materials and services to all service members, their dependents, and the communities in the vicinity of police and prison health facilities. 3) Special efforts will be put on counseling of HIV+ persons to raise awareness about the risks of HIV transmission. USG funding will support the (re-) training of approximately 100 clinicians and HIV counselors of approximately 25 health facilities. 4) Establish post-test group sessions of HIV+ persons. 5) Re-train 60 TOTs and train 1200 peer educators, at least two per police station or prison. Activities will be directed to all police stations, prisons, and offices of the immigration department. 6) Enhance the awareness of HIV/AIDS by training commanders so that they consistently give high visibility to HIV/ AIDS in their proceedings and activities.

**LINKAGES:** The 16 new health facilities where counseling, testing, and care and treatment services will be provided will be linked with: 1) Nearby regional and district hospitals for ELISA and CD4 testing and for referral of late-stage AIDS patients. 2) Organizations of women living in the barracks around these police stations and prisons. Two hundred women will be trained and involved in providing HIV/AIDS IEC and life-skills materials in and outside the barracks. 3) NGOs and other community support organizations to do home-visits, provide home-based care and other support functions to HIV+ persons living in the vicinity of these health centers and outside the barracks.

**CHECK BOXES:** The emphasis is to keep personnel of Police, Prisons and Immigration Services (TPPI or the Forces), their dependants, and civilians living in the vicinity of the health facilities of these Forces free from HIV infection. The areas of emphasis were chosen because activities include providing prevention education, materials and services to all service members, their dependents and the communities in the vicinity of police and prison health facilities, equipping new recruits with the necessary knowledge and skills, and provide ongoing access to information and services to prevent HIV/AIDS among themselves and other youths in and outside these Forces and lastly enhancing the awareness of HIV/AIDS by training peer educators and commanders so that they consistently give high visibility to HIV/ AIDS in their proceedings and activities.

**M&E:** Data will be collected and reported by the management of the health facilities. Management will be trained and instructed for that purpose to guarantee as much standardization as possible in reporting. PAI will prepare a written M&E plan and will begin implementation no later than receipt of FY 2008 funds. The plan will outline procedures for data collection, storage, reporting, and data quality, and will outline plans for data use for decision-making within the organization and with stakeholders. PAI will allocate 7% of FY 2008 funds to M&E. PAI, as they develop and revise data collection tools, will work to harmonize with other PEPFAR AB and OP partners, as appropriate.



**Activity Narrative:** SUSTAINABILITY: 1) Most costs of this program are for training and for developing and distributing IEC materials. Investments are done at the start-up phase of the program. It is therefore expected that the costs per patient will decrease dramatically over time. 2) Turnover of medical staff is low. Training is needed. Once trained, this capacity will stay within the Forces. 3) Health facilities of the uniformed forces are under the administration of their respective ministries, not under the Ministry of Health. This prevention program will be implemented under the rules, regulations, and guidelines of the National AIDS Program. Training, treatment, treatment guidelines, and M&E etc are all part of one large program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16386

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16386	16386.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$250,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 7569.09

**Mechanism:** STRADCOM

**Prime Partner:** Strategic Radio Communication for Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 3452.23395.09

**Planned Funds:** \$800,000

**Activity System ID:** 23395

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: STRADCOM AB Communication Support

PEPFAR/Tanzania is promoting a more comprehensive and integrated approach to the prevention portfolio. Key partners are working closely together at the programmatic level to improve coordination, evidence-based programming, and impact. The majority of USG prevention partners are primarily focused on interpersonal communication and community outreach, while STRADCOM is focused on radio programming. So in effect, STRADCOM is responsible for the "air war" and the other partners for the "ground war." STRADCOM supports and promotes the other partners' on-the-ground activities using their network of local and national radio stations. In a 2007 survey, 75% of respondents claimed to have listened to the radio within the past day; the popularity of radio enables STRADCOM to reach millions of Tanzanians with important AB messaging. In line with the USG Prevention Program Area Context, STRADCOM will focus prevention messaging on key risk behaviors, including multiple concurrent partnerships and cross-generational and transactional sex.

During the first 18 months of the project, STRADCOM developed programming to support the full range of PEPFAR activities in a flexible and mutually supporting manner. STRADCOM developed a radio serial drama, Wahapahapa ("The People from Right Here"), with various HIV/AIDS story lines, broadcast once a week on a national network. The programs are re-broadcast on nine local stations in high-prevalence regions. STRADCOM supports 15 radio stations to produce weekly magazine-format radio programs on HIV/AIDS and has designed, produced, tested and broadcast a range of public service announcements (PSAs) supporting AB activities. 17 PSAs have been developed and produced, which have run 1,620 times on 15 national and local radio stations. STRADCOM has collaborated with AED/T-MARC and FHI/Ujama on Safe Passages (for high-risk youth) and a related Alcohol and HIV Initiative. STRADCOM has also developed and tested a highly successful new campaign on cross-generational sex, called Fataki.

STRADCOM will continue to develop specific AB messages that focus on positive behavior change, aiming for more complex messaging around partner reduction. Continuing programs will include: 1) Weekly magazine programs on HIV/AIDS on at least 15 stations/networks. 2) A weekly 52-episode radio serial drama with one major storyline on being faithful. The Wahapahapa storylines include a subplot that models behavior change for abstinence and open communication between mothers and daughters. The format of a long drama series allows us to deal with these themes in a complex, subtle and realistic manner. STRADCOM will expand listenership from radio broadcasts by using other distribution channels such as distributing program tapes to commuter and long-distance buses. 3) Design, produce and broadcast PSAs supporting partners' "on the ground" activities and the continuation/ expansion of the Fataki campaign (depending on monitoring data, its AB messaging will be reinforced or expanded).

STRADCOM will continue working closely with partners, who assist in identifying areas needing communication support and in developing core messages. One example is planned collaboration with CHAMPION to ensure radio coverage of Fataki in areas where CHAMPION is working; develop Fataki materials for CHAMPION to use in community outreach; and potentially introduce a positive role model (a Champion) in the STRADCOM Wahapahapa drama. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

**NEED AND COMPARATIVE ADVANTAGE:** An effective prevention campaign is the best way of avoiding infections, and for treatment and care. There is a need for a more comprehensive and integrated approach to the AB prevention program area. Target audiences need to hear consistent core messages from a variety of sources including mass media, NGOs facilitating events, community leaders, religious leaders, neighbors, friends, and family members. Three key partners in this program area, encouraged by USAID, propose working more closely together at the programmatic level to improve coordination, evidence-based programming, and impact. Two partners, AED and FHI, are mainly focused on community outreach. STRADCOM is focused on radio programming. STRADCOM's contribution to AB prevention will be to support and promote the other two partners' on-the-ground activities using, as appropriate, local and national radio. STRADCOM's role will be to provide support by conveying core messages on the radio and promoting our partners' outreach activities. In a 2002 survey, 81% of respondents claimed to have listened to the radio within the past day. Thus, the popularity of radio will enable STRADCOM to reach out to millions of Tanzanians with important messages regarding comprehensive services across the prevention-to-care continuum.

**ACCOMPLISHMENTS:** During the first six months of the project, using pre FY 2007 funding, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages in a flexible and mutually supportive manner. STRADCOM has already funded the production and broadcast of a radio serial drama on Radio Tanzania Dar es Salaam (RTD). We have also produced and broadcast a number of PSAs in support of AED's Sikia Kengele campaign.

**ACTIVITIES:** The Tushikamani (Respecting Ourselves) campaign is directed at getting people into VCT by making it an issue of local and national pride. Tanzanians have demonstrated a deep national pride which initial testing has shown can be tapped to create broader acceptance of HIV tests. The goal of the campaign is to increase VCT by 125% in areas targeted with the message campaign. The campaign uses a combination of radio, wrist bands, and message boards to re-enforce the message tagline 'Let's build the Nation' and the subtext 'getting tested is good for our community'. Each radio spot depicts a noted opinion-maker (the President, a local traditional healer, a sports star) explaining his/her rationale for getting tested and ends with one of the listeners in the crowd announcing that he or she will follow this example as well, for the good of the country. The radio campaign is augmented with billboard posters depicting two contrasting Tanzanians (a Masai warrior and a businessman, a Bongo rapper and a grandmother) with their hands clasped in solidarity and their wrists adorned with a wrist band in the colors of the national flag. The bands are given out for free at VCT centers and other AIDS-related facilities.

**Activity Narrative:** APPROACH: STRADCOM will create the radio spots and ensure that they remain faithful to the campaign design. They will engage actors, script-writers, and production teams, and will identify and procure air time. Emphasis will be put on getting corporate sponsorship for air-time either as a corporate social responsibility donation or as sponsored advertising. They will also communicate with the creative team of Dan and Chip Heath as the campaign progresses, sharing ideas, and making modifications as requested. STRADCOM will develop core AB messages with AED and FHI. We will support the two prevention partners with broadcasting of core messages and with the promotion of their community outreach. Specific AB messages will promote: fidelity within marriage and serious relationships; partner reduction; abstinence; delay in sexual debut; reduction in trans-generational sex (aimed at males); awareness in the population about the link between alcohol use and HIV risk behaviors including sexual violence and sexual debut; responsible alcohol use in settings where sexual decision-making will be made; and skills and motivation for avoiding alcohol-related sexual risks. On their own, our radio messages will convey necessary information to influence knowledge and attitudes in combination with complementary messages delivered at the community outreach level by our partners; it becomes possible to influence the necessary corresponding behavior change. The core messages and community outreach promotion will be conveyed through our established radio programs: 1) Weekly magazine programs on AIDS on at least 12 stations/networks. We will produce a minimum of 100 news stories on the AB core messages and campaign activities. There will be an opportunity for campaign spokespersons to be guests on these programs and opportunity for listener participation by phone, SMS, and letters. 2) A weekly 52-episode radio serial drama with two storylines each focusing on a core message. 3) About 40 PSAs introducing and reinforcing core messages or promoting partner community outreach events and interpersonal communication activities. These PSAs will be inserted a minimum of 4,100 times on the most appropriate radio stations. On average this works out to more than two inserts every day on five radio stations. The final media schedule will be based on target audiences and radio listener demographics, number of exposures estimates, geographic locations, and other STRADCOM radio programs. All these activities include training and mentoring radio station production staff; working with key partners to review core messages, technical aspects, and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations. STRADCOM has developed working relations with various radio stations including all the national stations and a few local stations. Each of these stations already has a program on AIDS, which we plan to strengthen with training and equipment. We will coproduce the diaries and documentaries to be used on these existing magazine programs. The mix of radio formats gives us flexibility with messaging with an emphasis on PSAs, which are more flexible and timely for this type of activity.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13400

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13400	3452.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$950,000
7810	3452.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$860,000
3452	3452.06	U.S. Agency for International Development	Johns Hopkins University	8688	8688.06	STRADCOM	\$150,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7570.09

**Prime Partner:** Mbeya HIV Network Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 17020.23396.09

**Activity System ID:** 23396

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$426,490

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO MBEYA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that the estimated HIV prevalence in Mbeya region is 8%.

#### ACTIVITIES

2d) Coordinate expansion of activities to convey AB messages to address needs of communities along the transport corridor road construction to be undertaken as part of the Millennium Challenge Compact

\*END ACTIVITY MODIFICATION\*

TITLE: AB prevention in Mbeya Region by MHNT members

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in Mbeya region is 13%, one of the highest in the country, and prevailing social norms challenge HIV prevention efforts in the region. Anecdotal information suggests that newly identified HIV cases are related to infidelity and the subordinate position of women. Without strengthening the foundation of respect for human and gender rights, AB messages cannot fully take hold. The Evangelical Lutheran Church of Tanzania (ELCT) Mbeya Diocese is one of the 13 members of the Mbeya HIV Network Tanzania (MHNT). It currently implements an interactive curriculum regarding human, gender, and legal rights and their critical relationship to HIV prevention. All MHNT member organizations have substantial service delivery experience as well as a history of collaboration and established relationships within their respective communities. Another member NGO, KIHUMBE (funded under a separate submission), is nationally known for its AB messaging and drama presentations to raise awareness of the crisis of maintaining a negative HIV status. The network is therefore best suited to identify and meet the needs of Mbeya residents, under the leadership of ELCT and KIHUMBE.

**ACCOMPLISHMENTS:** MHNT member organizations reached 500,000 individuals with performances and other activities in FY 2007. Members collaborated to provide HIV prevention education at large scale events including an annual 8-day festival Nanenane (which attracts over 300,000 individuals), World AIDS Day, and Valentine's Day events. The network also mounted a campaign to promote AB messages through cassette tapes distributed to local commuter buses. Small-scale activities included youth group meetings at schools, churches, NGO sites, and other gatherings. MHNT members, KIHUMBE, and the ELCT also collaborated to train TOTs for MHNT and networks in Rukwa and Ruvuma.

**ACTIVITIES:** 1) Provide education regarding human and gender rights and their relationship to HIV, helping to create social norms conducive to HIV prevention. 1a) ELCT or its designees will conduct comprehensive train-the-trainer sessions in Mbeya, Rukwa, and Ruvuma regions to prepare staff and volunteers to provide community education. 1b) From the existing 3-day training, ELCT or its designees will prepare an abbreviated (one day or partial-day) training curriculum for community use. 1c) MHNT members and trained educators will provide training in Mbeya region at NGOs' sites and link with community groups to host training sessions in villages, schools, workplaces, and other settings.

2) Continue to sensitize the community and convey AB messages through creative public presentations in Mbeya region. 2a) MHNT member KIHUMBE to continue to train volunteer artists to create and perform motivational and educational presentations promoting AB messages for member NGOs in Mbeya, Ruvuma, and Rukwa. 2b) Coordinate with village executives, schools, and other community leaders to schedule presentations throughout the community.

2c) Perform presentations at large-scale community events, including the annual Nanenane farmers festival, WorldAIDS Day, and monthly HIV testing events organized by MHNT.

3) Build upon the success of previous years' efforts and conduct a community-wide campaign in Mbeya region to raise awareness and promote AB messages. 3a) Consult lessons learned from previous years, and plan an effort based upon the World AIDS Day campaign, which included production of cassette tapes with AB messages, distribution, and use of these tapes on local commuter, and long haul busses. 3b) Produce cassettes, videos, and/or other promotional materials, and distribute to member outlets and for reception areas in health facilities. 3c) Coordinate among MHNT members to promote the campaign's messages through community education activities.

4) Continue to train youth and adult peer counselors at the village level and higher to ensure an accurate and widespread knowledge base, encourage discussion to reduce stigma, and deemphasize previous traditional responses to HIV/AIDS. 4a) Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing social norms. 4b) Provide training for peer counselors both initially and on a refresher basis as necessary. 4c) Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service and messaging tools.

**LINKAGES:** Along with executing prevention activities, MHNT members also provide a number of other services, including counseling and testing, OVC services, and home-based care. MHNT members, including KIHUMBE, collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with: schools, faith groups and village associations; Saturday and after school youth programs; ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; and PEPFAR marketing groups STRADCOM and AED for local advertising to encourage event participation.

**CHECK BOXES:** Promotion of AB messages will target the general population and youth with efforts designed to sensitize the community and shift social norms toward greater respect for gender, legal, and

**Activity Narrative:** human rights. Individuals of all ages will be targeted with specific A and/or B messages in an effort to exert broad influence on community norms. Training is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education. Developing programs in Rukwa and Ruvuma regions will particularly benefit from train-the-trainer activities of MHNT.

**M&E:** In addition to established processes for monitoring indicators on a quarterly basis, MHNT will develop and adopt standardized tools for collecting detailed data on service delivery. Data from member NGOs will be compiled at the network level by a staff M&E individual, allowing for identification of major service needs, gaps, and areas for improvement. Data collected by the network regarding clients' referral routes to VCT will help refine and better target MHNT community education efforts.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to MHNT. This local network has successfully implemented community activities since 2005, registered as a NGO, and is refining its structure and operations to manage member activities. Starting in FY 2007, DOD will work with MNHT to establish appropriate administrative mechanisms, coordinate training, provide technical assistance through other USG partners, and implement a transition plan to shift all administrative functions to the network. Once the transition is complete, MNHT will determine awards; ensure regional coverage, proper fiscal management, and oversight of sub-partner service implementation. MNHT will be also well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17020

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17020	17020.08	Department of Defense	Mbeya HIV Network Tanzania	7570	7570.08		\$456,490

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7571.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Resource Oriented Development Initiatives	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02

---

**Activity ID:** 17021.23397.09

**Planned Funds:** \$97,230

**Activity System ID:** 23397

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO RUKWA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that the estimated HIV prevalence in Rukwa region is around 4.5%.

#### ACTIVITIES

Coordinate expansion of activities to convey AB messages to address needs of communities along the transport corridor road construction to be undertaken as part of the Millennium Challenge Compact

\*END ACTIVITY MODIFICATION\*

TITLE: Respect for human and gender rights as a foundation for abstinence and fidelity in Rukwa Region

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Rukwa region is around 6%, and anecdotal information indicates that newly identified HIV cases are due to infidelity and the subordinate position of women. Without strengthening the foundation of respect for human and gender rights, AB messages cannot fully take hold. General infrastructure in Rukwa is poor. The region has no paved roads and during the rainy season, many are impassable. There are few established NGOs providing HIV services in Rukwa, and fewer able to manage regional service provision. RODI, registered in 2004, has exhibited a strong record of accomplishment of capacity building and training for a variety of Rukwa projects in just a short period. As a sub-grantee under a DOD umbrella organization in 2007, this organization has shown the capacity necessary to coordinate service provision by a network of NGOs in Rukwa and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2007 funding supported initiation of PEPFAR-funded HIV prevention services in Rukwa region, including identification of appropriate sub-partners in Rukwa districts where NGOs had yet to be identified.

ACTIVITIES: RODI will focus on service delivery through "clusters" based on the three main regions: Sumbawanga (which includes both Sumbawanga Rural and Urban), Nkasi, and Mpanda. 1) Provide education regarding human and gender rights and their relationship to HIV, helping to create social norms conducive to HIV prevention. 1a) Identify educators to be trained to provide the curriculum through Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission. 1b) Trained educators will provide training in Rukwa region at NGO sites, and link with community groups to host training sessions in villages, schools, workplaces, and other settings.

2) With training from MHNT, sensitize the community and convey AB messages through creative public presentations. 2a) Enlist volunteer artists to create and perform motivational and educational presentations promoting AB messages. 2b) Coordinate with village executives, schools, and other community leaders to schedule presentations throughout the community. 2c) Perform presentations at large-scale community events including World AIDS Day and HIV testing events organized by RODI and its sub-partners to spread the "Know the Facts" campaign.

3) Conduct a community-wide campaign in Rukwa region to raise awareness and promote AB messages. 3a) In consultation with MHNT, plan an effort based upon the local and long haul buses campaign, which included production of cassette tapes and videos with AB messages, distribution and use of these tapes and videos, especially in reception areas of NGOs and health facilities. 3b) Produce cassettes and/or other promotional materials and distribute to outlets. 3c) Coordinate among sub-partners to promote campaign messages through community education activities.

4) Train youth and adult peer counselors at the village level and higher to ensure a widespread and more accurate knowledge base, encourage discussion to reduce stigma, and de-emphasize previous traditional responses to HIV/AIDS. 4a) Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing social norms. 4b) Provide initial training for peer counselors and refresh as necessary. 4c) Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service.

LINKAGES: Along with executing prevention activities, RODI members also provide a number of other services, including counseling and testing (CT), OVC services, and home-based care. RODI members collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with the Evangelical Lutheran Church of Tanzania (ELCT) Mbeya District in training in legal and gender issues and activities. Additionally, this activity links with: schools, faith groups and village associations; Saturday and after school youth programs; ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; and PEPFAR marketing groups STRADCOM and AED for local advertising to encourage event participation.

CHECK BOXES: Promotion of AB messages will target the general population with a particular focus on youth with efforts designed to shift social norms toward greater respect for gender, legal, and human rights. Individuals of all ages will be targeted in an effort to exert broad influence on community norms. Training is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education throughout Rukwa region.

M&E: RODI has considerable M&E expertise, having supported a number of projects in efforts to improve M&E practices. In addition to instituting standard processes for monitoring indicators on a quarterly basis, RODI will ensure implementation of standardized tools for collecting detailed data on service delivery. Compiling data from sub-partners will allow for identification of major service needs and gaps. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these



**Activity Narrative:** needs. Data collected regarding client referral routes to VCT will help refine and better target community education efforts.

**SUSTAINABILITY:** RODI is a local, grassroots Tanzanian-run NGO that has cultivated capacity-building expertise in the health, environmental, and agricultural arenas. Its holistic approach to health addresses HIV, malaria, and water-borne diseases. RODI has expanded activities slowly within the southern highlands zone, so as not to exceed current capacity and therefore compromise quality of service. Few local entities in Rukwa have experience managing service delivery on a regional scale, yet RODI has the background and skill base for this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage, and fiscal oversight of sub-partners, but will also lend needed administrative capacity to Rukwa. RODI and its sub-partners will become increasingly well positioned to apply for and administer additional funding for this under-served region.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17021

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17021	17021.08	Department of Defense	Resource Oriented Development Initiatives	7571	7571.08		\$97,230

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7580.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> SONGONET-HIV Ruvuma	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 16966.23398.09	<b>Planned Funds:</b> \$105,060
<b>Activity System ID:</b> 23398	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO RUVUMA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that HIV prevalence in Ruvuma region is around 5.4%.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Respect for human and gender rights as a foundation for abstinence and fidelity in the Ruvuma Region

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in Ruvuma region is over 6%, and anecdotal information often links newly identified HIV cases to infidelity and the subordinate position of women. Without strengthening the foundation of respect for human and gender rights, AB messages cannot fully take hold. The Ruvuma NGOs comprising SONGONET-HIV were selected for funding from multiple applicants based upon their service delivery experience, existing organizational infrastructure, and established linkages to hospitals in their communities. The network is therefore best suited to identify and meet the needs of Ruvuma residents.

**ACCOMPLISHMENTS:** FY 2006 funding supported initiation of PEPFAR-funded HIV prevention services in Ruvuma region, and FY 2007 included identification of appropriate sub-partners in Ruvuma districts where six NGOs were identified. Though this process has been slow, during FY 2007 sub-partner NGOs have reached 1,165 individuals with AB messaging in Ruvuma region and is scaling up quickly to reach more communities and individuals.

**ACTIVITIES:** 1) Provide education regarding human and gender rights and their relationship to HIV, thereby helping to create social norms conducive to HIV prevention to help residents "Know the Facts." 1a) Identify educators to be trained to provide the curriculum through Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission through its member NGO, the Evangelical Lutheran Church of Tanzania (ELCT). 1b) Trained educators will provide training in Ruvuma region at NGO sites and link with community groups to host training sessions in villages, schools, workplaces, and other settings.

2) With training from KIHUMBE (a prime partner under a separate submission), sensitize the community and convey AB messages through creative public presentations. 2a) Enlist volunteer artists to create and perform motivational and educational presentations promoting AB messages. 2b) Coordinate with village executives, schools, and other community leaders to schedule presentations throughout the region. 2c) Perform presentations at large scale community events, including World AIDS Day and HIV testing events organized by SONGONET-HIV and its sub-partners.

3) Conduct a community-wide campaign in Ruvuma region to raise awareness and promote AB messages. 3a) In consultation with MHNT, plan an effort based upon the Dala Dala campaign, which included production of cassette tapes with AB messages, distribution and use of these tapes on local commuter buses. 3b) Produce cassettes tapes, videos, and/or other promotional materials and distribute to outlets especially at NGO sites and reception areas of health facilities. 3c) Coordinate among sub-partners to promote campaign messages through community education activities. 4) Train youth and adult peer counselors at the village level and higher to ensure a widespread and more accurate knowledge base, encourage discussion to reduce stigma, and de-emphasize previous traditional responses to HIV/AIDS. 4a) Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing social norms. 4b) Provide initial training for peer counselors and refresh as necessary. 4c) Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service.

**LINKAGES:** Along with executing prevention activities, SONGONET-HIV members also provide a number of other services, including care and treatment, OVC services, and home-based care. Members collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with the ELCT Mbeya District in training in legal and gender issues and activities. In addition, this activity links with; schools, faith groups and village associations; Saturday and after school youth programs; ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; and PEPFAR marketing groups STRADCOM and AED for local advertising to encourage event participation.

**CHECK BOXES:** Promotion of AB messages will target the general population with a particular focus on youth with efforts designed to shift social norms toward greater respect for gender, legal, and human rights and thereby greater receptiveness to HIV prevention information. Individuals of all ages will be targeted in an effort to exert broad influence on community norms. Training is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education throughout Ruvuma region.

**M&E:** In addition to instituting processes for monitoring indicators on a quarterly basis, SONGONET-HIV will ensure implementation of standardized tools for collecting detailed data on service delivery using a staff M&E person. Compiling data from sub-partners will allow for identification of major service needs and gaps. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Data collected regarding client referral routes to VCT will help refine and better target community education efforts.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to SONGONET. This local network is an HIV-specific subset of a larger group of Ruvuma NGOs. DOD will work with SONGONET-HIV to establish appropriate administrative

**Activity Narrative:** mechanisms, coordinate training, provide technical assistance, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, SONGONET-HIV will determine awards, ensure regional coverage, and assure proper fiscal management and oversight of sub-partner service implementation. Additionally, the group will be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16966

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16966	16966.08	Department of Defense	SONGONET-HIV Ruvuma	7580	7580.08		\$105,060

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 10712.09

**Mechanism:** N/A

**Prime Partner:** Tanzania Youth Aware Trust Fund (TAYOA)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 3381.23399.09

**Planned Funds:** \$350,000

**Activity System ID:** 23399

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: TAYOA HELPLINE and Behavior Change Communication Project

NEED and COMPARATIVE ADVANTAGE: TAYOA, through PEPFAR funding, IMPLEMENTS AB interventions and conducts confidential and anonymous HIV/AIDS toll-free helpline services known as the 117 AIDS helpline. The helpline encourages youth and adults to access HIV/AIDS information using inter-personal communication, empowering callers with knowledge about behaviors contributing to the spread of HIV/AIDS. Based on the analysis of more than 15,000 frequently asked questions (FAQ) captured on monthly basis, 6,400 questions (38%) are related to AB. TAYOA uses the information from the helpline to produce audiovisual (AV) materials for outreach activities. AV materials address the importance of abstinence as an HIV prevention strategy, being faithful to one partner, appropriate gender norms, and gender-based violence and associated substance use. TAYOA has also established a network of 832 youth ambassadors from different wards who promote abstinence only for youth in primary schools, madrasa, and AB targeting youth aged 10-24 years. Through the youth ambassadors, TAYOA conducts community mobilization, sensitization, and dissemination of the AV materials.

ACCOMPLISHMENTS: With prior funding, TAYOA has: 1) maintained helpline services, while leveraging resources from mobile phone service providers Vodacom, Zantel, TTCL, Celtel, and TiGO; 2) conducted trainings on LPS/ livelihood skills for youth; 2) developed 31 series of AB audiovisual materials on AB and a serial drama; 3) conducted 327 community outreach HIV/AIDS AB sensitization sessions for youth balozis reaching 834,000 individuals in seven districts 4) conducted peer education community outreach activities that promote abstinence for 315,000 youth; 5) conducted training for 2,489 individuals on AB; and 6) developed, produced, and distributed relevant IEC materials on AB.

ACTIVITIES: In FY 2009, TAYOA will:

1. Expand the capacity of the 117 AIDS helpline and explore access to additional regions. Additional HIV/AIDS information will be disseminated using text messaging and an interactive website.
2. Establish online hotline counseling and database services with monitoring and evaluation system
3. Develop or adapt and disseminate a series of 25 AB audio outreach kits and create linkages with other AB implementing partners in Tanzania. The audio kits will support community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. TAYOA will also create role model stories of young people living in the community who exemplify self-efficacy with abstinence and/or faithfulness.
4. Conduct training for 600 youth in AB role model stories woven into drama and music. Youth will be equipped to write dramatic scripts and direct local actors in acting out the script for audio materials. The materials will be distributed to youth clubs and schools in Dar es Salaam, Zanzibar, and the coastal region.
5. Strengthen coverage of youth ambassadors possessing AB life planning skills training to reach more rural areas of the coastal region and Zanzibar. TAYOA will train an additional 3,200 youth ambassadors from corresponding wards to implement HIV/AIDS prevention community outreach programs that promote abstinence or/being faithful.
6. Strengthen human resources on AB programming that includes training on script writing and capacity building for AB clubs that already exist in Dar es Salaam, Zanzibar and the coastal region through inter-club recreational activities such as sports, AB drama and FAQs tapes facilitated by youth ambassadors.
7. Promote abstinence only and AB through audio/visual kits through workshops and dissemination at the Ubungu Bus Terminal in Dar es Salaam for 86,000 young passengers, bus conductors and petty traders.
8. In collaboration with EngenderHealth, develop 24 digital stories that promote appropriate gender norms and discourage gender-based violence.
9. Strengthen the capacity of TAYOA to coordinate the implementation of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful by identifying/recruiting additional staff to manage AB programming in schools and out of school and universities.

\*END ACTIVITY MODIFICATION\*

TITLE: TAYOA HELPLINE and Behavior Change Communication Project

NEED and COMPARATIVE ADVANTAGE: According to Tanzania HIV/AIDS Indicator Survey (THIS) conducted in 2004, youth ages 10-24 years comprise 30% of the general population but account for 60% of new infections. Surveys have shown that two of five respondents wait until marriage to have sex, and only 10% of those who are sexually active report having their sexual debut with either a spouse or a live-in partner. TAYOA, through PEPFAR funding, addresses AB interventions and conducts confidential and anonymous HIV/AIDS toll-free helpline services. The helpline encourages youth and adults to access HIV/AIDS information using inter-personal communication, empowering callers with knowledge about behaviors contributing to the spread of HIV/AIDS. Based on the analysis of more than 15,000 frequently asked questions (FAQ) captured on monthly basis, 6,400 questions (38%) are related to AB. TAYOA uses the information from the helpline to produce audiovisual (AV) materials for outreach activities. TAYOA has also established a network of 832 youth ambassadors from different wards who promote abstinence only for youth in primary schools, madrasa, and AB targeting youth aged 10-24 years. Through the youth ambassadors, TAYOA conducts community mobilization, sensitization, and dissemination of the AV materials.

ACCOMPLISHMENTS: With prior funding, TAYOA has: 1) maintained helpline services, while leveraging resources from mobile phone service providers Vodacom, Zantel, TTCL, Celtel, and TiGO; 2) conducted trainings on LPS/ livelihood skills for youth; 2) developed 16 series of AB audiovisual materials on AB and a serial drama; 3) conducted 230 community outreach HIV/AIDS AB sensitization sessions for youth balozis reaching 592,000 individuals in four districts 4) conducted peer education community outreach activities that promote abstinence for 68,000 youth; 5) conducted training for 1,870 individuals on AB; and 6) developed, produced, and distributed relevant IEC materials on AB.

**Activity Narrative:** ACTIVITIES: In FY 2009, TAYOA will: 1. Expand the capacity of the helpline and explore access to additional regions. 2. Produce a series of 18 AB audio outreach kits and create linkages with other AB implementing partners in Tanzania. The audio kits will support community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. TAYOA will also create role model stories of young people living in the community who exemplify self-efficacy with abstinence and/or faithfulness. 3. Conduct training for 600 youth in AB role model stories woven into drama and music. Youth will be equipped to write dramatic scripts and direct local actors in acting out the script for audio materials. The materials will be distributed to youth clubs and schools in Dar es Salaam, Zanzibar, and the coastal region. 4. Strengthen coverage of youth ambassadors possessing AB life planning skills training to reach more rural areas of the coastal region and Zanzibar. TAYOA will train an additional 2,800 youth ambassadors from corresponding wards to implement HIV/AIDS prevention community outreach programs that promote abstinence or/being faithful. 5. Strengthen the capacity of human resources on AB programming that includes training on script writing and capacity building for AB clubs that already exist in Dar es Salaam, Zanzibar and the coastal region through inter-club recreational activities such as sports, AB drama and FAQs tapes facilitated by youth ambassadors. 6. Promote abstinence only and AB through audio/visual kits through workshops and dissemination at the Ubungo Bus Terminal. 7. Strengthen the capacity of TAYOA to coordinate the implementation of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful by identifying/recruiting eight additional staff to manage AB programming in schools and out of school.

**LINKAGES:** TAYOA will promote the use of AB audio kits to support community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful through the MOHSW/NACP coordination. TAYOA will collaborate with CDC and various implementing partners including YouthNet Ujana, MoEVT, HAFI, faith based organization (FBOs), CMARCs, STRADCOM, ZAYEDES, and the private sector including ABCT, Vodacom, Zantel, TTCL, Celtel and TIGO. TAYOA will work with teachers, local government leaders, parents, PLWHA groups, and youth groups to promote outreach of HIV/AIDS prevention programs that promote abstinence. TAYOA will collaborate with the communications sector through media partners like ITV, Channel 5, Clouds FM, East Africa FM, all of whom have agreed to provide their services according to payment contracts. Tanzania Post Corporation will distribute 200,000 risk polls and collect feedback.

**CHECK BOXES:** Community outreach HIV/AIDS prevention programs will promote abstinence only for adolescents aged 10-14. Community outreach HIV/AIDS prevention will promote abstinence and/or being faithful for adolescents aged 15-24 and also for adults 25 and over. Business community, religious leaders and teachers will be trained to promote AB whenever they encounter adolescents in their domain.

**M&E:** TAYOA will improve M&E tools to capture appropriate PEPFAR indicators. TAYOA will collect all AB FAQs from the helpline and analyze responses. The production of audio/visual and IEC materials to be disseminated will incorporate the norms, attitudes, risk behaviors, values, transgenerational sex, and gender issues identified from these calls. TAYOA will monitor the output and feedback of AB audio materials using the Helpline experience, life planning skills curriculum and adolescent curriculum of the Ministry of Education and Vocational Training (MOEVT). Pre and post tests of peer educators will be analyzed. Approximately 10% of the budget will be used for M&E.

**SUSTAINABILITY:** TAYOA will train youth ambassadors from 60% of all wards of Dar es Salaam, the coastal region, and Zanzibar as AB trainer-of-trainers who will be tasked with rolling out AB training using a standard training curricula in their localities. The ward's youth ambassador TOT approach is designed to provide sustainability of training activities by empowering the street and village youth ambassadors with AB audio outreach support materials. TAYOA is using the existing community infrastructures such as schools, churches, and mosques in collecting feedback as a sustainable mechanism. The studio is also looking into production of education materials for schools and institutions at a fee that will compensate production of AB materials.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13535

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13535	3381.08	HHS/Centers for Disease Control & Prevention	Tanzania Youth Aware Trust Fund (TAYOA)	8550	8550.08	Hotline	\$350,000
7774	3381.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$350,000
3381	3381.06	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	2835	1056.06		\$100,000

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

**Total Planned Funding for Program Budget Code: \$11,562,270**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 10712.09

**Prime Partner:** Tanzania Youth Aware Trust  
Fund (TAYOA)

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 3377.23289.09

**Activity System ID:** 23289

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$250,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: TAYOA HELPLINE Behavior Change Communication Project.

ACCOMPLISHMENTS: HIV/AIDS prevention activities (focusing on other prevention beyond abstinence and/or being faithful) for more than 213,000 callers through the 117 AIDS helpline; 2) distributed more than 11,000 condoms through the Ubungu HIV information center in Dar es Salaam and 187 community-based condom service outlets; 3) trained more than 450 youth ambassadors and volunteers to provide HIV/AIDS prevention programs that are focused on other prevention beyond abstinence and/or being faithful; and 4) advertised on TV, radio, billboards, and street banners to increase coverage of helpline.

ACTIVITIES: In FY 2009, TAYOA will:

1. Expand the capacity of the AIDS helpline and explore access to additional regions. The helpline call center consists of about 26 medical students trained to answer HIV related questions and provide resources for callers. The call center also has 20 computers equipped with a database of standard answers to many FAQs. If a caller asks a question that is outside of the data base, the counselors research the answer and get back to the caller. Additional HIV/AIDS information will be disseminated using text messaging and an interactive website. TAYOA will advertise services using TV, radio, billboards, street banners, and clothing (previously helpful strategies used by TAYOA to increase coverage of helpline services in communities).
  2. Establish online hotline counseling ([www.UKIMWI.com](http://www.UKIMWI.com)) and database services with monitoring and evaluation system.
  3. Build capacity of youth ambassadors and volunteers at the ward level by: a) conducting 28 life planning skills trainings workshop for 1600 youth ambassadors (from 28 wards) to promote HIV/AIDS prevention and to build skills necessary to support behaviour change among youth in their localities; and b) conducting community-based helpline refresher trainings to promote services for high risk groups targeting 150 barber shop owners, 120 bartenders, 300 hotelier attendants, 200 taxi drivers, 300 female salon owners, 400 small business traders, and 500 bus drivers at the Ubungu bus terminal.
  4. Scale-up activities through the existing Community AIDS Clubs (CACs), Universities AIDS Clubs (UACs), Colleges AIDS Clubs (CACs) and Workplaces AIDS Clubs (WACs) working with four higher learning institutions in the 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, 50 lecturers, and 75,000 residents of surrounding communities. TAYOA plans to: a) build the capacity of student leaders; b) establish new helpline clubs (that go around to schools and youth organizations to let them know about the hotline); c) train youth ambassadors and community leaders on strategies to promote attitude and behavior change; and d) conduct three training workshops for students on male gender norms and HIV/AIDS. All clubs and related activities will be linked to the TAYOA AIDS Helpline that provides confidential and anonymous services and referral linkages.
  5. Procure and distribute condoms through the T-MARC project and disseminate the correct information to users. Condoms will be distributed to approximately 187 outlets including the Ubungu bus terminal information center, youth meeting areas known as "ghettos," and barber shops. Taxi drivers and long distance bus drivers associations will also be used to distribute condoms to the target population. TAYOA's goal is to disseminate 15,000 condoms every month in Dar es Salaam, the coastal region, Zanzibar and Mafia Island.
  6. Use FAQs from helpline toll-free counseling services to develop outreach entertainment and education materials.
- TAYOA will develop and distribute relevant audio visual materials and serial dramas from frequently asked questions (FAQs), and promote a community-based drama series to increase behavioral change communications skills using popular role models and characters that portray culturally accepted messages.

\*END ACTIVITY MODIFICATION\*

TITLE: TAYOA HELPLINE Behavior Change Communication Project.

NEED and COMPARATIVE ADVANTAGE: Tanzania AIDS Indicator Survey (THIS) 2004 reported that about half of never-married young people aged 15-24 have ever had sex (41 percent were young women and 54 percent were young men). Among women aged 15-19 who had non-marital sex, nine percent had sex with a partner at least 10 years older in the last 12 months, illustrating the phenomenon of transgenerational sex. Data from the THIS shows that 50% of women have had sex by the age of 18 and define high risk sex as sex with a non-marital, non-cohabitating partner in the preceding 12 months.

TAYOA is implementing community level interventions in collaboration with other NGOs and CBOs. These interventions focus on skills building for the youth ambassadors at the ward level, targeting behavior change and condom programming to reduce transmission of HIV in youth, developing prevention messages, and conducting community mobilization activities. An important aspect of TAYOA's OP approach is the TAYOA helpline service, which provides confidential and anonymous HIV/AIDS information and referral linkages to youth aged 10-24. The helpline runs 10 toll-free telephone lines operating 10 hours every day, and the center communicates with more than 15,000 callers monthly and over 180,000 callers annually from all over the country. TAYOA uses frequently asked questions (FAQs) from callers to develop entertainment and education strategies for youth. This complements community based drama series that use popular role models and characters that portray culturally accepted messages.

ACCOMPLISHMENTS: In FY 2007, TAYOA 1) Coordinated AIDS helpline community outreach and HIV/AIDS prevention activities (focusing on other prevention beyond abstinence and/or being faithful) for over 190,000 callers. 2) Distributed more than 10,000 condoms through the Ubungu HIV information center and 210 community-based condom service outlets. 3) Trained over 400 youth ambassadors and volunteers to provide HIV/AIDS prevention programs that are focused on other prevention beyond abstinence and/or being faithful 4) Advertised on TV, radio, billboards, and street banners to increase coverage of helpline.

ACTIVITIES: In the coming year, TAYOA will:

**Activity Narrative:** 1. Build capacity of youth ambassadors and volunteers at the ward level.

1a) Conduct 16 life planning skills trainings for 1600 youth ambassadors (from 13 wards) to promote HIV/AIDS prevention and to build skills necessary to support behaviour change among youth in their localities; and 1b) Conduct community-based helpline refresher trainings to promote services for high risk groups targeting 150 barber shop owners, 120 bartenders, 300 hotelier attendants, 200 taxi drivers, 300 female salon owners, 400 small business traders, and 500 bus drivers at the Ubungu bus terminal.

2. Establish 250 clubs in 300 target primary schools (grades 5, 6, and 7 with children ages 11- 16) and link them to the TAYOA AIDS Helpline that provides confidential and anonymous services and referral linkages.

3. Procure and distribute condoms through the T-MARC project and disseminate the correct information to users. 3a) Distribute condoms to approximately 200 outlets in the Ubungu bus terminal information center, youth meeting areas known as "ghettos," and barber shops and through taxi drivers, and long distance bus drivers associations; and 3b) Collaborate with health facilities in selected areas to access condoms for high risk groups with a goal of disseminating 10,000 condoms every month in Dar es Salaam, the coastal region, and Zanzibar.

4. Conduct helpline toll-free counseling services and use FAQs to develop outreach entertainment and education materials. The helpline call center consists of about 20 medical students trained to answer HIVrelated

questions and provide resources for callers. The call center also has 20 computers equipped with a database of standard answers to many FAQs. If a caller asks a question that is outside of the data base, the counselors research the answer and get back to the caller.

4a) Develop and distribute relevant audio visual materials and serial dramas from frequently asked questions (FAQs); 4b) Promote a community-based drama series to increase behavioral change communications skills using popular role models and characters that portray culturally accepted messages; and 4c) Advertise using TV, radio, billboards, street banners, and clothing (previously helpful strategies used by TAYOA to increase coverage of helpline services in communities).

5. Scale-up activities in four higher learning institutions in the 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, 50 lecturers, and 75,000 residents of surrounding communities. TAYOA plans to: 5a) build the capacity of student leaders; 5b) establish new helpline clubs (that go around to schools and youth organizations to let them know about the hotline) ; 5c) train youth ambassadors and community leaders on strategies to promote attitude and behavior change; 5c) conduct three training workshops for students on male gender norms and HIV/AIDS; and 5d) create linkages to the community, livelihood, and health services.

6. Establish AIDS helpline online counseling through [www.UKIMWI.com](http://www.UKIMWI.com) website.

In summary, through increased knowledge, stimulation of community dialogue, and advocacy promotion, the above activities will promote effective behaviour change communication in HIV prevention.

**LINKAGES:** TAYOA will operate AIDS helpline OP services to support community outreach and promote HIV/AIDS prevention (through other behavior change beyond abstinence and/or being faithful) through the MOHSW/NACP coordination and work with CDC and various implementing partners including YouthNet, Ujana, the Ministry of Education and Vocational Training (MoEVT), HAFI, faith-based organizations (FBOs), CMARCs, STRATCOM, ZAYEDES, as well as the private sector such as ABCT, Vodacom, Zantel, TTCL, Celtel and TiGO.

TAYOA will work with teachers, local government leaders, CMACs, parents, and youth groups to promote outreach for HIV/AIDS prevention programs that promote HIV/AIDS through abstinence. For sustainability purposes, TAYOA will utilize existing student structures and premises to establish HIV/AIDS information resource centers.

Media partners like ITV, Channel 5, Clouds FM, and East Africa FM, have agreed to provide their services, depending on the payment contracts. Also the Tanzania Post Corporation will distribute 200,000 risk polls and collect feedback.

**CHECK BOXES:** Community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful for adults (24 years and above), mobile populations, persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex) but who do not identify as persons in prostitution, business community, street youth, orphans and vulnerable children, religious leaders and teachers.

**M&E:** TAYOA will improve M&E tools to capture the relevant PEPFAR indicators. TAYOA also will improve the existing helpline database system and analyze FAQs for program improvement and publishing and dissemination of the findings to other stakeholders. Approximately 15% of the budget will be used for M&E and FAQs data analysis.

**SUSTAINABILITY:** TAYOA is working with medical students who are helpline counselors. This approach is designed to provide sustainability of helpline activities since it guarantees a supply of helpline counselors supply every year.

TAYOA is using the existing community infrastructure such as schools, churches, and mosques in collecting feedback as a sustainable mechanism. The studio is also looking into production of educational materials for schools and institutions at a fee that will compensate production of OP materials.

Through interest generated from the participating private sector partners, TAYOA has been awarded a completely toll-free helpline service through the Tanzania Broadcasting Commission.

TAYOA will initiate fund-raising from both local and international private sectors to cover operation costs of helpline services.



**Activity Narrative:**  
**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13537

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13537	3377.08	HHS/Centers for Disease Control & Prevention	Tanzania Youth Aware Trust Fund (TAYOA)	8550	8550.08	Hotline	\$150,000
7770	3377.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$100,000
3377	3377.06	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	2835	1056.06		\$150,000

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4907.09	<b>Mechanism:</b> UJANA
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 8722.23278.09	<b>Planned Funds:</b> \$1,000,000
<b>Activity System ID:</b> 23278	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: UJANA, Comprehensive HIV Prevention for Youth

UJANA will increase its focus in HIV prevention for youth on raising perceptions of risk and building skills of youth to lower their risk. Emphasis will be on comprehensive programming with sexually-active youth and youth at higher risk of HIV infection, including those in high HIV prevalence areas with denser populations, those engaged in transactional sex including commercial sex workers, those engaged in cross-generational sex, users of drugs or alcohol, mobile or seasonal laborers such as in tea and timber estates, youth on the streets and other out-of-school youth, and domestic workers. UJANA will promote the role of HIV counseling and testing and use of condoms, referring youth to accessible service providers and collaborating with such providers where possible. According to the 2007-2008 Tanzania HIV/AIDS and Malaria Indicator Survey, among youth 15-24 years of age (particularly for those 15-19), more girls than boys are sexually active, and HIV prevalence rates are higher among girls than boys. Among sexually active females, those 15-19 years old are more likely than any other age group to have two or more partners. Transactional sex and cross-generational sex are common, particularly among urban youth. Thus, inter-personal communication (IPC) efforts (health talks, discussion groups, etc.) will address the specific needs of girls as well as boys, using gender-focused curricula such as the Kaka wa Leo, Dada wa Leo ("Program H" and "Program M") and Stepping Stones. Among sexually active youth, boys are even more likely than girls to have two or more partners. Moreover, many youth are already married (68% of women and 28% of men aged 20-24 are), so greater focus will be made to conduct IPC with married youth (for example, through RH facilities) and to emphasize B messaging. B messaging will go beyond faithfulness in marriage, to emphasize more complex messages around partner reduction and in particular reduction of multiple concurrent partnerships (MCP). Prevention messaging for HIV-positive individuals, including those in discordant couples, will be developed and disseminated, in collaboration with other partners.

Greater reach through IPC with youth will be promoted through strategic partnerships with the Ministry of Education and Vocational Training and with the Ministry of Labor, Employment, and Youth Development (MOLEYD) to support teacher training on HIV prevention and the development and dissemination of MOLEYD's life skills curriculum for out-of-school youth respectively. Reaching youth through sports will also be expanded, taking advantage of events such as the 2010 World Cup. Having supported the Ministry of Health and Social Welfare (MOHSW) to finalize national Peer Education (PE) standards in 2008, UJANA will support the implementation of the standards by managers of PE programs through training and technical support. Ishi, a largely volunteer, youth-led IPC campaign, will be expanded, with an emphasis on higher prevalence, urban areas. The Ishi campaign also seeks to engage influential adults and the community at large in HIV prevention, such as through Elders Councils and adult-youth discussions. Additional efforts to create an enabling environment for HIV prevention among youth and to influence social norms which influence HIV transmission, such as gender inequality and gender-based violence (GBV), cross-generational sex, MCP, and alcohol use, will target influential adults and the wider community through performing arts (e.g. interactive theater), media, and training.

Family communication was promoted through radio in FY2008, so the focus of media campaigns in FY2009 (including radio, magazines, and other) will focus on other areas of relevance to HIV prevention among youth such as MCP, cross-generational sex, alcohol use, GBV, or other, partnering with multi-media initiatives such as Femina HIP, T-MARC or STRADCOM. Livelihood support linked with HIV prevention for especially vulnerable youth, with an emphasis on girls, will be developed in partnership with Pact International. Ongoing efforts to equip young people living with HIV/AIDS with skills to effectively share their stories, link HIV prevention messages to their personal experiences, and become prevention advocates will be strengthened. Efforts to identify and involve local celebrities to reach youth with HIV prevention messages will be continued, building on the successful engagement by UJANA in 2008 of music artists, TV personalities, models, etc. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

The 2003-2004 Tanzania HIV/AIDS Indicator Survey (THIS) reported a 4% prevalence rate among young women and 3% among young men. Sixty percent of new infections occur among youth. THIS revealed a knowledge gap between HIV and the practice of preventive behaviors. To address these challenges, UJANA will collaborate with FHI counterparts, Ishi and ROADS projects, and external partners, T-MARC and STRADCOM, to implement "Safe Passages," a comprehensive prevention project to avert new infections among high-risk youth in the southern transportation corridor. "Safe Passages" will identify high risk areas and youth sub-groups (ROADS project), use interpersonal behavior change and life skills education, (UJANA and Ishi), community mobilization (UJANA, Ishi, and T-MARC), promote linkages (ROADS), and mass media (T-MARC and STRADCOM). UJANA brings extensive youth HIV/AIDS technical expertise and a commitment to work with the GOT on its National Strategy on Adolescent Health and Development of the Multi-Sectoral Framework on HIV/AIDS to make a difference in young people's lives.

ACCOMPLISHMENTS: FHI delivered HIV prevention education to over 1,000,000 youth and adult leaders in 2006. It provided TA, tools, and educational materials to build the national prevention infrastructure. UJANA promoted a national evidenced-based response to the HIV epidemic among youth. UJANA is developing two strategy documents, one of which will identify most-at-risk youth and to develop gender based population-specific behavior change communication messages. The other will identify and capacitate CBOs who can deliver UJANA's gender-based prevention messages at scale. Strategies will be implemented in the "Safe Passages" project in the southern transportation corridor in collaboration with TMARC, STRADCOM, ROADS, and Ishi.

ACTIVITIES: 1) Provide targeted, evidence- and gender-based HIV prevention programming to youth in regions.

1a: Provide grants/capacity building to implementing partners (IPs). 1b: Conduct needs assessments with IPs. 1c: Conduct IP workshop to develop capacity building plans. 1d: Conduct training workshops to

**Activity Narrative:** address technical gaps, especially curriculum-based education, peer education, and counseling. 1e: Conduct capacity visits to support implementation of prevention efforts and the capacity building plan. 2) Roll out the GOT National Adolescent Health and Development Strategy to increase youth access to services.

2a: Mobilize regional and local level stakeholders to promote youth friendly services. 2b: Disseminate training manuals to promote VCT among youth. 2c: Train ten YFS trainers per region. 2d: Support national campaigns to promote youth uptake of VCT and RH services. 2e: Produce/disseminate youth-focused materials to increase knowledge, attitudes, and skills to reduce HIV risks and promote utilization of YFS (e.g., the cartoon booklet on the HIV and Sexual & Reproductive Health and poster, and copies of Si Mchezo magazine).

3) Scale up the evidence- and gender-based Programs “H” and “M” (of Instituto Promundo) and the Ishi Discussion Groups Initiative to promote gender equity and HIV prevention. 3a: Mobilize stakeholders to promote youth gender prevention education. 3b: Train Program H and M trainers and conduct Program H and M sessions. 3c: Conduct pre- and post-intervention behavioral surveillance surveys to assess the impact of Programs H and M.

4) Scale up Ishi community educational initiatives to promote HIV prevention education and awareness raising activities reaching large numbers of youth. 4a: Conduct national Youth Advisory meeting to develop local strategy and activities plan. 4b: Develop local level implementation plans for identified activities, 4c: Implement activities defined by work plan.

**LINKAGES:** UJANA will work internally with Ishi and the ROADS project and externally with T-MARC and STRADCOM to implement “Safe Passages” in the southern transportation corridor. UJANA will implement their interpersonal channels of behavior change interventions. STRADCOM and T-MARC will contribute mass media efforts and ROADS will identify sites and at-risk youth sub-groups, referrals, and linkages. UJANA will work at the local level through its sub-grantees, reaching youth and community leaders with HIV prevention information. Nationally, UJANA works in partnership with the Ministry of Health and Social Welfare (MOHSW) and the Ministry of Planning and Economic Empowerment, conducting joint planning and facilitating the Coordinating Committee for Youth Programs and the Adolescent HIV/RH Working Group to promote a coordinated and evidenced based response to the epidemic. UJANA will work with public and private partners to implement GOT’s Adolescent Health and Development Strategy and the Multi-Sectoral Framework on HIV/AIDS. UJANA will link its prevention interventions with TechnoServe and MDEA livelihood programs.

**CHECK BOXES:** UJANA and partners will work with at risk youth including street youth, transportation workers, and youth that engage in transactional sex. UJANA will build the capacity of IPs to deliver gender based HIV prevention messages at scale. Funding for organizations will be reserved for institutions that provide RH services. HIV funding will be used to leverage integrated comprehensive services for youth. UJANA and partners will deliver public education about the positive association between alcohol use and risk for HIV infection.

**M&E:** FHI has developed data collection tools for IPs and UJANA activities that include work plans, monthly summary forms, narrative forms, and QA/QI tools. A database will be developed and FHI will facilitate the discussion with USAID and TACAIDS to harmonize the data collection tools for HIV prevention programs in Tanzania. Training on qualitative research design and analysis methods, use of data, and QA/QI will be conducted to equip the IPs with the skills to evaluate the effectiveness of their programs. Capacity-building visits will be conducted quarterly to monitor implementation ensure uniform understanding of M&E processes and tools and verify data quality. Data from IPs, strategic partners and UJANA units will be collected, analyzed, and reviewed by FHI staff and partners quarterly to inform program changes. Two review meetings with IPs and government officials will be organized in Dar es Salaam and Iringa.

**SUSTAINABILITY:** Priorities include strengthening the ability of professionals, youth, and public and private organizations to respond to community HIV prevention needs and to create linkages between youth-serving organizations and governmental organs. Nationally, focus will be to continue to lead coordination efforts involving public and private partners to develop plans and documents that incorporate evidence-based strategies to increase the effectiveness of the national response to the HIV youth epidemic. Through “Safe Passages” partnerships, UJANA will provide a replicable model for a comprehensive approach to high-risk youth in targeted geographic areas.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13485

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13485	8722.08	U.S. Agency for International Development	Family Health International	6518	4907.08	UJANA	\$1,000,000
8722	8722.07	U.S. Agency for International Development	Family Health International	4907	4907.07	UJANA	\$1,000,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8724.23280.09

**Activity System ID:** 23280

**Mechanism:** LOCAL

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Sexual Prevention: Other sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$59,200

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Management and Staffing (GHCS)

ACTIVITIES: As identified in the USG five-year strategy, targeted behavior change and condom distribution to reduce transmission in MARPs, including prevention messages for PLWHA and special work place interventions must be emphasized in 2008.

Emphasis will be placed on building the capacity of the relevant organizations to develop appropriate behavior change communication strategies and IEC materials for OP. Staff will collaborate with key USG OP partners including the NACP/ TAYOA, ZACP, and other USG funded OP partners. Staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that promote OP interventions for the general public.

The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the OP activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

\*END ACTIVITY MODIFICATION\*

TITLE: Management and Staffing (GHAI)

ACTIVITIES: As identified in the USG five-year strategy, targeted behavior change and condom distribution to reduce transmission in MARPs, including prevention messages for PLWHA and special work place interventions must be emphasized in 2008.

Emphasis will be placed on building the capacity of the relevant organizations to develop appropriate behavior change communication strategies and IEC materials for OP. Staff will collaborate with key USG OP partners including the NACP/ TAYOA, ZACP, and the TBD MARPs partner and other USG funded OP partners. Staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that promote OP interventions for the general public.

The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the OP activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13645

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13645	8724.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$16,200
8724	8724.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$15,000

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 16371.23281.09	<b>Planned Funds:</b> \$337,500

**Activity System ID:** 23281

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. The program began in earnest in June 2008.

**TITLE:** Providing HIV/AIDS Prevention programs for the Tanzania Police Forces, Prisons Service, and Immigration Department

The HIV prevention and awareness-raising activities under this program will concentrate on 30,000 police officers (including 2,500 recruits per year), 30,000 prison officers (including 2,500 recruits per year), 5,000 immigration officers (400 recruits per year), their dependants, and thousands of civilians living in the vicinity of the police and prison health facilities. The program is a continuation of the program started under FY 2007 funding. Tools and materials developed under the DOD/PAI/TPDF Program can be used for all police, prisons, and the immigration department and vice versa. Immigration officers are linked to police and prison health facilities for treatment. Over the next several months, PharmAccess International will explore the possibility of extending services to prisoners through a partnership with the United Nations Office of Drug and Crime.

**ACCOMPLISHMENTS:** The Prevention program for the police, prison and immigration forces is expected to start in the second half of 2007, funded by PEPFAR/USAID.

**ACTIVITIES:** With FY 2008 funding, PharmAccess will be involved in the following activities: 1) Developing and distributing of new IEC and life skills materials by dedicated taskforces for each of the police, prison and immigration services. 2) Providing prevention IEC and life-skill materials and services to all service members, their dependents, and the communities near police and prison health facilities. 3) Equipping new recruits with the necessary knowledge and skills, and provide ongoing access to information and services, to prevent HIV/AIDS among themselves and other youths in and outside the uniformed forces. 4) Special efforts will be put on counseling of HIV-positive persons to raise awareness about the risks of HIV transmission. USG funding will support the (re-) training of 104 clinicians and HIV counselors of 26 health facilities. 5) Establishing post-test group sessions of HIV-positive persons 6) Re-training of 60 TOTs and training of 1200 peer educators, at least two per police station or prison. Activities will be directed to all police stations, prisons and offices of the immigration department. 7) Enhancing the awareness of HIV/AIDS by training commanders so that they consistently give high visibility to HIV/AIDS in their proceedings and activities 8) Training of groups of women living within the barracks and near the police stations and prisons to advocate HIV testing and less risky behavior. 9) Distributing condoms as well as carrying out education services on prevention efforts and as part of CT services at all police stations, prisons, and offices of the immigration department. Condoms will be obtained through District Medical Officers in the respective districts. In incidental cases, when the public system does not deliver and when stock-outs may occur, condoms will be procured and distributed through Tanzania Marketing and Communications company (T- MARC).

**LINKAGES:** The 16 new health facilities providing counseling, testing, and care and treatment services will link with nearby Regional and District hospitals for Elisa and CD4 testing and for referral of late-stage AIDS patients, organizations of women living in the barracks around these police stations and prisons. 200 women will be trained and involved in providing HIV/AIDS IEC and life-skill materials in and outside the barracks. In addition, the facilities will link with NGO's and other community support organizations to do home-visits, provide home-based care, and provide other support to HIV-positive persons living in the vicinity of these health centers and outside the barracks.

**CHECK BOXES:** The emphasis is to keep employee police, prisons, and immigration services (TPPI or the Forces), their dependants, and civilians living near the health facilities of these forces free from HIV infection. Activities include providing prevention and education materials and services to all service members and their dependents within communities near police and prison health facilities. In addition, PharmAccess will equip new recruits with the necessary knowledge and skills (and provide ongoing access to information and services) to prevent HIV/AIDS. Lastly, PharmAccess will enhance HIV/AIDS awareness by training peer educators and commanders so that they consistently give high visibility to HIV/AIDS in their proceedings and activities.

**M&E:** Data will be collected and reported by the management of the health facilities. Management will be trained and instructed to guarantee as much standardization as possible in reporting procedures. PAI will prepare a written M&E plan and will begin implementation no later than receipt of FY 2008 funds. The plan will outline procedures for data collection, storage, reporting, and data quality in addition to outlining plans for data use for decision-making within the organization and with key stakeholders. PAI will allocate 7% of FY 2008 funds to M&E and will harmonize with other PEPFAR AB and OP partners to develop and revise data collection tools.

**SUSTAINABILITY:** 1) Most costs of this program are for training and for developing and distributing IEC materials. Investments are pledged at the start-up phase of the program, therefore, it is expected that the costs per patient will decrease dramatically over time. 2) Medical staff turnover is low, therefore upon completion of training, this asset and capacity will remain with the forces to ensure sustainability. 3) Health facilities of the uniformed forces are under the administration of their respective Ministries. This prevention program will be implemented under the rules, regulations, and guidelines of the National AIDS Control Programme. Training, treatment, treatment guidelines, and M&E are all part of one large program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16371

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16371	16371.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$337,500

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7569.09	<b>Mechanism:</b> STRADCOM
<b>Prime Partner:</b> Strategic Radio Communication for Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 17008.23282.09	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 23282	

## Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

PEPFAR/Tanzania is promoting a more comprehensive and integrated approach to the prevention portfolio, as target audiences need to hear consistent core messages from a variety of sources. Key partners are working closely together at the programmatic level to improve coordination, evidence-based programming, and impact. The majority of USG prevention partners are primarily focused on interpersonal communication and community outreach, while STRADCOM is focused on radio programming. So in effect, STRADCOM is responsible for the "air war" and the other partners for the "ground war." STRADCOM supports and promotes the other partners' on-the-ground activities using their network of local and national radio stations. In a 2007 survey, 75% of respondents claimed to have listened to the radio within the past day. Thus, the popularity of radio enables STRADCOM to reach millions of Tanzanians with important OP messaging. In line with the USG Prevention Program Area Context, STRADCOM promotes consistent condom usage and focuses on mitigating the role of alcohol misuse in HIV-related sexual risk-taking.

During the first 18 months of the project, STRADCOM developed programming vehicles to convey core messages supporting the range of PEFAR activities in a flexible and mutually supporting manner. STRADCOM developed a radio serial drama, Wahapahapa ("The People from Right Here"), with various HIV/AIDS story lines, broadcast once a week on a national network (and re-broadcast on 9 local stations in high-prevalence regions). OP storylines focused on high-risk behaviors (in bar settings) and the importance of condom use in such settings. STRADCOM supports 15 radio stations to produce weekly magazine-format radio programs on HIV/AIDS. STRADCOM has also designed, produced, tested and broadcast a range of radio public service announcements (PSAs) supporting OP activities. 3 PSAs have been developed and produced for AED, which have run 200 times on 9 national and local radio stations. STRADCOM has collaborated with AED/T-MARC and FHI/Ujama on Safe Passages (for high-risk youth) and a related Alcohol and HIV Initiative.

STRADCOM will continue to develop specific OP messages that promote a greater understanding of consistent and proper condom usage. Continuing programs include: 1) Weekly magazine programs on HIV/AIDS on at least 15 stations/networks. 2) A weekly 52-episode radio serial drama with one storyline on OP, focusing on the need for correct and consistent condom use by those engaged in high risk activities, and complementing an AB story line. The Wahapahapa storylines includes a subplot that models behavior change for consistent and correct condom use. Many of the story's characters are members of a band, which provides opportunities to model correct behavior. The format of a long drama series allows us to deal with this theme in a complex, subtle and realistic manner. STRADCOM will expand listenership from radio broadcasts by using other distribution channels such as distributing program tapes to commuter and long-distance buses. 3) Design, produce and broadcast PSAs supporting partners' "on the ground" OP activities.

STRADCOM will continue working closely with partners, who assist in identifying areas needing communication support and in developing core messages. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

TITLE: STRADCOM Support of Vaa Kondom and Alcohol and HIV Prevention Campaigns.

NEED and COMPARATIVE ADVANTAGE: An effective prevention campaign is the best way of avoiding infections, treatment, and care. There is a need for a more comprehensive and integrated approach to the condoms and other prevention program area. Target audiences should hear consistent core messages from a variety of sources including mass media, NGOs facilitating events, community leaders, religious leaders, neighbors, friends, and family members. PEPFAR and the National AIDS Control Programme (NACP) are playing a critical role in ensuring coordination among partners involved in OP behavior communication change activities. Three key partners in this program area, encouraged by USAID, propose working more closely together at the programmatic level to improve coordination and impact. Collaboration must occur to promoting consistent condom usage (AED and CCP) and mitigating the role of alcohol misuse in HIV-related sexual risk-taking (AED, FHI and CCP). According to a variety of studies of alcohol use in African settings, both the direct and indirect effects of alcohol misuse appear to be major contributors to both the risk for infection with HIV and the transmission of HIV/AIDS at the individual and population levels. The STRADCOM role will be to provide support by conveying core messages on radio and promoting our partners' outreach activities.

ACCOMPLISHMENTS: During the first six months of the project, using pre-FY 2007 funding, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages in a flexible and mutually supporting manner. STRADCOM has already funded the production and broadcast of a radio serial drama on RTD in addition to producing and broadcasting a number of PSAs in support of AED Vaa campaign. STRADCOM produced radio spots reinforcing the key messages of the campaign, in addition to coordinating and paying for the placement of the radio spots to ensure that they supported AED's community outreach activities along the southern and northern transportation corridors.

ACTIVITIES: In close collaboration with AED, STRADCOM will develop core OP messages. Partners will support the ongoing campaign with broadcasting of core messages and with the promotion of AED's outreach activities. For the alcohol component, objectives include raising awareness in the population about the link between alcohol use and HIV risk behaviors including sexual violence, and sexual debut, encourage responsible alcohol use in settings where sexual decision-making will be made, and provide skills and motivation for avoiding alcohol-related sexual risks. STRADCOM will work with AED and FHI to develop core messages and promote their outreach activities. The core messages and community outreach promotion will be conveyed through weekly magazine programs on AIDS on at least 12 stations/networks. The typical format of these programs is a regular radio diary segment by a person living with AIDS, a pre-recorded news story, a phone in session and an optional guest. A total of 100 of these programs over 52 weeks will address core messages on condoms and alcohol. A weekly 52-episode radio serial drama with two to three storylines on consistent condom use and on alcohol risk. In addition, about 40 public service



**Activity Narrative:** announcements introducing and reinforcing core messages or promoting AED and FHI's outreach activities will be circulated. These PSAs will be inserted a minimum of 4,100 times on the most appropriate radio stations. This averages more than two inserts every day on five radio stations. The final media schedule will be based on target audiences and radio listener demographics, number of exposures estimates, geographic locations, and other STRADCOM radio programming. All these activities include: training and mentoring radio station production staff; working with key partners to review core messages, technical aspects and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations.

**LINKAGES:** STRADCOM is working together with the NACP, TACAIDS, and other partners to ensure messages are appropriate, that they support policies, and are linked to services. We are working closely with AED and FHI and will continue to seek out other partners. As of July 2007, STRADCOM's our potential radio partners include Abood FM, Morogoro; Clouds FM, Dar es Salaam and Region; Ebony FM, Iringa; Kili FM, Kilimanjaro; Mbeya FM, Mbeya; Radio One, National; Radio Ukweli, Morogoro; RFA, Mwanza and National; and RTD, National. . We expect this list to grow to at least 12 stations by 2008. Finally, STRADCOM is working in the program areas of AB, Palliative Care, Testing, Treatment, and PMTCT, ensuring a consistent behavior change communication across the continuum of prevention and care.

**CHECK BOXES:** Local capacity development: STRADCOM will be training and mentoring radio station staff on how to better produce programs on HIV and AIDS.

**M&E:** PSAs, drama pilots, and selected diaries and documentary episodes will be pre-tested with focus groups. Design teams will review technical content. Selected magazine programs will be translated into English for review. The existing PMP plan will be updated. STRADCOM's PMP calls for a mid-term population-based evaluation in early 2008 to measure impact.

**SUSTAINAIBILITY:** STRADCOM's strategy is to work closely with partner radio stations to help improve their existing programs on HIV/AIDS prevention. STRADCOM's involvement is co-production rather than paying for airtime. By training and supporting their existing staff to produce high quality, informative, and engaging programming, this will increase their listeners and in turn increase their revenue from advertising. STRADCOM also works with local production companies to improve their production, post-production, and behavior communication skills and capacity. This not only makes them more effective, it also makes them more competitive. Partners encourage sustainability by requiring radio stations to support productions. In one of our first partnerships with RTD, their "in-kind" contribution, amounted to about half the cost of the radio series Twende na Wakati.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17008

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17008	17008.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$400,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

---

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 7570.09

**Prime Partner:** Mbeya HIV Network Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 17004.23283.09

**Activity System ID:** 23283

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$416,550

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008;

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that HIV prevalence in Mbeya region is 8%.

#### ACTIVITIES

Coordinate expansion of activities for OP services to address needs of communities along the transport corridor road construction to be undertaken as part of the Millennium Challenge Compact

\*END ACTIVITY MODIFICATION\*

TITLE: MHNT promoting safer choices to reduce sexual transmission of HIV.

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in Mbeya region is 13%, one of the highest in the country, and prevailing social norms challenge HIV prevention efforts in the region. Mbeya borders Malawi and Zambia, thereby supporting the main trade route via highway. The transactional sex and high-risk behaviors associated with its location are the primary reason for its high prevalence. While abstinence and faithfulness are important to stemming the HIV/AIDS epidemic, it is also critical to empower sexually active individuals to make safer choices to protect themselves and their partners from HIV infection. All Mbeya HIV Network Tanzania (MHNT) member organizations have substantial service delivery experience as well as a history of collaboration, and established relationships within their respective communities.

**ACCOMPLISHMENTS:** OP has long been a component of MHNT's community-wide HIV prevention education activities, spearheaded by KIHUMBE (a prime partner under a separate submission). These large-scale activities included media campaigns, outreach, and education at regional and national festivals and other annual events. Planned efforts described in this narrative will complement general education with more intensive individual and group-level interventions to promote behavior change.

#### ACTIVITIES:

1. Continue to train peer counselors at the village level to provide community HIV prevention education, reduce stigma, encourage consistent and correct condom use by sexually active individuals, and promote dialogue as well as utilization of voluntary counseling and testing (VCT) services.
  - 1a. Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing behavior with special emphasis on working with juveniles in juvenile remand and their need for on site peer counselors.
  - 1b. Provide training for peer counselors, both initially and on a refresher basis as necessary.
  - 1c. Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges and improve quality of service, especially in workplace venues, schools youth groups and out of school youth..
2. Convene post-test clubs of PLWHA to share experiences and discuss disclosure and HIV prevention issues, including safer sex.
  - 2a. Continue to convene existing post-test clubs, and communicate with PLWHA served by a given NGO to identify meeting times and venues favorable to PLWHA participation.
  - 2b) In addition to providing a support group environment for sharing feelings and experiences, identify and/or develop and implement mini-curricula designed to assist PLWHA (including members of discordant couples) in preventing further transmission of HIV.
  - 2c) Coordinate with permanent and mobile VCT services and home-based care providers to ensure referral of HIV-positive individuals
- 3) Coordinate with VCT services to convene post-test safe choices discussion groups for individuals who test HIV-negative, supporting them to sustain their HIV-negative status. Focus efforts on empowering individuals to identify for themselves the safe choices they wish to make, and developing the skills each individual needs in order to implement those choices consistently.
  - 3a. Explore national and/or international resources to identify and/or develop a mini-curriculum that addresses empowerment, assertiveness, and communication skills, including condom negotiation skills.
  - 3b. Address alcohol use as an obstacle to making safer sexual choices, and encourage individuals to consider safer choices regarding alcohol consumption.
  - 3c. Establish a referral system with permanent and mobile VCT service sites, whereby all individuals testing HIV-negative are encouraged to participate in post-test discussion groups.
4. Coordinate with other prevention efforts to ensure provision of education about safer sex to sexually active individuals, including members of discordant couples.
  - 4a. Work with the Evangelical Lutheran Church of Tanzania (ELCT) to provide gender, human and legal rights training to incorporate education about condom use and condom negotiation as appropriate with MHNT members and network members in Ruvuma and Rukwa.
  - 4b. Collaborate with KIHUMBE to provide training of educational performances to prepare and perform presentations encouraging safer sexual choices and correct and consistent condom use by sexually active individuals.
  - 4c. Join MHNT efforts with marketing and radio groups to develop a community-wide media campaign, ensuring messages include encouraging sexually active individuals to make safer choices and to use condoms consistently and correctly and to avoid preventable risky behaviors.

**LINKAGES:** Along with executing prevention activities, MHNT members also provides a number of other services, including counseling and testing (CT), orphans and vulnerable children (OVC) services and home based care (HBC). MHNT members, including KIHUMBE, collaborate to maximize impact and coverage of their collective activities and eliminate overlap. As an example, the MHNT is an active member of the ELCT Mbeya Diocese, which provides messaging on gender and legal human rights throughout the Southern

**Activity Narrative:** Highlands Zone. This activity also links with: schools and faith groups and village associations; Saturday and after school Youth Programs; or ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; ROADS/FHI program in accessing high risk populations along the trans-African highway; PEPFAR marketing groups STRADCOM; and AED for local advertising to encourage event participation.

**CHECK BOXES:** These services focus on sexually active individuals, including members of discordant couples, as well as adults and youth who may become sexually active. Activities designed to empower individuals (particularly women) to make safer choices regarding sexual behavior, address gender norms, and promote gender equality. These approaches also encourage risk reduction among persons engaging in prostitution or transactional sex, who cannot or will not abstain from sex. Training of peer educators and group facilitators is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education.

**M&E:** In addition to established processes for monitoring indicators on a quarterly basis, MHNT will adopt standardized tools for collecting detailed data on service delivery. Data from member NGOs will be compiled at the network level, allowing for identification of major service needs, gaps, and areas for improvement. Data collected by the network re: clients' referral routes to VCT will help refine and better target MHNT community education efforts.

**SUSTAINABILITY:** In FY 2009, MHNT will enter the last year of a three-year process to transition of responsibility from sub-partners in Mbeya. This local network has successfully implemented community activities since 2005, registered as an NGO, and has refined its structure and operations to manage member activities. Since FY 2007, DOD has worked with MNHT to establish appropriate administrative mechanisms, coordinate training, and provide technical assistance through other USG partners, and implement a transition plan to gradually shift all administrative functions to the network. Once this transition is complete, MNHT will determine awards; ensure regional coverage, proper fiscal management, and oversight of sub-partner service implementation. MNHT will also be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17004

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17004	17004.08	Department of Defense	Mbeya HIV Network Tanzania	7570	7570.08		\$396,550

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.03: Activities by Funding Mechanism**

---

**Mechanism ID:** 7571.09

**Mechanism:** N/A

**Prime Partner:** Resource Oriented  
Development Initiatives

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 17005.23284.09

**Planned Funds:** \$124,219

**Activity System ID:** 23284

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO RUKWA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that the estimated HIV prevalence in Rukwa region is around 4.5%.

#### ACTIVITIES

Coordinate expansion of activities for OP services to address needs of communities along the transport corridor road construction to be undertaken as part of the Millennium Challenge Compact

\*END ACTIVITY MODIFICATION\*

TITLE: RODI promoting safer choices to reduce sexual transmission of HIV in the Rukwa Region.

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Rukwa region is around 6%. While abstinence and faithfulness are important to stemming the HIV/AIDS epidemic, it is also critical to empower sexually active individuals to make safer choices to protect themselves and their partners from HIV infection. General infrastructure in Rukwa is poor; the region has no paved roads, and during the rainy season, most dirt roads are impassable and many areas are reached only by boat year round. There are few established NGOs providing HIV services in Rukwa, and fewer able to manage regional service provision to unique populations of farmers, fishermen, and miners. RODI, registered in 2004, has a strong record of accomplishment of capacity building and training for a variety of Rukwa projects. RODI has the capacity necessary to coordinate service provision by a network of NGOs in Rukwa.

ACCOMPLISHMENTS: FY 2007 funding supported initiation of PEPFAR HIV prevention services in Rukwa region, including identification of appropriate sub-partners in Rukwa districts where eight NGOs were identified especially among the miners and fishermen.

ACTIVITIES: RODI will focus on service delivery through "clusters" based on the three main regions: Sumbawanga (which includes both Sumbawanga Rural and Urban), Nkasi, and Mpanda.

1. Continue to train youth and adult peer counselors at the village level and higher to provide community HIV prevention education, reduce stigma, encourage consistent and correct condom use by sexually active individuals, and promote dialogue as well as utilization of permanent and mobile VCT services.

1a. Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing behavior.

1b. Provide training for peer counselors, both initially and on a refresher basis as necessary.

1c. Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service especially in workplace venues (e.g., fisheries, mines).

2. Convene post-test clubs of PLWHA to share experiences and discuss disclosure and HIV prevention issues, including safer sex.

2a. Continue to convene existing post-test clubs, and communicate with PLWHA served by a given NGO to identify meeting times and venues favorable to PLWHA participation.

2b. In addition to providing a support group environment for sharing feelings and experiences, identify and/or develop and implement mini-curricula designed to assist PLWHA (including members of discordant couples) in preventing further transmission of HIV.

3. Coordinate with permanent and mobile VCT services to convene post-test safe choices discussion groups for individuals who test HIV negative, supporting them to sustain their HIV negative status. Focus efforts on empowering individuals to identify for themselves the safe choices they wish to make, and developing the skills each individual needs in order to implement those choices consistently.

3a. Explore national and/or international resources to identify and/or develop a mini-curriculum that addresses empowerment, assertiveness, and communication skills, including condom negotiation skills.

3b. Address alcohol use as an obstacle to making safer sexual choices, and encourage individuals to consider safer choices regarding alcohol consumption.

3c. Establish a referral system with permanent and mobile VCT service sites, whereby all individuals testing HIV negative are encouraged to participate in post-test discussion groups.

4. Coordinate with other prevention efforts to ensure provision of education about safer sex to sexually active individuals, including members of discordant couples.

4a. Work with the Evangelical Lutheran Church of Tanzania (ELCT) through MHNT to provider gender, human and legal rights training to incorporate education about condom use and condom negotiation as appropriate.

4b. Collaborate with providers of educational performances to prepare and perform presentations encouraging correct and consistent condom use by sexually active individuals.

4c. With guidance from KIHUMBE (a prime partner under a separate submission), and in collaboration with marketing and radio groups, develop and implement a community-wide media campaign, ensuring messages include encouraging sexually active individuals to use condoms consistently and correctly and to avoid preventable risky behaviors.

LINKAGES: Along with executing prevention activities, RODI members also provide a number of other services, including CT, OVC services, and home-based care. RODI members collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with: the ELCT Mbeya District in training in legal and gender issues and activities; KIHUMBE, a prime partner under a separate submission, which provides training on OP services throughout the Southern Highlands Zone - schools, faith groups and village associations; secondary schools, faith groups and village associations; Saturday and after school youth programs; ward leaders and other local government officials; other providers of counseling services; VCT sites to facilitate referrals; PEPFAR marketing groups such as

**Activity Narrative:** STRADCOM and AED for local advertising to encourage event participation.

**CHECK BOXES:** These services focus on sexually active individuals, including members of discordant couples, as well as adults and youth who may become sexually active. Activities designed to empower individuals (particularly women) to make safer choices regarding sexual behavior, address gender norms, and promote gender equality. These approaches also encourage risk reduction among persons engaging in prostitution or transactional sex, who cannot or will not abstain from sex. Training of peer educators and group facilitators is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education.

**M&E:** RODI has considerable M&E expertise, having supported a number of projects in efforts to improve M&E practices. In addition to instituting standard processes for monitoring indicators on a quarterly basis, RODI will ensure implementation of standardized tools for collecting detailed data on service delivery. Compiling data from sub-partners will allow for identification of major service needs and gaps by the M&E staff person. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Data collected by the network regarding clients' referral routes to VCT will help refine and better target community education efforts, and test results via mobile VCT services will help identify sites to reach high-risk groups.

**SUSTAINABILITY:** RODI is a local, grassroots Tanzanian-run NGO that has cultivated capacity-building expertise in the health, environmental, and agricultural arenas. Its holistic approach to health addresses HIV, malaria, and water-borne disease. RODI has expanded activities slowly within the Southern Highlands Zone, so as not to exceed current capacity and therefore compromise quality of service. Few local entities in Rukwa have experience managing service delivery on a regional scale, yet RODI has the background and skill base to continue this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage, and fiscal oversight of sub-partners, but will also lend needed administrative capacity to Rukwa. RODI and its sub-partners will become increasingly well positioned to apply for and administer additional funding for this under-served region.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17005

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17005	17005.08	Department of Defense	Resource Oriented Development Initiatives	7571	7571.08		\$95,200

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechansim**

---

**Mechanism ID:** 7573.09

**Prime Partner:** Savannas Forever Tanzania /  
World Wildlife Fund Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 17009.23285.09

**Activity System ID:** 23285

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$0



**Activity Narrative: DISCONTINUED ACTIVITY – UNCHANGED FROM FY 2008**

TITLE: Mainstreaming HIV/AIDS Information and Services into Natural Resource Management

**NEED AND COMPARATIVE ADVANTAGE:** Remote villagers have little access to HIV/AIDS education with disastrous consequences for rural economic growth and natural resource management. SFTZ conducts in depth socio-economic, environmental, behavioral, and attitudinal surveys, in addition to expert interviews of village leaders. Communicating targeted survey findings back to these communities creates opportunities to educate receptive audiences on the impact and prevention of HIV/AIDS. The project will take a holistic approach to bring HIV/AIDS education and testing to 96 remote villages, providing village-level data to inform national monitoring programs, and strengthening communication between health agencies and otherwise isolated villages.

**ACTIVITIES:** Tanzania's wildlife areas cover 25% of the mainland, but adjacent rural communities are the poorest in the country and suffer the worst access to healthcare and lowest awareness of HIV. Without aggressive intervention, HIV will devastate these communities, their prospects for escaping poverty, and the sustainability of natural resources critical to national economic growth.

SFTZ presents targeted information to an engaged audience primed to solve issues identified and prioritized by the village. The process includes rapid HIV testing and counseling by a medical doctor and links to a set of in-depth household socioeconomic surveys, child-nutrition studies, village focus groups, and environmental assessments. A village-specific prevention program is delivered three to four months later by a communication team that presents survey findings and leads problem solving sessions. This setting provides a powerful context to communicate HIV/AIDS status and to distribute HIV/AIDS education/prevention materials.

SFTZ re-surveys each village every two years in order for stakeholders to evaluate the effectiveness of rural development, conservation, public health, and AIDS-prevention projects. SFTZ will cover 96 villages the first year, and prior experience from 26 villages provides a model for disseminating educational materials on HIV/AIDS prevention and testing in neglected areas. Our collaborations with senior scientists ensure high standards for assessing baselines, analyzing needs, and transferring information. 1) Visit 96 villages and 36 district government offices (two teams; 3rd team covered by PEPFAR COP narrative for HIV-testing and counseling)

2) Doctors and nurses meet district health officers to coordinate testing/counseling with district and obtain letters of introduction

3) Health information gathered during a five-day visit in each village

4) Information entered, checked, analyzed, and placed into 96 village-specific reports.

5) Communication teams present findings to village government and assembly

6) Visit district health officers, invite to village meetings, and provide summary on villages in their districts:

7) Disseminate HIV/AIDS information while communicating issues specific to that community. Villages receive direct comparisons with other villages on HIV indicators. Facilitate discussions to trigger grassroots efforts (two days per village):

8) Mobilize relevant health agencies

**LINKAGES:** Savannas Forever collaborate with NIMR Muhimbili Medical Research Centre and the Institute for Resource Assessment (IRA) at the University of Dar es Salaam. NIMR provides medical expertise for HIV testing, counseling, and education as well as mother/child nutrition surveys, NIMR also arranges for ethical clearance and access to HIV data from hospitals and testing centers. The IRA provides expertise on socio-economics and land-use patterns and hosts a comprehensive database of remote sensing imagery, conservation activities, and poverty alleviation programs throughout the country. Savannas Forever have working relationships with 26 rural villages and nine district governments, as well as the National Bureau of Statistics.

**CHECK BOXES:** The project presents HIV/AIDS prevention materials to rural villages and holds meetings to educate village leaders, teachers, and health officers on best media to use in imparting effective HIV awareness and risk-reduction behavior. The primary target for prevention will be mothers of under-fives, but the program covers the majority of village residents. The first year includes 96 villages located in or near Tanzania's network of protected areas, which include the poorest communities in the country with the worst access to health services.

**M&E:** A log framework will provide indicators for accomplished activities and monitoring for each milestone. Survey teams spend five days in each village testing for HIV and distributing educational materials. Communication teams return three to four months later to determine the impact of the initial visit on HIV awareness and to present survey results to village assemblies and focus groups. NIMR will provide additional data from district hospitals to measure whether study (intervention) villages show a higher rate of HIV testing and a reduced prevalence of HIV compared to non-study villages.

**SUSTAINABILITY:** This proposal refers to activities over 12 months, but the overall program is designed to continue indefinitely. Each village will be revisited every second year, whereby longitudinal data will be analyzed to estimate degree of impact on HIV-awareness and prevalence, nutrition of mothers and under fives, poverty alleviation, and wildlife/habitat conservation. SFTZ will coordinate long-term relationships with governments in 192 villages and 36 districts, and mobilize relevant NGOs to work with local government agencies, focusing on critical community issues related to HIV/AIDS. These data will provide an invaluable

**Activity Narrative:** baseline to monitor and evaluate USAID projects in rural Tanzania as well as other health and poverty alleviation programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17009

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17009	17009.08	U.S. Agency for International Development	Savannas Forever Tanzania / World Wildlife Fund Tanzania	7573	7573.08		\$300,000

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 7574.09

**Mechanism:** N/A

**Prime Partner:** University of Rhode Island

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 17007.23286.09

**Planned Funds:** \$0

**Activity System ID:** 23286

**Activity Narrative:** DISCONTINUED ACTIVITY – UNCHANGED FROM FY 2008

**TITLE:** HIV/AIDS Prevention with Fishing Camps.

**NEED AND COMPARATIVE ADVANTAGE:** Only recently have environment/conservation programs begun to integrate HIV/AIDS mitigation activities. This is noteworthy because of the vicious cycle of environmental degradation leading to increased poverty, which is compounded when the ravages of the HIV/AIDS epidemic are introduced into the cycle.

Continued funds (funding was approved for FY 2007 plus up funding) are being sought in the OP area, in order to address the needs of a specific coastal population in Tanzania, which has been identified as particularly vulnerable to HIV/AIDS infection. This includes implementation of activities that prevent the spread of HIV/AIDS and its related impacts on biodiversity in communities surrounding the Saadani National Park. The Coastal Resources Center (CRC) at University of Rhode Island (URI) and its partner UZIKWASA will use these resources to work with local partners to develop and deliver HIV/AIDS prevention messages and interventions. To accomplish this, partners will conduct community-based approaches that reach out to village and ward leaders and the general population in the area with a specific focus on HIV/AIDS vulnerable groups, such as fishmongers, fishers, and young women.

**ACCOMPLISHMENTS:** This activity will begin in FY 2007 with FY 2007 plus up funding.

**ACTIVITIES:** Funding will be used for HIV/AIDS prevention through capacity building and community outreach to promote behavior change. UZIKWASA will implement the communications and capacity building activities, including theater for development shows that focus on HIV/AIDS prevention messages that include gender and biodiversity conservation aspects in addition to strengthening the capabilities of the ward multi-sectoral AIDS Communities (WMACs) and village multi-sectoral AIDS Committees (VMACs) in the targeted area. CRC will be responsible for monitoring, evaluation, and liaising with the Districts and SANAPA, and the overall coordination between the SUCCESS Program and UZIKWASA's activities, along with reporting to USAID. CRC's responsibilities will include leading annual assessments to measure the impacts, including behavior change, theater for development shows, and other activities for the target communities and audiences.

**LINKAGES:** Linking with the SUCCESS Program, UZIKWASA gains access to both infrastructure and staff that CRC has established in Tanzania. Both the PEPFAR activities and the SUCCESS program activities target the same beneficiaries, with an emphasis on previously identified HIV/AIDS vulnerable groups (e.g., women and migrating fishermen). The SUCCESS program will provide these targeted groups with opportunities for improved income-generation and less labor-intensive livelihoods, while PEPFAR activities seek to reduce risky behavior. Together, the SUCCESS and PEPFAR activities provide a more comprehensive package of benefits and services than either program could provide alone.

This partner will also link with other prevention partners such as T-MARC, ROADS, UJANA, STRADCOM, and other programs targeting men and risky sexual behavior. It will also coordinate with AMREF to refer fishermen to counseling and testing services. The program will prioritize the involvement and strengthening of the local community HIV/AIDS coordination bodies and will collaborate with the business community such as hotel owners and the Saadani National park managers.

**M&E:** The program will develop a program monitoring plan and submit quarterly technical and financial reports to the activity manager.

**SUSTAINABILITY:** The project will be implemented in partnership with the local government HIV/AIDS coordinating mechanisms through sharing capacity and practices. In addition, local businesses and communities will be actively involved to ensure community ownership and long-term sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17007

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17007	17007.08	U.S. Agency for International Development	University of Rhode Island	7574	7574.08		\$220,000

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7580.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> SONGONET-HIV Ruvuma	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention

---

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 17006.23287.09

**Planned Funds:** \$97,830

**Activity System ID:** 23287

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO RUVUMA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that HIV prevalence in Ruvuma region is around 5.4%.

\*END ACTIVITY MODIFICATION\*

TITLE: SONGONET-HIV promoting safer choices to reduce sexual transmission of HIV in the Ruvuma Region.

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Ruvuma region is around 6%. While abstinence and faithfulness are important to stemming the HIV/AIDS epidemic, it is also critical to empower sexually active individuals to make safer choices to protect themselves and their partners from HIV infection. The Ruvuma NGOs comprising SONGONET-HIV were selected for funding from multiple applicants, based upon their service delivery experience, existing organizational infrastructure, and established linkages to hospitals in their communities. The network is therefore best suited to identify and meet the needs of Ruvuma residents.

ACCOMPLISHMENTS: FY 2006 funding supported initiation of PEPFAR HIV prevention services in Ruvuma region, and FY 2007 included identification of appropriate sub-partners in Ruvuma districts where seven NGOs were identified. Though this process had been slow, during FY 2008 sub-partner NGOs have reached more than 5000 individuals through their prevention programs in Ruvuma region and are ramping up quickly to reach more communities and individuals.

ACTIVITIES: 1. Continue to train youth and adult peer counselors at the village level and higher to provide community HIV prevention education, reduce stigma, encourage consistent and correct condom use by sexually active individuals, and promote dialogue as well as utilization of permanent and mobile VCT services.

1a. Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing behavior especially at workplaces.

1b. Provide training for peer counselors, both initially and on a refresher basis as necessary.

1c. Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service.

2. Convene post-test clubs of PLWHA to share experiences and discuss disclosure and HIV prevention issues, including safer sex.

2a) Continue to convene existing post-test clubs, and communicate with PLWHA served by a given NGO to identify meeting times and venues favorable to PLWHA participation.

2b. In addition to providing a support group environment for sharing feelings and experiences, identify and/or develop and implement mini-curricula designed to assist PLWHA (including members of discordant couples) in preventing further transmission of HIV.

2c. Coordinate with VCT services and home-based care providers to ensure referral of HIV-positive individuals.

3. Coordinate with permanent and mobile VCT services to convene post-test safe choices discussion groups for individuals who test HIV-negative, supporting them to sustain their HIV-negative status. Focus efforts on empowering individuals to identify safe choices they wish to make, and developing the skills each individual needs in order to implement those choices consistently.

3a. Explore national and/or international resources to identify and/or develop a mini-curriculum that addresses empowerment, assertiveness, and communication skills, including condom negotiation skills.

3b. Address alcohol use as an obstacle to making safer sexual choices, and encourage individuals to consider safer choices regarding alcohol consumption.

3c. Establish a referral system with permanent and mobile VCT service sites, whereby all individuals testing HIV-negative are encouraged to participate in post-test discussion groups.

4. Coordinate with other prevention efforts to ensure provision of education about safer sex to sexually active individuals, including members of discordant couples.

4a. Work with the Evangelical Lutheran Church of Tanzania (ELCT) of MHNT (a prime partner under another submission) to provide gender, human, and legal rights training and to incorporate education about condom use and condom negotiation as appropriate.

4b. Collaborate with providers of educational performances to prepare and perform presentations encouraging correct and consistent condom use by sexually active individuals.

4c. With guidance from KIHUMBE (a prime partner under a separate submission), and in collaboration with marketing and radio groups, develop and implement a community-wide media campaign, ensuring that messages include encouraging sexually active individuals to use condoms consistently and correctly and to avoid preventable risky behaviors.

LINKAGES: Along with executing prevention activities, SONGONET-HIV members also provide a number of other services, including CT, OVC services, and home-based care. Members collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with: the ELCT Mbeya District in training in legal and gender issues and activities; KIHUMBE, which provides training on OP services throughout the Southern Highlands Zone; schools, faith groups, and village associations; Saturday and after school youth programs; ward leaders and other local government officials; other providers of counseling services; VCT sites to facilitate referrals; and PEPFAR marketing groups such as STRADCOM and AED for local advertising to encourage event participation.

CHECK BOXES: These services focus on sexually active individuals, including members of discordant

**Activity Narrative:** couples, as well as adults and youth who may become sexually active. Activities designed to empower individuals (particularly women) to make safer choices regarding sexual behavior, address gender norms, and promote gender equality. These approaches also encourage risk reduction among persons engaging in prostitution or transactional sex, who cannot or will not abstain from sex. Training of peer educators and group facilitators is a key component of this program area, as volunteers constitute the primary human resources delivering HIV prevention education.

**M&E:** In addition to instituting processes for monitoring indicators on a quarterly basis, SONGONET-HIV will ensure implementation of standardized tools for collecting detailed data on service delivery by the M&E staff person. Compiling data from sub-partners will allow for identification of major service needs and gaps. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Data collected regarding clients' referral routes to VCT will help refine and better target community education efforts, and test results via permanent and mobile VCT services will help identify sites of high-risk behavior for targeting of activities and messages.

**SUSTAINABILITY:** In FY 2009, SONGONET will enter the final year of a three-year process to transition responsibility from sub-partners. This local network is an HIV-specific subset of a larger group of Ruvuma NGOs. SONGONET-HIV has received support to establish appropriate administrative mechanisms, coordinate training, provide technical assistance, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, SONGONET-HIV will determine awards, ensure regional coverage, assure proper fiscal management and oversight of sub-partner service implementation. Additionally, the group is well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17006

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17006	17006.08	Department of Defense	SONGONET-HIV Ruvuma	7580	7580.08		\$67,830

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 10654.09

**Prime Partner:** To Be Determined

**Funding Source:** GHCS (State)

**Mechanism:** NRM Wrap Around

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 25084.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 25084

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**Need and comparative advantage:**

USAID/Tanzania has a vibrant Natural Resources Management/Economic Growth (NRM/EG) program, which is set to begin a new round of 4-year partner awards in FY09. PEPFAR Tanzania and USAID/Tanzania's NRM/EG programs are working closely to integrate HIV/AIDS activities into the program design and procurement development of NRM/EG's new round of partner awards. Total USAID/NRM funding for FY09 is anticipated at \$6 million, with a range of competitive awards and contracts expected. The availability of funds from PEPFAR Tanzania will allow for new partners in the NRM/EG portfolio to integrate key HIV prevention messages and activities into their programs and will enable PEPFAR to expand its reach to underserved peri-urban and rural populations.

**Activities:**

PEPFAR will work with the NRM/EG program to implement targeted HIV/NRM/EG wrap-around activities thus leveraging the approximately 4-year, \$26 million NRM/EG portfolio and associated infrastructure. PEPFAR plans to apply a total of \$855,000 in HIV/AIDS funds (AB and OP) to both support the integration of HIV/AIDS activities into NRM/EG programs and to provide technical assistance to NRM/EG partners to ensure the technical quality of these wrap-around programs.

**Planned wrap-around activities include:**

- HIV prevention programming with farmers' groups and/or associations, and primary agricultural producers in various sectors including but not limited to horticulture, coffee, and cashew, and organic spices.
- HIV prevention programs for community-based conservation organizations, particularly in coastal areas where NRM project goals include livelihood improvement programs and integrated coastal zone management.
- HIV prevention activities as part of the new NRM water/sanitation program in bringing clean water and sanitation facilities to communities with a high prevalence of HIV.

**Linkages:**

Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs.

**Target Population:**

Target populations will likely be located in rural farming or peri-urban areas for interventions in the agriculture sector as well as in key conservation areas including high-risk coastal communities.

**M&E:**

Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues. Annual progress will be presented at the NRM/SO Team meeting to all partners and Government of Tanzania SO Team representatives.

**Sustainability:**

Both PEPFAR and NRM/EG programs focus on project sustainability. A value-chain approach is used by NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. Biodiversity conservation programs focus on livelihoods development, from conservation-based enterprises like eco-tourism, handicrafts, honey, and mariculture, thus enabling communities to meet their economic needs while participating fully in sustainable natural resources management. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these NRM/EG programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 10655.09

**Prime Partner:** To Be Determined

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 25085.09

**Activity System ID:** 25085

**Mechanism:** Umbrella TA

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: Other sexual prevention

**Program Budget Code:** 03

**Planned Funds:** [REDACTED]



**Activity Narrative:** THIS IS A NEW ACTIVITY.

**Need and comparative advantage:**

As PEPFAR/Tanzania continues to expand its reach and impact through increasing numbers of local partners, and through increasing numbers of wrap-around programs where implementing partners may have predominant expertise in another sector, the need for accessible and timely technical assistance and program support has become increasingly apparent. The USG is at a critical juncture where it must ensure that such partners have easy access the support that they need to effectively implement comprehensive, state-of-the-art (SOTA) prevention programs, based on quality behavior change principles. Indeed, all PEPFAR prevention partners are faced with the challenge of transitioning to increasingly sophisticated prevention programming that builds upon successful awareness raising efforts but actually enables sustained behavior change.

The USG prevention portfolio has undertaken key harmonization activities, and partners are increasingly responsive in their efforts to ensure synergies and avoid duplication. The next step is to ensure quality implementation, including further aligning implementing partners' activities with evidence-based programming and responding effectively to new epidemiological data available through the 2007/08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) .

This activity is TBD, as USG is considering a number of central and bilateral procurement mechanisms.

**Activities:**

A Technical Assistance (TA) mechanism will be created to provide intensive, ongoing TA to all USG prevention partners, particularly those involved in wrap-around programs as well as other new and/or local partners. TA will focus on: 1) ensuring program models and approaches reflect SOTA prevention programming; 2) executing quality project design and implementation; 3) enhancing monitoring and evaluation tools and systems, as well as building capacity in the use of data for decision making; and 4) ensuring project priorities and activities align with those of the Prevention SRU. It is envisioned that the TA provider will assist PEPFAR partners both individually and through existing networks (such as the Coordination Committee for Youth Programs), and work closely with USG Tanzania to develop TA plans. Finally, the TA partner will provide new and/or local partners with capacity building and institutional strengthening in management and financial systems required to effectively program USG PEPFAR funds.

The TA partner will focus on improving partners' understanding of both HIV prevention and BCC theory and implementation techniques. Specifically, the TA provider will help PEPFAR partners:

- Identify and build on Tanzania-based lessons learned,
- Move from awareness raising to behavior change through effective "air" and "ground war" strategies,
- Improve understanding and application of effective prevention program theories and models,
- Strengthen quality of programs, staff and volunteers through enhanced training and supervision,
- Collect and use data for program planning and audience segmentation,
- Develop a strategic approach rather than activity-specific focus,
- Develop effective project and financial management.

**Potential activities include the following:**

- Conduct workshops on SOTA prevention programming models and approaches (including behavior change communication theory and techniques and moving from theory to practice);
- Develop TA plans for individual implementing partners, with indicators and measurements of success;
- Provide ongoing technical oversight, mentoring and coaching to new wrap around and local partners.

**Linkages:**

The TA provider will assist partners to develop linkages and referral systems with local resources and other partners for comprehensive programming. For example, the TA provider will support prevention partners' integration of CT messages in their activities and ensure that program beneficiaries can access CT services. The TA provider will work closely with the prevention portfolio's wrap-around partners to ensure maximum impact of resources leveraged through other sectors. Linkages will be made with specialist partners (e.g., STRADCOM) to address specific programming needs.

**Target Population:**

The TA provider will help implementing partners effectively target populations that drive new infections in Tanzania, per the Prevention SRU's new strategic approach. For example, the TA provider could work with adult-focused prevention partners to enhance efforts to address multiple, concurrent partnerships; with youth-focused prevention partners to ensure their activities focus on high-risk youth; and with relevant partners to improve their efforts to reach the highest-risk sub-groups such as sex workers and Injecting Drug Users (IDUs).

**M&E:**

The TA provider will work closely with USG to develop TA plans, including deliverables and benchmarks. The TA provider will also work with the PEPFAR/Tanzania SI team to ensure their efforts are in line with PEPFAR/Tanzania's SI plans, such as the regularly-scheduled DQAs, and work with implementing partners to prepare their M&E systems to adapt to the PEPFAR Next Generation Indicators.

**Sustainability:**

A key objective of the TA provider will be to provide sustained, in-depth capacity building with new and/or local partners, to maximize program effectiveness and impact.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1175.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Academy for Educational Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 3424.23270.09	<b>Planned Funds:</b> \$4,025,000
<b>Activity System ID:</b> 23270	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The USG has been the largest supporter of condom social marketing in Tanzania. Since 2004, AED has implemented USG's condom social marketing efforts to promote branded condoms (male and female), as well as implement generic communications initiatives that increase demand for condoms and their use. The audience for these efforts continues to be most-at-risk populations (MARPS), especially mobile populations, workers in industry and agriculture, sex workers and people who live and/or work in and around high-risk HIV/AIDS hotspots. AED TMARC will continue to expand these activities with COP 09 funding.

**ACCOMPLISHMENTS:** During the past year, AED/T-MARC continued to successfully implement key HIV prevention activities contributing to an impressive 25% expansion of the total condom market in Tanzania. AED/T-MARC also launched its small grants program targeting NGOs/CBOs that work closely with sex workers and vulnerable women engaged in transactional sex. Community outreach activities reached nearly 1.7 million Tanzanians, and nearly 19 million were reached with Dume (branded) and Vaa Kondom (generic) radio spots. Millions more were exposed to strategically placed outdoor media supporting AED/T-MARC's varied condom and other prevention initiatives. The number of condom service outlets expanded to over 1200 new outlets resulting in a total of 23,000 condom service outlets penetrated since the beginning of the project. This year, AED/TMARC also introduced "Risk Reduction Days" that target higher risk communities and venues with multilayered communication campaigns focusing on partner reduction, correct and consistent condom use and the promotion of nearby VCT services.

Other accomplishments include drafting of a curriculum for awardees of the small grants program listed above and significant expansion of female condom promotion and distribution within these populations. AED TMARC has also been actively engaged in start up activities related to its joint HIV and Alcohol initiative and Safe Passages program (for high-risk youth) with STRADCOM, ROADS and FHI/UJANA. AED/T-MARC's proposed PPP with the local wireless provider Selcom has also advanced, with terms of reference drafted and the design of the communications piece well underway. Other efforts such as T-MARC's collaboration with the Ministry of Youth, Labor and Sports for the national Uhuru Torch rally, which reaches every district in Tanzania, continue to be hallmarks of AED/T-MARC's synergistic efforts.

**ACTIVITIES:** AED/T-MARC will continue to expand the reach of its core prevention initiatives. This will involve expanded grants-making along the transportation corridors and in other high risk geographic areas and more intensive capacity building and systems strengthening of grantees for continuous quality improvement and sustainability. On the technical side, grantees will be provided with TA in the development of more complex prevention messages and the use of specific communications techniques to effectively target specific populations with effective communication modalities. Grantees will receive support in how to establish reliable monitoring and evaluation systems and on how to use this data for improved programming. It is expected that this increased level of technical support will infuse new life into ongoing interpersonal communication and community mobilization efforts and enable sub-grantees to implement more sophisticated prevention programs that effectively increase individual risk perception, facilitate sustained behavior change, increase demand for and access to condoms for high risk populations and more adequately address the needs of couples. AED is exploring the use of a Geographical information System (GIS) together with Geographical Positioning System (GPS) to more effectively target condom distribution efforts to recognized geographic hot spots. AED will also work with T-MARC to explore the viability of new business prospects and new product lines that could potentially generate return-to-project revenue and thus improve the long-term sustainability of the T-MARC Company. To better track condom outlet penetration and access to condoms by key target groups, T-MARC will implement an initiative to put in place.

AED/T-MARC will redouble its efforts to link its Vaa Kondom (generic condom promotion) and its Sikia Kengele (faithfulness) initiatives, recognizing that HIV risk reduction is best supported through a continuum of interlinked essential behavior change strategies. AED/T-MARC will also upgrade its M&E system in response to recommendations from an M&E audit which took place in June 2008. Finally, AED will continue to provide mentoring and coaching to the T-MARC Company to further solidify new business developments and long-term sustainability gains achieved by this Tanzanian health marketing institution. All other activities listed in COP 2008 have been initiated and will proceed as in the previous year.

\*END ACTIVITY MODIFICATION\*

TITLE: AED/T-MARC Project OP and Condom Initiatives

**NEED and COMPARATIVE ADVANTAGE:** In years past, the USG has been the largest supporter of condom social marketing in Tanzania. Since FY 2004, AED has implemented USG's condom social marketing efforts to promote branded condoms (male and female), as well as implement generic communications initiatives that increase demand for condoms and their use. The audience for these efforts is most-at-risk-populations (MARPs), especially mobile populations, workers in industry and agriculture, sex workers, and people who live and work in communities where high-risk sexual behaviors are frequent. AED's unique public-private partnership with Shelys' Pharmaceuticals, Ltd. forms the backbone of effective social marketing initiatives. In order to effectively increase condom use, AED must also address contributing factors such as alcohol use, sexual violence, and prevailing myths and misconceptions.

**ACCOMPLISHMENTS:** With FY 2006 funding, AED continued to expand the reach, relevance, and desirability of Dume male condoms and Lady Pepeta female condoms. More than 10,000 new outlets were reached and more than 8.8 million condoms were sold. In April 07, T-MARC launched the Vaa Kondom generic initiative to promote correct and consistent condom use. A major accomplishment of both the branded and generic initiatives was the implementation of more than 1000 bar and market interventions

**Activity Narrative:** along the transportation corridors. With FY 2007 funding, T-MARC is prepped to continue to improve these efforts, adding a mass media component to promote the male condom brand and adding a grants program for reaching sex workers with plus-up funding.

**ACTIVITIES:** 1. T-MARC will increase Dume's reach to district towns and rural communities in the 10 most HIV affected regions of Tanzania and along the transport corridors. 1a) Build on Dume's base in nontraditional outlets (bars, nightclubs, guesthouses) to go from 30% penetration to 70% penetration. 1b: Recruit district wholesalers to uplift products to rural areas. 1c: Increase brand affiliation through interpersonal communications (IPC) efforts, road shows in rural gathering places (bus stops, train stations, etc.), and extend radio and outdoor media efforts. 1d: Reinforce business via trade activations and re-branding in new and current outlets. 1e: Expand the institutional accounts outreach program to ensure condom availability at workplaces (i.e. mining, construction). 1f: Collaborate with income generation organizations to provide income-generation opportunities for sub-grantees. 1g: Ensure audience is aware of where they can get free condoms at government facilities.

2. AED will focus on nurturing Lady Pepeta's relevance among a core audience (sex workers, bar maids and other most-at-risk women) in five regions with the highest HIV prevalence among women (Iringa, Mbeya, Dar es Salaam, Tabora, and Pwani) and in regions with seasonal migration of sex workers (Arusha, Dodoma, and Mwanza). 2a: Increase penetration in non-traditional outlets through highly targeted trade activations. 2b: Implement face-to-face marketing activities in bars, brothels, and nightclubs targeting both staff and sex workers. 2c: Via TBD NGOs, train bar maids to work as condom distributors. 2d: Expand the institutional accounts outreach program for industries with female workers. 2e: Collaborate with Ujana, ROADS, Walter Reed, and other USG prevention partners to take advantage of opportunities to promote female condoms.

3. The Vaa Kondom generic initiative will take advantage opportunities to reach a vast and comprehensive population through increased visibility in hot spots such as bars and guesthouses. This initiative will include collaboration with other USG partners along the transportation corridors. 3a: Award 10-15 NGO grants to implement IPC activities targeting mobile populations, workers in industries, sex workers, and others engaging in high-risk sexual behaviors. 3b: Implement up to 1000 bar and guesthouse activations targeting venues where high-risk sexual behavior occurs. 3c: Develop the next generation of Vaa Kondom tools and materials – with special materials to be developed specifically targeting women. 3d: Increase “visibility” of generic condom initiative via outdoor media, radio programming, in targeted communities.

3e: Develop PPP with Selcom (the company that manages SMSing for Tanzanian mobile phone companies) to support Vaa Kondom and take advantage of widespread presence of mobile phones along the corridor (e.g. implement audience response contests on the radio – getting people to text answers to HIV-related questions). 3f: Implement Vaa Kondom activities as part of the national Uhuru Torch campaign – a mardi-gras-type event that reaches all districts in Tanzania over four months – and nearly 1 million people – each year. 3g: Link condom promotion to STI services and C&T activities (see AED C&T submission). 3h: Implement Vaa Kondom in collaboration with Ujana and STRADCOM on joint high-risk youth prevention initiative called “Safe Passages”

4. Continue and extend the sex worker grants program initiative started with FY 2007 plus-up funds. 4a: Implement a competitive process to select three to five NGOs to implement IPC communities with sex workers and women engaged in transactional sex. 4b: Provide grantees with technical assistance and materials (developed in 07 to implement the initiative) to implement risk reduction activities. 4c: Provide income opportunities for sex workers as condom salespersons. 4d: Provide appropriate referrals to services (e.g. STI services, PMTCT, C&T).

5. Launch and implement HIV and alcohol initiative with Ujana and STRADCOM designed to raise awareness of the role that alcohol plays in contributing to risky sexual behaviors and violence against women. 5a: Develop HIV and alcohol strategy. 5b: Take lead role in working with ad agencies to develop creative concepts. 5c: Print and disseminate materials for all partners. 5d: Link initiative into Dume and Vaa Kondom activities (grants, training, small venue activities, etc.) along transport corridor. (See concept note for additional details.) Workplace programs can leverage all the activities listed above for their HIV prevention activities.

**LINKAGES:** AED's C activities will be coordinated with other USG prevention partners (esp. STRADCOM, Ujana, ABCT, ROADS). T-MARC's involvement in the joint prevention initiative, “Safe Passages” will be funded via this line item. T-MARC will collaborate with district and regional GOT officials (DMOs, RMOs, and Community Health Management Teams) to ensure effective implementation of programs. T-MARC's collaboration with TACAIDS and the NACP IEC unit will provide guidance on program and materials design. Advertising agencies, graphic design firms, experiential media houses, and other Tanzanian agencies will have creative input into the design of the initiative. PPPs include Shelys Pharmaceutical, Selcom, and workplaces.

**CHECK BOXES:** This program addresses male norms and behaviors around condom and alcohol use. Lady Pepeta marketing opportunities will provide women an opportunity for income generation activities. The training of NGOs and their staff to implement T-MARC's initiatives will build the capacity of local institutions to effectively address HIV prevention and will include, if necessary, training in financial systems, M&E, and management of HIV prevention programs. The program primarily targets sexually active adults 18 and over, mobile populations, and women and men involved in transactional sex, women in prostitution (including many who are HIV-positive) and the business communities of many towns and cities.

**M&E:** Approximately 7% of AED's C funding will be devoted to M&E. In FY 2008, AED expects to implement the second round of the T-MARC KAP study (the first was implemented in FY 2005/ FY 2006) which will examine the reach and recall of Dume, Lady Pepeta and Vaa Kondom and reported behaviors and attitudes of the target populations. Through hired experiential media agencies and NGOs, monthly reach data (on a tool developed for that purpose) will be submitted into the T-MARC project database. AED will conduct spot checks of activities in the field to check on data quality. In FY 2008, T-MARC will reach 1.2 million people with upstream and downstream activities combined – 500,000 of whom will be reached with community outreach activities.

**SUSTAINABILITY:** AED intends to enhance the ability of Tanzanian NGOs to implement prevention

**Activity Narrative:** initiatives, including those focusing on condom social marketing and promotion. A major deliverable of the T-MARC project is to spin off a sustainable Tanzanian communications and marketing company that is capable of implementing high quality initiatives. The T-MARC company "spun" off the Project in April 07 and AED continues to provide technical assistance to the company in marketing and BCC. Other NGOs funded through this initiative will benefit from technical skills building (in BCC & marketing), as well as HIV program management and M&E.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13422

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13422	3424.08	U.S. Agency for International Development	Academy for Educational Development	6487	1175.08		\$3,900,000
7667	3424.07	U.S. Agency for International Development	Academy for Educational Development	4510	1175.07		\$3,550,000
3424	3424.06	U.S. Agency for International Development	Academy for Educational Development	2849	1175.06		\$2,800,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 1177.09

**Mechanism:** N/A

**Prime Partner:** Central Contraceptive Procurement

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 3508.23271.09

**Planned Funds:** \$1,000,000

**Activity System ID:** 23271

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

**TITLE:** Contraceptive procurement

**ACTIVITIES:** By 2009, the Government of Tanzania (GOT) estimates the overall demand for condoms will be over 150 million per year. In 2007, condoms were distributed in Tanzania through a combination of social marketing programs, the public sector, and commercial sector sales.

Public sector condoms have been procured through the World Bank and the Global Fund for the prevention of HIV transmission, other sexually transmitted diseases, and for contraceptive purposes. For the first two years of the Global Fund Round 4 award, roughly 100 million condoms will be procured and sent through the public central distribution system. The GOT has proposed that PSI assist the MOH with the distribution of condoms procured. There have been significant issues with overstocking at the central warehouse, with very little stock being pushed to the regions or districts, in addition to a lack of deliveries to the lower level facilities from the district sites. This is expected to improve as the roll-out of the integration logistics systems occurs and several PEPFAR and non-PEPFAR funded partners continue to work with the public distribution system.

The funds requested in FY 2008 are to supply approximately 8.5 million male condoms and 800,000 female condoms to be distributed by the social marketing program Tanzania Marketing and Communications (TMARC). Social marketing in Tanzania has evolved from programs that used to target the general public, to programs that are focusing specifically on most at risk populations (MARPS). These condoms will be distributed in high HIV transmission areas such as communities surrounding mines, agricultural estates, and truck stops and will be made available at places where high risk sex takes place such as bars and guesthouses. AED's program has benefited from the 2006 launch of DUME condoms, a branded male condom designed to appeal to MARPS. Lady Papeta, T-MARC's female condom was launched in 2005 and has been surprisingly popular, particularly among commercial sex work (CSW) populations. These condoms will be distributed through an elaborate and extensive network of traditional (pharmacy) and nontraditional (bars, nightclubs, and hotels) points of sale. Emergency Plan partners will also distribute condoms targeting MARPS including PharmAccess targeting the military, a new Uniformed Services prevention intervention targeting police, prison guards and immigration officials, and through the transport corridor initiative ROADS targeting truckers, CSWs and other at risk populations living and working in the project areas of operation. All distribution activities have been and will continue to be discussed and negotiated with the National AIDS Control Programme.

Historically, condom procurement and distribution to public sector sites has been problematic, often due to the unpredictability of donor support and the long lead times in planning for condom procurements in Tanzania. The USG team believes there is an opportunity to plan carefully for future procurements for the PEPFAR-supported programs to secure an even supply of condoms. The proposed funding covers the identified need for condoms socially marketed by PEPFAR partners through the first part of 2010. While this 2010 falls outside the normal programming period for the 2008 Country Operational Plan, this funding must be secured and obligated in early 2009, in order to avoid supply chain disruptions. The long lead-time for investing in new condoms for distribution in 2010 is largely due to the national forecast for condoms being done on a schedule that does not coincide with COP planning.

**LINKAGES:** Any Other Prevention narratives for T-MARC, PharmAccess, ROADS, JSI, NACP and any other social marketing programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13454

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13454	3508.08	U.S. Agency for International Development	Central Contraceptive Procurement	6506	1177.08		\$1,085,226
7695	3508.07	U.S. Agency for International Development	Central Contraceptive Procurement	4527	1177.07		\$1,263,214
3508	3508.06	U.S. Agency for International Development	Central Contraceptive Procurement	2898	1177.06		\$1,200,000

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Mechanism:** Fac Based/RFE

---

**Prime Partner:** Deloitte Consulting Limited

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 16375.23272.09

**Planned Funds:** \$200,000

**Activity System ID:** 23272

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH DELOITTE TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY. ENGENDERHEALTH CHAMPION WILL COLLABORATE IN PROVIDING TECHNICAL ASSISTANCE TO SUBGRANTEES.  
TITLE: The Rapid Funding Envelope for HIV/AIDS (RFE) Public-Private Partnership Initiative in Tanzania.

**NEED AND COMPARATIVE ADVANTAGE:** To increase participation of civil society, ten donors and TACAIDS co-operated in creating a "Rapid Funding Envelope (RFE) for HIV/AIDS" on mainland Tanzania and Zanzibar. RFE is a competitive mechanism for projects addressing HIV/AIDS in Tanzania, and supports not-for-profit civil society institutions, academic institutions in compliance with national policy, and strategic framework. The goal is to contribute to longer-term objectives of the national HIV/AIDS response and encourage projects that promote institutional partnerships. To date, although the private sector is involved in the fight against HIV/AIDS, services tend to be limited to their employees, and often lack the continuum of care and sustainability due to lack of commitment at higher level. This program seeks to use the RFE mechanism to inform the private sector of the need to expand workplace programs and establish partnerships with private organization to strengthen these interventions. By leveraging resources from existing medical structures within these private institutions, it is possible to enable employees and their communities to access care and treatment.

**ACCOMPLISHMENTS:** To date, RFE has conducted seven rounds of grant writing and has approved \$11.2 million from pooled funds for 78 projects. In FY 2007, RFE successfully held a 4th round, providing awards worth \$3.5 million to 23 CSOs (seven of which had OVC activities); monitored and managed existing sub grantees; created a reliable base from which donors can utilize without duplicating efforts; continued to strengthen CSOs, financially and technically, thus laying a solid foundation for further funding; and facilitated increased resources for CSOs via disbursement of significant funding in a short timeframe.

**MAJOR ACTIVITIES:** Ongoing activities will include management of the RFE-Public-Private Partnership initiatives to be established with FY 2007 plus up funds, RFE funds will be focused on strengthening collaboration with private organizations and selecting and providing grants to workplace organizations for treatment and care activities in support of the continuum of care, These efforts will be focused in the workplace and neighboring communities. In particular, this will involve oversight of projects worth \$200,000 in grants to approximately 20 organizations. The 20 companies will be awarded matching contribution grants for creating or extending their workplace programs. The companies will be paired with Deloitte's in-place partners to ensure that their programs adhere to best practices and national standards. The focus of the activities will include: to support the implementation of workplace AIDS policies; support the development of peer counselors; and provide materials, training, and other components needed to support prevention-related personnel.

Additionally, these funds will be used to expand prevention services while leveraging corporate resources to expand HIV/AIDS treatment and care services beyond the workplace. This will include using the family centered approach, which provides programs to family and community members who may otherwise not have been able to access services in these private facilities. Specific activities will include; disbursements of grants; liquidation reviews of sub grantee financial reports; and monitoring & evaluation of projects. Additionally, RFE will provide technical monitoring and management of sub grantees including review of project work plans and progress reports, review of project deliverables, and monitoring & evaluation of projects. Financial administration of the RFE-PPP fund will be supported including preparation of financial reports and engaging project audits. RFE will develop grant/project administration including external RFE-PPP communications/correspondence, convening of meetings with the donor/partner, and preparation of (ad-hoc) reports.

The program will strengthen collaboration with private organizations to find unique ways in which private-for profit companies can contribute toward HIV/AIDS initiatives in order to alleviate the burden caused by HIV/AIDS. A RFE-PPP program will solicit and review short-listed private-for-profit organizations, conduct pre-award assessments to determine organizational, financial, and technical management competency of the existing medical programs, and identify potential weakness that may be mitigated towards improving the continuum of care. At the very least, five successful organizations will be contracted and funded directly with USG funds. Supportive supervision will be provided to the projects, including monitoring and evaluation, guidance, and oversight of the projects through regular site visits. Additional support will be sought from multi-donors to fund similar workplace programs. If successful, non-pooled USAID funds will support management of these grants.

**LINKAGES:** Deloitte Consulting Limited will serve as the prime partner and will collaborate closely with donors, such as a TBD partner as the lead technical partner. RFE-PPP will also develop formal linkages with large funding mechanisms; including Regional Facilitating Agencies (TMAP) to feed into the development information networks system, a common database of organizations funded to avoid duplication of efforts. In effort to encourage organizational development, RFE-PPP will share funding experiences with potential donors/organizations to create awareness and encourage buy-in.

**AREAS OF EMPHASIS:** RFE-PPP will seek to fund organizations with existing medical programs, building capacity as needed to afford the continuum of care to their employees, as well families and surrounding communities. The RFE will: support capacity building through various steps including the pre-award assessment that highlights key areas of weakness to be strengthened in the capacity-building plan; technical assistance/training on programmatic (HIV) issues; finances; and ongoing mentoring and technical assistance.

**M&E:** Annual work plans will be developed and will include built-in M&E processes for which the relevant staff member takes responsibility. Management of the RFE-PPP will include: conducting the following monitoring & evaluation activities; regular update of project through participation in activities; review



**Activity Narrative:** quarterly technical reports for performance against work plan; monitor through field visits; Collect data; prepare site visit and progress reports; these reports will be shared with private organizations concerned, and donors, to enable improvement and development of the program, Best lessons learned will also be captured and shared.

**SUSTAINABILITY:** The private organizations involved will be encouraged to foster local community networks and continue leveraging their own resources in order to assist in continued operations of the project once RFE-PPP funding has ended. RFE-PPP requires projects to consider sustainability during proposal development; and ensure that a realistic plan has been developed to integrate the project into existing programs. RFE-PPP supported organizations will also be provided with institutional capacity building support enabling them to grow/ graduate towards receiving accreditation as care and treatment centers (CTC), and allow them to receive direct funding and/or increase the level of funding from other donors post RFE-PPP funding. The new management structure at Deloitte has been designed to better manage the function of the RFE, to include capacity for managing the RFE-PPP, since the original mandate of the RFE has changed from its original form and size of projects funded.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16375

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16375	16375.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$200,000

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 1225.09

**Mechanism:** CAPACITY

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 17040.23273.09

**Planned Funds:** \$50,000

**Activity System ID:** 23273

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH INTRAHEALTH TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY.  
TITLE: System strengthening to accelerate HIV/AIDS Service Expansion.

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, the health workforce, especially at district level, is shrinking in both numbers and requisite skills. A major anxiety at this time is the relatively small number of eligible patients on ART. The Ministry of Health and Social Welfare (MOHSW) has expressed concerns regarding increasing demands for ART with the current workforce and systems. It is clear that unless systems are strengthened to address the acute shortfall in human resources, it will be impossible to meet HIV/AIDS care and treatment goals. The Capacity Project (CP) draws on the extensive experience and expertise of its global partners and now helps over 25 countries to improve capacity for workforce policy and planning and to strengthen systems to support workforce expansion and performance.

**ACCOMPLISHMENTS:** On the mainland, CP provides technical support to the MOHSW to develop a human resource (HR) strategic plan that offers appropriate strategic options to respond to the HR crisis. CP manages scarce HRs more effectively, thereby creating new capacity for over 250 HR leaders to focus HR priorities. In Zanzibar, CP conducts HR management capacity strengthening to improve worker productivity and to enhance HRH tracking capacity

**ACTIVITIES:** Continue funding support to the AIDS Business Coalition of Tanzania (ABCT) to further strengthen leadership capacity for HIV/AIDS awareness raising and capacity building within the private sector and in more regions. This activity will allow ABCT to develop workplace HIV/AIDS policies and to conduct peer counselor training among its 60 member organizations.

**LINKAGES:** The project works in close collaboration with National Institute of Medical Research (NIMR). Findings from the NIMR-led HR studies informed interventions designed and supported by the CP. The Benjamin William Mkapa Foundation and CP will maintain a partnership to ensure smooth integration of new EHP hires in the work place. The CP will work with MSH to design and implement leadership development, and HRM strengthening programs for central and district levels. The existing partnership between ABCT and the CP will continue to advance private sector engagement with HIV/AIDS initiatives. The project is a member of the HCD and USAID implementing partner groups. These provide a platform for sharing plans and achievements. All related work is implemented in close collaboration with the appropriate central, regional, district, and local government authorities.

**CHECK BOXES:** Human capacity development occurs in service training, retention strategy, task shifting, and strategic information. Activities seek primarily to strengthen leadership capacity at central and district levels through training to enable them take appropriate and timely action to recruit and keep valued workers. The enhanced human resource information system will be a key decision making tool to HR leaders. Support to ABCT will expand the reach of HIV prevention messages and improve the uptake of HIV/AIDS treatment and care services among private sector workers and their families.

**M&E:** The project will develop a comprehensive and integrated M&E plan linked to existing M&E plans implemented by partner institutions. A simple and practical mechanism will be established that will allow for the tracking and reporting of progress and results from FY 2008 and FY 2009. Technical assistance activities will support the implementation of a MOHSW HR strategic plan and the Emergency Hire Program (EHP). Standardized tools will be used to ensure data quality and data will be stored in paper and electronic format. The outputs will provide a basis for decision making on amendments and improvements in order to achieve targets. As part of the M&E process, the project will document and disseminate results and lessons learned including case studies from the EHP experiences.

**SUSTAINABILITY:** The project relies on effective partnerships with the MOHSW, district authorities, local training institution, and NGOs, to implement activities described. The proposed implementation model will allow the project to build on existing strengths, mobilize, and build on local talent to leave behind sustainable systems. As an example, the project will team up with Zonal Training Centers (ZTC) in FY 2008 to implement planned district HRM capacity building activities. ZTC will take up lead responsibility from FY 2009 onward and roll out the training to other districts, with minimal support from the CP.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17040

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17040	17040.08	U.S. Agency for International Development	IntraHealth International, Inc	6525	1225.08	CAPACITY	\$50,000

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 1228.09 **Mechanism:** N/A  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention  
**Budget Code:** HVOP **Program Budget Code:** 03  
**Activity ID:** 9490.23274.09 **Planned Funds:** \$434,000

**Activity System ID:** 23274

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funds will also support one FSN at 100%.

\*END MODIFICATION\*

This activity is linked to all activity narratives in OP and to 9410 in AB. FY 2008 funds will support one full time equivalent staff (50% of each of two people) 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 two half-time prevention specialists – a direct hire and a USPSC. The two work 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 two work directly with several implementing partners to develop effective interventions and to disseminate lessons-learned to others. The two are active members 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 two will be active members of the USG Prevention Thematic Group.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13607

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13607	9490.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$325,000
9490	9490.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$100,000

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 1470.09 **Mechanism:** GAP  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Sexual Prevention: Other sexual prevention  
**Budget Code:** HVOP **Program Budget Code:** 03  
**Activity ID:** 16374.23275.09 **Planned Funds:** \$338,779

**Activity System ID:** 23275

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Management and Staffing (Base)

NEED and COMPARATIVE ADVANTAGE: Management and staffing funds are split between Base and GHCS to ensure continuity of activities and no interruption in staff funding. This activity relates to 8724.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16374

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16374	16374.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$7,800

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3490.09	<b>Mechanism:</b> ROADS
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 4846.23276.09	<b>Planned Funds:</b> \$1,203,286
<b>Activity System ID:</b> 23276	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008. USG WILL CONTINUE TO WORK WITH ROADS TO ENSURE THAT ITS ACTIVITIES REINFORCE THE USG PREVENTION STRATEGY.

TITLE: Expanding OP in Makambako, Tunduma, Isaka, and possibly the Port of Dar

Other Prevention initiatives have been underdeveloped, although ROADS has made progress in reaching most at risk population (MARPs) which include truck drivers, sex workers, and sexually active youth. However, there is a need to scale up OP (condom promotion/distribution, peer education, community mobilization), and wrap-around programming (food/nutrition, norm change surrounding alcohol abuse, and GBV).

ROADS is USAID regional platform to address HIV along the transport corridors of East/Central Africa. It is a comprehensive program focusing on the most underserved communities, extending prevention, and care and support as appropriate to address gaps and add value to bilateral programs. With its network of approximately 70 indigenous volunteer groups, ROADS is well placed to extend OP programming.

ACCOMPLISHMENTS: During January-June 2007, ROADS established the Safe-T-Stop model in the two sites, linking indigenous volunteer groups, businesses, and FBOs through common branding. ROADS trained 292 peer educators and community mobilizers from indigenous volunteer groups community to convey HIV prevention messages including, but not limited to, AB. In the first quarter following initial training, 390 people were reached. Other prevention messages and condoms are disseminated to MARPs targeted by ROADS.

ACTIVITIES: ROADS will strengthen work initiated with FY 2007 funds to reach MARPs in Makambako and Tunduma and expand programming to Isaka and potentially the Port of Dar. ROADS will continue to coordinate and link with such services as C&T (ANGAZA sites in Makambako and Tunduma), ART, PMTCT, and existing efforts to promote and distribute condoms, such as the collaboration with T-MARC in the existing two sites). ROADS will continue to strengthen these services through the Safe-T-Stop model, which mobilizes the community around HIV prevention, care, treatment, and mitigation services addressing critical societal factors such as stigma, discrimination, and social norms around gender and alcohol consumption.

ROADS will continue working with the private sector, especially bar and guest house owners, to reduce risk for bargirls and patrons through condom distribution and peer education (focusing on an "immediate social network" model). Pharmacy/drug shop providers will receive refresher training in managing STIs, condom promotion, and referral for counseling and testing (C&T). ROADS will continue linking with local health facilities, including pharmacies/drug shops, to promote expanded C&T and other services for truck drivers, sex workers, other low-income women, and sexually active youth. ROADS will strengthen community outreach addressing alcohol use, gender-based violence (GBV), and prevention among discordant couples.

ROADS will collaborate closely with the four existing C&T services and the USAID C&T partner for Iringa Region. In Tunduma, ROADS will continue mobilizing the private sector (bar and guesthouse owners, liquor club members, and pharmacy/drug shop providers) and indigenous volunteer groups to expand condom promotion and distribution. ROADS will continue using its strategically located Safe-T-Stop resource centers to provide HIV/AIDS education, counseling, and support services for truck drivers, sex workers, other high-risk women, and youth. These centers will also provide on-site C&T services, alcohol counseling, and referral to pharmacy/drug shops for STI and other needs. These sites are alcohol-free alternative recreational sites for transient populations and the host communities.

ROADS will collaborate with community and religious leaders in addition to local community services to: address male norms that influence women's access to services; legal protection for women; post-rape health; legal and law enforcement services; and economic strengthening for vulnerable women. With the support of local businesses, ROADS will expand its community food-banking strategy, which identifies sources of excess food and distributes it to AIDS-affected families. Additionally, jobs for low-income women/older orphans will be created through ROADS' LifeWorks Partnership. ROADS will also introduce an innovative MP4 device with HVOP content for use by drivers on the road and in discussion groups where they stop.

LINKAGES: In 2007, ROADS linked with T-MARC to jointly launch regional programs such as SafeTStop and the VAA condom campaign. ROADS has integrated VAA branding in SafeTStop branding and linked T-MARC with bars/guest houses collaborating with the project. In Tunduma, ROADS has coordinated closely with DOD to ensure synergy in HVOP and to jointly fund selected activities. In Makambako, ROADS has linked with the FHI care and treatment team (Njombe) to link HVOP audiences with clinical and non-clinical services. In addition, the SafeTStop strategy is predicated on building local capacity. In Makambako and Tunduma ROADS has linked with approximately 70 indigenous volunteer groups, strengthening and supporting their prevention activities. ROADS also liaises regularly with district leadership.

CHECK BOXES: ROADS focuses on gender norms, economic empowerment of women, strategies to address GBV, human capacity development, local organization capacity building, strategic information, economic strengthening, and food security. ROADS target populations are adolescents 15-24, adults, mobile populations (including military in Makambako), non-injecting substance abusers (alcohol), people who engage in commercial/transactional sex, and street youth. The project works on HVOP with the business community, discordant couples and PLHA. ROADS M&E system will be fully integrated with the National Monitoring System.

SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding. As a result, project activities are highly sustainable. Indigenous volunteer groups collaborating with the project

**Activity Narrative:** were established without outside assistance and will continue functioning over the long term. Local businesses, market sellers, and farmers are also part of the fabric of community life and will be present over the long term.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13480

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13480	4846.08	U.S. Agency for International Development	Family Health International	6517	3490.08	ROADS	\$1,103,286
7717	4846.07	U.S. Agency for International Development	Family Health International	4538	3490.07	ROADS	\$800,000
4846	4846.06	U.S. Agency for International Development	Family Health International	3490	3490.06	REDSO Transport Corridor Initiative	\$350,000

#### Emphasis Areas

##### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

##### Health-related Wraparound Programs

- \* Family Planning
- \* Malaria (PMI)

##### Military Populations

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$150,000

#### Food and Nutrition: Commodities

#### Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$300,000

#### Education

#### Water

**Table 3.3.03: Activities by Funding Mechanism**

---

**Mechanism ID:** 1026.09

**Prime Partner:** US Peace Corps

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 3497.23267.09

**Activity System ID:** 23267

**Mechanism:** N/A

**USG Agency:** Peace Corps

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$57,500

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWIING WAYS

**TITLE:**

Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 130 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania. All 130 PCVs are expected to work on HIV/AIDS activities. 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, communitybased 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.

**NEED and COMPARATIVE ADVANTAGE:** EP funds provide PC/T with the opportunity to contribute to the Tanzania EP mission portfolio. 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 also forms 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. 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 and Support for People Living with HIV/AIDS (PLWHAs) (HBHC), and Orphans and Vulnerable Children (OVC. HKID) and both their caretakers.

With FY 2006 OP funds, PC/T implemented its HIV/AIDS 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/AIDS. In FY 2007, some OP funds are dedicated to Volunteer Activities Support & Training (VAST) grants that provides monies for volunteers to implement community-initiated HIV/AIDS activities.

**ACCOMPLISHMENTS:** In FY 2006, PC/T reached 5,659 males and 7,256 females with community outreach HIV/AIDS prevention programs that are NOT focused on abstinence and/or being faithful. In the same time period, 751 individuals were trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

In FY 2007 PC/T reached 3,736 males and 4,067 females with community outreach HIV/AIDS prevention programs that are NOT focused on abstinence and/or being faithful. In the same time period, 1,136 individuals were trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

**ACTIVITIES:** In FY 2008 and 2009 PC/T will continue to target prevention and awareness messages with youth in secondary schools, out-of-school youth, teachers, and other community groups. Some of the specific activities done by the PCVs and their host country national (HCN) counterparts 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.

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 learn 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. 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/AIDS.

In FY 2008, PC/T will continue to train community groups with community-based HIV/AIDS prevention messages. A variety of techniques will be used by volunteers including showing videos, community theatre, and other targeted activities. Volunteers have also managed to work with target the vulnerable groups like street children and petty traders at the bus station with various prevention activities. In FY 2008 PC/T will encourage PCV to continue targeting these groups.

In FY 2008, PC/T will continue to conduct workshops for all first-year PCVs and their HCN counterparts enabling them to conduct EP OP program activities. All PCVs will be trained on monitoring and reporting program results. PC/T will also set aside some EP funds to be accessed through VAST grants to fund trainings and other awareness activities in their communities. PC/T will continue to utilize materials developed by PC/T and other partners. Whenever needed, PC/T will use EP funds in reprinting, copying, and distributing these materials to volunteers and sharing with other partners.

**LINKAGES:** PC/T seeks to cultivate partnerships with grassroots NGOs, CBOs, CSOs, and FBOs, which enhance community development focus in the communities where volunteers are placed. In addition, PC/T will foster linkages with other implementing partners in this area to complement interventions in order to provide a more comprehensive service package to the beneficiaries. PC/T will share best practices and lessons learned, particularly through collaborations with the MOEVT, by piloting ideas that may be scaled up by other partners.

**CHECK BOXES:** PC/T interventions in this area will also address gender issues through ensuring increased



**Activity Narrative:** involvement of females on HIV/AIDS programs. Through Life Skills teaching targeting boys, they are given new gender values enabling them to form better relationships and respect for women. In FY 2008, PC/T will continue to support PCV activities targeting boys, girls from secondary schools, out of school youths including those who are more vulnerable, community members, and in-service training for teachers in secondary schools.

M&E: In FY 2008, PC/T will directly reach over 15,000 secondary school youth, half of them being female students, with prevention and awareness messages through PCVs actions. PCVs and their HCN counterparts will also reach 400 teachers with HIV/AIDS awareness activities and Life Skills trainings. HIV/AIDS awareness information will reach approximately 5,000 community members through large community awareness meetings, community drama activities, and video shows. Planned capacity-building activities are scheduled to train 400 teachers in secondary schools to provide them with the knowledge, skills, and tools to teach HIV/AIDS subjects and Life Skills curricula. Teachers will also address reproductive health issues in addition to address the correct and consistent use of condoms following the MOEVT guidance for implementing HIV/AIDS and Lifeskills education programme in schools. Capacitybuilding 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. In FY 2008, PCVs will train 400 peer educators in secondary schools and 250 out-of-school youth through community theater, games, and community mobilization activities.

SUSTAINABILITY: OP activities are already well integrated into PC/Ts project plans and core programming that will ensure sustainability and continuity. In addition, PCVs involves the local government leadership in planning activities. Communities are encouraged to contribute to the projects, which gives a sense of ownership for the initiatives at a community level. In addition, a few PCVs have managed to have their activities incorporated into the district council plans, which ensures sustainability of those activities even when the PCVs have completed their service.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13677

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13677	3497.08	Peace Corps	US Peace Corps	6571	1026.08		\$57,500
7847	3497.07	Peace Corps	US Peace Corps	4606	1026.07		\$200,000
3497	3497.06	Peace Corps	US Peace Corps	2891	1026.06		\$200,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 1028.09

**Mechanism:** N/A

---

**Prime Partner:** Kikundi Huduma Majumbani

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8723.23268.09

**Activity System ID:** 23268

**USG Agency:** Department of Defense

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$191,550

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008; ONLY CHANGES RELATED TO MBEYA PREVALENCE DATA

New Tanzania HIV/AIDS and Malaria Indicator Survey indicate that the estimated HIV prevalence in Mbeya region is 8%.

#### ACTIVITIES

Participate in expansion of activities for OP services to address needs of communities along the transport corridor road construction to be undertaken as part of the Millennium Challenge Compact

\*END ACTIVITY MODIFICATION\*

TITLE: KIHUMBE promoting safer choices to reduce sexual transmission of HIV.

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in Mbeya region is 13%, one of the highest in the country, and prevailing social norms challenge HIV prevention efforts in the region. Mbeya borders Malawi and Zambia, thereby supporting the main trade route via highway. The transactional sex and high-risk behaviors associated with its location are the primary reason for its high prevalence. While abstinence and faithfulness are important to stemming the HIV/AIDS epidemic, it is also critical to empower sexually active individuals to make safer choices to protect themselves and their partners from HIV infection. KIHUMBE has established itself as a national leader in prevention education and has received awards annually from the Tanzanian Art Council and Kilimanjaro Music Awards for its drama activities since 2000. KIHUMBE has also developed expertise in coordinating large-scale media campaigns. In addition to conducting these activities, KIHUMBE provides training to other members of the Mbeya HIV Network Tanzania (MHNT) as well as NGOs in the Rukwa and Ruvuma regions.

**ACCOMPLISHMENTS:** OP has been a component of community-wide HIV prevention education activities spear-headed by KIHUMBE. These large-scale activities have included media campaigns, outreach, and education at regional and national festivals and other annual events reaching large parts of the population. Planned efforts described in this narrative will complement general education with more intensive individual and group-level interventions to promote behavior change in local secondary schools, youth groups of out of school youth, young adults, and employees in the three large workplace venues in Mbeya.

**ACTIVITIES:** 1. Continue to train peer counselors at the village level to provide community HIV prevention education, reduce stigma, encourage consistent and correct condom use by sexually active individuals, and promote dialogue as well as utilization of voluntary counseling and testing (VCT) services.

1a. Consult with community leaders to identify influential individuals of all ages to be trained as peer counselors, maximizing the potential for changing behavior.

1b. Provide training for peer counselors, both initially and on a refresher basis as necessary among youth and at workplaces.

1c. Convene regular meetings of peer counselors to motivate volunteers, monitor efforts, identify challenges, and improve quality of service.

2. Convene post-test clubs of PLHWA to share experiences and discuss disclosure and HIV prevention issues, including safer sex.

2a. Continue to convene existing post-test clubs, and communicate with PLWHA served by a given NGO to identify meeting times and venues favorable to PLWHA participation.

2b. In addition to providing a supportive environment for sharing feelings and experiences, identify and/or develop and implement mini-curricula designed to assist PLWHA (including members of discordant couples) in preventing further transmission of HIV.

3. Coordinate with VCT services to convene post-test safe choices discussion groups for individuals who test HIV negative, supporting them to sustain their HIV-negative status. Focus efforts on empowering individuals to identify safe choices they wish to make, and developing the skills each individual needs in order to implement those choices consistently.

3a. Explore national and/or international resources to identify and/or develop a mini-curriculum that addresses empowerment, assertiveness, and communication skills, including condom negotiation skills.

3b. Address alcohol use as an obstacle to making safer sexual choices, and encourage individuals to consider safer choices regarding alcohol consumption.

3c. Through MHNT train MHNT members and NGOs in Rukwa and Ruvuma to provide youth and adult peer education and post-test group facilitation.

3d. Establish a referral system with permanent and mobile VCT service sites, whereby all individuals testing HIV-negative are encouraged to participate in post-test discussion groups.

4. Coordinate with other prevention efforts to ensure provision of education about safer sex to sexually active individuals, including members of discordant couples.

4a. Work with providers of gender, human and legal rights training to incorporate education about condom use and condom negotiation as appropriate.

4b. Collaborate with providers of educational performances to prepare and perform presentations encouraging correct and consistent condom use by sexually active individuals.

4c. Join MHNT efforts with marketing and radio groups to develop a community-wide media campaign, ensuring messages include encouraging sexually active individuals to use condoms consistently and correctly and to avoid preventable risky behaviors.

5. Purchase and maintenance of vehicle to transport IEC educational team, materials, and equipment to KIHUMBE sites and MHNT training sites in Ruvuma and Rukwa.

**Activity Narrative:** LINKAGES: Along with executing prevention activities, KIHUMBE also provides a number of other services, including CT, OVC services and home-based care. KIHUMBE is a founding member of the MHNT, which is a coalition of 13 NGOs/FBOs providing HIV prevention and care in Mbeya region. The MHNT collaborate to maximize impact and coverage of their collective activities and eliminate overlap. This activity also links with: MHNT for training in OP messaging; schools, faith groups and village associations; saturday and after school youth programs; ward leaders and other local government officials; faith groups and other providers of counseling services; VCT sites to facilitate referrals; ROADS/FHI program in accessing high risk populations along the trans-African highway; and marketing groups such as STRADCOM and AED for local advertising to encourage event participation.

CHECK BOXES: These services focus on sexually active individuals, including members of discordant couples, as well as adults and youth who have or may become sexually active. Activities designed to empower individuals, particularly women, to make safer choices regarding sexual behavior, address gender norms and promote gender equality. These approaches also encourage risk reduction among persons engaging in prostitution or transactional sex. Training of peer educators and group facilitators is a key component of this program area, as volunteers constitute the primary human resource delivering HIV prevention education.

M&E: In addition to established processes for monitoring indicators on a quarterly basis, KIHUMBE will implement standardized tools for collecting detailed data on service delivery. These tools, developed by MHNT, will allow for specific data from KIHUMBE to be compiled by an M&E staff person, thereby identifying gaps within service provision at the community level. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Data collected by KIHUMBE regarding clients' referral routes to VCT will help refine and better target community education efforts, and test results via mobile VCT services will help identify sites to reach high-risk groups with additional education.

SUSTAINABILITY: KIHUMBE is a local grassroots Tanzanian-run NGO that was established in 1991 and has flourished under strong leadership. Along with maintaining and expanding its original site in the Mbeya municipal area, KIHUMBE has established service outlets in Mbalizi, Tukuyu, and Chunya, extending its area of services. DOD is one of KIHUMBE's multiple funding sources. In addition to its impressive record of service delivery, KIHUMBE's organizational capacity to collect and manage data and secure funding is among the strongest in the zone. Capacity building and other training opportunities through other USG partners will remain available to KIHUMBE.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13505

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13505	8723.08	Department of Defense	Kikundi Huduma Majumbani	6530	1028.08		\$171,550
8723	8723.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$25,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7575.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> African Wildlife Foundation	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 17010.23290.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23290	

**Activity Narrative: DISCONTINUED ACTIVITY - UNCHANGED FROM FY 2008**

TITLE: Mainstreaming HIV/AIDS into Natural Resource Management in the Maasai Steppe

ACCOMPLISHMENTS: The African Wildlife Foundation (AWF) has been implementing community-based natural resource management projects in Tanzania since 1990. AWF works primarily with rural and pastoral populations who depend on the natural resource base for their livelihoods. These are the same communities that most lack awareness of and access to health services related to HIV/AIDS. Because of the strong relationships it has built, AWF is well suited to be of service to the fight against HIV/AIDS and to serve as an entry-point to these often underserved rural communities.

AWF has been involved in HIV/AIDS related activities and outreach since 2004 including developing a formal HIV/AIDS workplace policy and program, advocacy on an international policy level for the inclusion of HIV/AIDS linkages in conservation, workplace HIV/AIDS sensitivity training, and the production of HIV/AIDS awareness posters. AWF is committed to a holistic approach to community-based conservation, which integrates sustainable natural resource management practices with other pressing threats to human livelihoods, notably HIV/AIDS.

AWF intends to establish a partnership with USG/PEPFAR in FY 2008 in order to meet the HIV/AIDS prevention information/service needs of the communities it works with through its community-based natural resource management projects.

ACTIVITIES: FY 2008 PEPFAR funds will be used to: 1. Initiate social mobilization campaigns and outreach activities for communities in the Maasai Steppe. This will focus on HIV prevention information dissemination and promote/facilitate linkages to HIV/AIDS service providers in the area. 1a: Carry out a situational analysis of HIV/AIDS awareness and outreach in the communities of Esilalei, Mwada, and Minjingu. 1b: Facilitate sensitization workshops to discuss and explore the interface between HIV/AIDS and natural resource management in targeted communities. 1c: Perform pre- and post-evaluations to monitor changes in knowledge, attitudes, and behavior. 1d: Improve AWF's internal capacity, human resource, and workplace policies to address and mitigate vulnerability to HIV/AIDS.

2. Support Mweka Wildlife College in developing a workplace HIV/AIDS program and in building a meaningful HIV mainstream component into their curricula: 2a: Support Mweka leadership in developing a workplace policy and program. 2b: Support Mweka in integrating HIV/AIDS and conservation linkages into their curriculum for students.

3. Support Tarangire and Lake Manyara National Parks management and staff in providing HIV/AIDS sensitization and training to parks staff. Park staff is a highly mobile community, often spending significant amounts of time away from families, thus increasing their vulnerability to HIV/AIDS. 3a: Support park management in organizing HIV/AIDS training workshops for all members of park staff. 3b: Together with park management, identify additional interventions and future activities to reduce staff risk of HIV/AIDS infection.

4. Support empowerment of women in Esilalei and Mwada villages as their vulnerability to HIV/AIDS is exacerbated by economic dependency. This activity leverages existing economic strengthening activities to provide a structure for HIV/AIDS community mobilization and discussions of gender and HIV/AIDS vulnerability. 4a: Support vocational training for integrated life skills, HIV/AIDS, and economic empowerment. 4b: Support leaders of existing women's enterprise group/cultural bomas to take on a complementary role as community advocates for reducing vulnerability to HIV/AIDS and poverty through income generating activities and HIV/AIDS education.

LINKAGES: This project also will develop strong links to: 1) Three rural, pastoralist communities, two of Tanzania's most visited national parks, and East Africa's leading conservation training college. 2) Government health officials from Monduli and Babati Districts, as well as Ministry officials at the regional level, for resource, technical and service referrals. 3) Technical specialists in the non-governmental health community for resource technical support and HIV/AIDS service referrals.

CHECK BOXES: The areas of emphasis were chosen as the project intends to target both women and men of reproductive ages, with a particular emphasis on capacity building and empowerment of rural women. The project will also target a private institution to assist it in developing a workplace and training program for young adults who will be employed in the highly transient sector of natural resource and park management, as well as existing park employees and managers at two national parks. Employees in this sector are most often based in remote areas and are away from their spouses and families for extended periods.

M&E: M&E will be developed and tracked against baseline information collected. Activities and data will be reported on a quarterly basis, and will rely on pre- and post-training assessments to monitor changes in knowledge, attitudes, and behaviors. Ultimately, assessment data will be compared against AWF's internal system for monitoring its organizational and conservation program performance, which is known as the Programme Impact Assessment or PIMA system. PIMA is designed to track AWF's performance on specific conservation and development, targets and interventions, and informs adaptive management strategies.

SUSTAINABILITY: AWF will invest in a baseline assessment and stakeholder analysis to ensure from the start that the program meets the long-term interests of its target population and other stakeholders. AWF will share findings from these efforts with stakeholders and participants as well as regional conservation and HIV/AIDS specialists to promote follow up and continuation activities. AWF commits itself for 15 years or longer in any region in which it works. This level of investment allows AWF to build strong relationships with communities and partners in government in order to transfer knowledge, skills, and ownership of program activities. All partners targeted in this project are standing partners of AWF and will continue as partners in conservation in the future.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 17010**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17010	17010.08	U.S. Agency for International Development	African Wildlife Foundation	7575	7575.08		\$200,000

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 1136.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 3392.25082.09

**Activity System ID:** 25082

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Sexual Prevention: Other sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$286,200

**Activity Narrative:** THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

**TITLE:** Providing other HIV/AIDS Prevention programs to TPDF, with focus on peer education and 'life-skills' for recruits.

**NEED and COMPARATIVE ADVANTAGE:** The HIV prevention and awareness-raising activities under this program aim to reach a target of approximately 4,000 recruits at basic TPDF training centers; 3,000 to 4,000 men and women under the National Services; 25,000 other servicemen and –women, their dependents; tens of thousands of civilians from the communities around the military hospitals, health centers, and military camps by September 2009. Prevention efforts within the TPDF will continue to focus on military hospitals; health centers/satellite sites, basic training, special detachment, border camps, and training camps of the National Services. Service members are highly at risk for HIV/AIDS as they are often stationed outside their residential areas for periods, which usually range from six to 24 months.

**ACCOMPLISHMENTS:** A dedicated TPDF task force has been formed to develop IEC and life skills materials. A video, a card game, and several other printed life skills materials have been produced and distributed to all camps and health facilities, many of which were supplied through UN programs for militaries. 24 TOTs and 480 peer educators have been trained. 24 trainers from the National Service have been trained as TOTs on life-skills for recruits. Condoms have been procured by Tanzania Marketing and Communications Company (TMARC) and MSD and distributed to 86 outlets. Prevention for positives counseling through health facilities for HIV-positive persons on the risk of HIV transmission has been initiated under FY07 and FY08 funds. With FY 2009 funds, PAI will continue to support assessments of the policy environment and development of IEC materials specifically related to issues of HIV prevention and GBV at 36 military sites. These activities will cover all military personnel, their dependents and civilians living near military camps and health facilities.

**ACTIVITIES:**

- 1) Adapt and distribute new IEC and life skills materials obtained from the UN and other African military program by a dedicated TPDF taskforce. Extra attention will be focused on recruits from TPDF and the National Service
- 2) Special efforts will be focused on counseling of HIV-positive persons to raise awareness about the risks of HIV transmission, with an additional emphasis on partner reduction and being faithful. USG funding will support the training of 102 clinicians and HIV counselors of eight military hospitals (three per site), nine health centers, 16 training camps, and 14 training sites of the National Service (two per site).
- 3) (Re-)training of 24 TOTs and training of an additional 240 peer educators, at least two per military, navy, and air force camp, with particular emphasis on gender issues, such as GBV, as well as alcohol abuse and their relationship to HIV transmission. The peer educators will be supported in continued prevention/outreach efforts throughout their period of military service. Activities will be directed to all military hospitals, detachment, training and border camps,
- 4) (Re-) training of 24 TOTs on life-skills for all recruits of the National Service. Trainers are any trainers in the National Service, whether in sports and other physical exercises, education, administration, use of fire-arms, etc. The purpose of this is to make HIV awareness and life-skills a continuous and integrated part of all training programs in TPDF and the Youth Service
- 5) Organize one-day HIV/AIDS awareness sessions for the higher cadres at TPDF Head Quarters, the five Brigades and the Head Offices of the Navy and the Air Force.
- 6) Establishing post-test group sessions of HIV-positive persons with referrals to critical care and treatment services.
- 7) Distribute condoms and include prevention education as part of counseling and testing services at post/camp treatment clinics, basic training centers, special detachment, and border camps. Condoms will be obtained through District Medical Officers in the respective districts. In incidental cases, when the public system does not deliver and when stock-outs may occur, condoms will be procured and distributed through T- MARC.
- 8) The Phones for Health partnership will leverage its existing infrastructure in Tanzania to enable DoD to send outgoing SMS messages to active military stationed in remote or cross-border areas. This activity is linked to the CDC/Phones for Health SI activity, which supports a pilot to disseminate HIV/AIDS prevention messages via SMS to the host nation's military, especially service members stationed in remote areas. Under this activity, DOD will work with PAI and the TPDF to design and administer pre- and post-pilot surveys targeting HIV knowledge and attitudes among military stationed in remote areas. The pre-pilot survey will provide a pre-intervention baseline, while the post-intervention survey will measure any changes in knowledge, attitudes, intentions and behaviors. The comparison of the pre- and post-pilot findings will inform the future expansion or adaptation of military-to-military SMS messaging in Tanzania to include improvements to the approach, strengthening of messages and possible incorporation of messages regarding other HIV services available.

**LINKAGES:**

PAI and the TPDF will continue to link activities in this program area with clinical service and VCT activities undertaken by the military, as well as the Phones for Health activity in Strategic Information. It will also link with organizations of women living in the barracks who will be trained in social support and home-based care for HIV-positive persons in and outside the barracks. Links will also be made with Engenderhealth and with local NGOs operating in communities surrounding barracks to coordinate and collaborate on broader prevention programs. Condoms will be obtained through MSD and District Medical Officers in the respective districts. Prevention outreach will be linked to counseling and testing, PMTCT, and care and treatment activities in support of the continuum of care. Expansion of prevention services in FY 2009 will ensure a close linkage of the HIV/AIDS programs of the TPDF to national strategies and programs implemented under the Ministry of Health and Social Welfare (MOHSW).

**M&E:**

Quantification of the effect of prevention activities is not yet standardized. PAI wishes to collaborate with the Tanzania Data Quality Assurance Team (DAT) to develop standard monitoring and evaluation tools and procedures for data collection, storage, reporting, and data quality. KAP surveys will be introduced in all



**Activity Narrative:** training programs. Plans for data use for decision-making within the organization and with stakeholders will be outlined.

**SUSTAINABILITY:**

In a military setting, staff turnover is low. Once trained, this capacity will stay within the forces. PAI will encourage the Office of the Director Medical Services to integrate services in military budgets at the barracks and at the national level. To improve administrative capacity, the PAI will work with military authorities to build local technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13569

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13569	3392.08	Department of Defense	PharmAccess	6551	1136.08		\$236,200
7787	3392.07	Department of Defense	PharmAccess	4572	1136.07		\$535,000
3392	3392.06	Department of Defense	PharmAccess	2838	1136.06		\$300,000

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 11676.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Academy for Educational Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 16370.28574.09	<b>Planned Funds:</b> \$135,656
<b>Activity System ID:</b> 28574	

**Activity Narrative:** This PHE activity was approved for inclusion in the COP. The PHE tracking ID associated with this activity is TZ.08.0140.

THIS IS AN ONGOING PHE ACTIVITY. THE ACTIVITY IS UNCHANGED FROM FY 2008.

Title of Study: Comparing Cost-Effectiveness of Three Different Methods of Condom Distribution in Tanzania: Free Through Public Health Facilities, Traditional Social Marketing and Private-Public Partnership

Expected Timeframe of Study: Two years

Local Co-investigator: Mwanza Research Centre of the Tanzania National Institute for Medical Research

**Project Description:** Over the past three years, many PEPFAR countries, including Tanzania, have switched from a traditional model of social marketing HIV-related products (such as male condoms) to a public-private partnership (PPP) model of shared responsibilities (for warehousing, distribution, etc.) because of anticipated cost and opportunity benefits. Countries receiving PEPFAR support now need to identify the most cost-effective interventions for HIV prevention to optimize the use of their own limited resources. This study seeks to examine the cost-effectiveness of three methods of condom distribution to high risk groups in Tanzania—free distribution through public health facilities, traditional social marketing, and private-public partnership—to find ways to increase the cost-effectiveness of each approach and also to explore the benefits, challenges and strengths of each method in achieving HIV prevention goals.

**Evaluation Question:** The primary questions are as follows:

1. What is the most cost-effective method of reaching high risk groups with condom interventions in different segments of the affected population?
2. What are the costs and opportunity benefits associated with the public-private partnership model for social marketing of HIV-related products as compared with the traditional model of social marketing?
3. What will be the relative saving to USG in using one method versus another?

**Methods:** Our team will develop a spreadsheet tool using Bernoulli and proportionate change models to estimate the relative cost-effectiveness for the three HIV prevention interventions designed to change risk behaviors of individuals—public free distribution of condoms, traditional social marketing, and public-private partnerships. The team will also conduct sensitivity analyses to assess patterns of the cost-effectiveness across different populations using various assumptions.

#### General Approach to Cost-effectiveness Estimation

The overall goal of this study is not to place one approach against another, as each of these complementary approaches is important and targets different at-risk populations. Instead, the findings will demonstrate ways to increase the cost-effectiveness of each approach.

The potential for real or perceived bias emanating from AED/T-MARC being involved in implementing the PPP model in Tanzania will be avoided by collaboration with the Mwanza Research Center, a local research institution entirely independent of T-MARC's activities. In collaboration with an external consultant, the Mwanza Research Center staff will collect, analyze and report cost information from the three institutions. The independent, external economist who will compile cost data and perform the cost effectiveness analysis, will be made aware of all potential bias including the one of AED/T-MARC being one of the implementing agencies. The team will work with PSI and GFTAM in selecting the external consultant for this study.

The cost-effectiveness will be assessed by analyzing program/method costs which will include all resources (purchased, donated, or volunteered) used to implement the intervention, but excludes any cost incurred by the participants, unless they are reimbursed. The data will be obtained from financial and operational reports of the T-MARC Company, Populations Services International (PSI) and The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) program in Tanzania. These are the only three major programs for which reliable financial and operational costs data exist. The T-MARC project uses the PPP model, GFATM uses both free distribution and traditional social marketing, and PSI uses traditional social marketing exclusively.

The total number of HIV infections prevented includes those directly prevented by the intervention (primary infections) and an estimate of the number of infections prevented in sex partners (secondary infections). The secondary infections prevented are estimated by considering the prevalence of HIV in the sex partner pool, multiplied by the number of sex partners and the risk of sexual transmission. The effectiveness of each method will be estimated by the potential number of HIV infections prevented, and the cost is the program cost of reaching people with a particular method. The cost-effectiveness ratio is Total program cost of an intervention/Number of HIV cases prevented = Cost per HIV case prevented.

#### Estimates of HIV Infections Prevented

The estimate of the number of primary infections prevented will be based on subtraction of an estimate of the number of HIV infections that would have happened if the prevention program had not been in place from an estimate of the number of HIV infections that would have happened even with the program in place. Applying the commonly used mathematical model, the Bernoulli model, each sex act is treated as an independent event with a small, fixed probability that HIV is transmitted between members of a couple who are discordant in their HIV status. From this per-act probability, the model then estimates the cumulative probability that an uninfected individual with given sexual behaviors (number of partners, frequency of sex acts) would become infected during a specified time period. The number of new HIV cases is determined by the size of the population with given behaviors, the estimated number of discordant partnerships, and the cumulative probability of transmission within these partnerships. Parameters measuring the effectiveness of the interventions, such as changes in condom use or number of sex partners, will be drawn from selected studies which report the type of condom used and sources of condoms, sexual practices and perception of risk. We will explore other ways of apportioning the effectiveness based on an early desk review. The study

**Activity Narrative:** will take into account the potential overlap of activities performed by the three agencies. There are a number of areas where this overlap is minimal. It is also possible to apportion the effectiveness based on the volume of condoms distributed, using a mathematical model that controls for overlap in the distribution and other variables such as distribution systems and behavior change communication intensity.

**Estimates of Costs:** Each method's costs will be considered as the total cost to the public health system to implement the intervention. The final parameter to be used will be the program cost per person reached. Costs will be broken down into capital costs, annualized and discounted across their life span, and recurrent costs (direct costs of the program, and shared costs, appropriately apportioned using either budget headings, total volume of product or total sales calls by agents).

The consultant and the Mwanza Center will conduct in-depth interviews with program staff. They will also review financial reports and costing literature from elsewhere for quality assurance.

**Comparisons of Cost-effectiveness and Sensitivity Analyses**

We will first calculate the cost-effectiveness of each method using population figures from the Tanzania AIDS Commission, Demographic Health Surveys (DHS) or data from the Adult Morbidity and Mortality Project (AMMP). To have some comparability across the methods, we will standardize the duration of effect to one year (2007) and assume that the effect found at the study end point (if it were less than one year) would be sustained for one year. If the effect can only be measured at a follow-up time greater than 12 months, we will interpolate the benefit in a linear fashion to estimate the effect after 12 months.

**Population of Interest:** This will be a retrospective study of costs for the three programs described and will not involve a traditional sampling strategy.

**Information Dissemination Plan:** Information dissemination and communication are critical to us and an Information Resource Center (IRC) is soon to be developed to fulfill this role. The IRC will broker information and serve as an access point for results. AED/T-MARC will also give presentations and workshops at national and international AIDS conferences. A local final dissemination meeting will include a wide audience of government, international organizations, and local organizations concerned with HIV prevention.

**Budget Justification: Staffing:** The two-year total is \$213,875; a 10 percent rate will add \$21,387. This includes: one pooled AED/T-MARC Company Senior Level Monitoring and Evaluation Staff for 100 days per year in Years 1 and 2, daily rate \$146. Two senior staff, one Economist/cost analyst Consultant and one field Research Officer from Mwanza Center for 100 days per year for Years 1 and 2. The Economist/cost analyst has a daily rate of \$378 and the Research Officer has a daily rate of \$154. A Senior Technical Advisor will provide technical consultation as needed for 30 days per each year daily rate \$1,304.

**Travel:** \$25,840; general office supplies total \$3600 at \$150 per month plus 4 PDAs and car chargers \$660; additionally, T-MARC charges \$750 annually for facilities and computer usage, totalling \$1500. T-MARC charges a 2% fee of \$4,580 brings the total required budget to \$271,772 for two years. All taxes and service fees are included in the costs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16370

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16370	16370.08	U.S. Agency for International Development	Academy for Educational Development	6487	1175.08		\$135,000

---

**Emphasis Areas****Human Capacity Development****Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation \$135,656

**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 10673.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 25184.09**Activity System ID:** 25184**Mechanism:** MCC**USG Agency:** Department of Defense**Program Area:** Sexual Prevention: Other  
sexual prevention**Program Budget Code:** 03**Planned Funds:** ■

## Activity Narrative: THIS IS A NEW ACTIVITY.

This narrative is being submitted by each agency to allow for flexibility in working with the MCC in relevant high-prevalence regions. Since each agency has existing partner networks in different areas, the final decision on partnerships will be made based on an analysis of MCC's final selection of project sites.

In February 2008 President Bush signed a \$698.1 million Millennium Challenge Compact with the Government of Tanzania (GOT) to rehabilitate and improve infrastructure in the Transport, Energy and Water sectors. Nearly half the Compact is dedicated to road construction projects.

MCC recognizes that its road construction projects have the potential to negatively impact communities by increasing exposure to and interaction with higher risk mobile populations. These risks have been well documented throughout Africa in areas where roads are being constructed and where contractors establish camps to house their typically unaccompanied male staff. Often these workers are isolated from their families for long periods of time and have disposable income which facilitates risk-taking behaviors that result in the spread of HIV/AIDS. MCC and PEPFAR/Tanzania are committed to working together on HIV prevention programs that will reduce the risk of HIV transmission among MCC project beneficiaries, and will also diminish other unintended consequences that could put the MCC goals of economic development and poverty reduction at risk.

In addition to project-specific assessments, MCC recommends a tiered approach to identify the level of attention needed for HIV/AIDS risk reduction activities. For high-risk countries, such as Tanzania, draft MCC guidance recommends an HIV/AIDS risk mitigation assessment and strategy as part of any relevant sector project design. While specific activities between PEPFAR and MCC are in the development phase, a robust MCC-PEPFAR partnership is envisioned.

Activities will build upon the following MCC principles:

- HIV/AIDS Expertise among MCC contractors: Persons with demonstrated and contextually relevant HIV/AIDS expertise will be involved in the design and implementation of program activities. To ensure that appropriate expertise and sound planning are integrated, language on required HIV/AIDS expertise will be woven throughout all Terms of Reference and bidding documents.
- Public Consultation: Stakeholders will be involved in project workshops to discuss lessons learned and recommendations for improvement strategies for future HIV prevention activities. Consultations will ensure that relevant stakeholders are included in discussions surrounding vulnerable groups such as women, elderly, disabled, migrant workers, and ethnic or religious minorities.
- Gender Integration and Targeting Vulnerable Populations: Efforts will ensure that women are adequately represented in public consultation and stakeholder meetings. Assessments will address gender inequalities and biases against people perceived to be at high risk for HIV, including sex workers and men who have sex with men. Behavior change communication materials will be culturally and linguistically appropriate, participatory, and take into account the possibility of low literacy and education levels.

Examples of MCC-PEPFAR collaboration for HIV/AIDS awareness and prevention activities include:

- Public education and sensitization campaigns to increase HIV/AIDS awareness and understanding of prevention methods in communities along the construction routes and transport corridors;
- Support for prevention programs that include condom distribution for local communities;
- Targeted interventions with construction workers that include individual risk assessments and risk reduction planning;
- Counseling and testing for construction workers and communities;
- Public-private partnerships with local businesses and construction companies for HIV prevention workplace programs;
- Targeted HIV prevention programs in bars and other high-risk settings in construction areas and along roads;
- Integration of alcohol abuse and gender-based violence prevention messages into HIV prevention and awareness programs;
- Collaboration with local leaders and faith-based organizations in HIV prevention advocacy efforts.

Linking PEPFAR programs with MCC activities will allow for a comprehensive approach to HIV/AIDS in affected communities. PEPFAR will expand its reach to populations newly exposed to elevated HIV/AIDS transmission risks, while MCC will be able to leverage PEPFAR's expertise and experience in implementing effective, state-of-the-art prevention programs. The funding level is currently at \$0, as MCC has dedicated funding for HIV/AIDS prevention activities linked to its projects. MCC and PEPFAR will collaborate closely and joint prevention activities may involve a variety of partnerships, including PEPFAR- technical assistance to MCC projects, joint funding of PEPFAR HIV prevention implementing partners, or direct MCC funding of specific PEPFAR HIV prevention activities.

Linkages:

It is envisioned that MCC and PEPFAR Tanzania will work closely together to implement the above activities and to link MCC contract workers and community members from MCC road construction areas to HIV prevention, counseling and testing and care and support services in the neighboring areas. Since each USG PEPFAR agency has existing partner networks in different areas, each agency has submitted a similar narrative to allow for flexibility in working with the MCC. Actual MCC/PEPFAR partnerships will be established based on an analysis of MCC's final selection of project sites. Partnerships with local government and other stakeholders are equally critical to maximizing the benefits received by targeted communities.

M&E:

As part of its overall M&E plan, MCC will collect baseline and follow-up data on a sample of communities near roads. The data will include:

- 1) Major public services (will collect GPS readings of nearest public medical facility, secondary school, post office, etc.)

**Activity Narrative:** 2) Perception of well-being (asking people about acceptable levels of certain services, including health)  
3) Education level and health status of the population (from focus groups)  
Data collected will include communities near the rehabilitated roads and elsewhere for comparison purposes, while also controlling for other factors (i.e. economic growth or recession, drought, etc.).

**Sustainability:**

MCC recognizes that the reduction of HIV/AIDS risks must be viewed on two levels: first are the risks associated with construction; these risks are addressed through the responsibilities of contractors as described in standard bidding documents and project-specific requirements. The second level includes the risks associated with increased mobility and activities that are the results of the project. MCC believes that both risks should be assessed and addressed in different ways in the Compact, and that it should support capacity building in local entities to assure the sustainability of HIV/AIDS awareness, prevention and support after the completion of the construction project

It is vital to the sustainability of HIV/AIDS activities that local NGOs working in the sector and local communities and government authorities be included in planning and implementing activities to ensure that upon project completion there is not a vacuum where there had previously been support. Work towards capacity-building and training to transfer skills and knowledge to affected local communities should be explored to maximize collaborative benefits for partnership, information sharing, and co-financing opportunities with the goal of long-term sustainability.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10674.09	<b>Mechanism:</b> MCC
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 25185.09	<b>Planned Funds:</b> ■
<b>Activity System ID:</b> 25185	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

This narrative is being submitted by each agency to allow for flexibility in working with the MCC in relevant high-prevalence regions. Since each agency has existing partner networks in different areas, the final decision on partnerships will be made based on an analysis of MCC's final selection of project sites.

In February 2008 President Bush signed a \$698.1 million Millennium Challenge Compact with the Government of Tanzania (GOT) to rehabilitate and improve infrastructure in the Transport, Energy and Water sectors. Nearly half the Compact is dedicated to road construction projects.

MCC recognizes that its road construction projects have the potential to negatively impact communities by increasing exposure to and interaction with higher risk mobile populations. These risks have been well documented throughout Africa in areas where roads are being constructed and where contractors establish camps to house their typically unaccompanied male staff. Often these workers are isolated from their families for long periods of time and have disposable income which facilitates risk-taking behaviors that result in the spread of HIV/AIDS. MCC and PEPFAR/Tanzania are committed to working together on HIV prevention programs that will reduce the risk of HIV transmission among MCC project beneficiaries, and will also diminish other unintended consequences that could put the MCC goals of economic development and poverty reduction at risk.

In addition to project-specific assessments, MCC recommends a tiered approach to identify the level of attention needed for HIV/AIDS risk reduction activities. For high-risk countries, such as Tanzania, draft MCC guidance recommends an HIV/AIDS risk mitigation assessment and strategy as part of any relevant sector project design. While specific activities between PEPFAR and MCC are in the development phase, a robust MCC-PEPFAR partnership is envisioned.

Activities will build upon the following MCC principles:

- HIV/AIDS Expertise among MCC contractors: Persons with demonstrated and contextually relevant HIV/AIDS expertise will be involved in the design and implementation of program activities. To ensure that appropriate expertise and sound planning are integrated, language on required HIV/AIDS expertise will be woven throughout all Terms of Reference and bidding documents.
- Public Consultation: Stakeholders will be involved in project workshops to discuss lessons learned and recommendations for improvement strategies for future HIV prevention activities. Consultations will ensure that relevant stakeholders are included in discussions surrounding vulnerable groups such as women, elderly, disabled, migrant workers, and ethnic or religious minorities.
- Gender Integration and Targeting Vulnerable Populations: Efforts will ensure that women are adequately represented in public consultation and stakeholder meetings. Assessments will address gender inequalities and biases against people perceived to be at high risk for HIV, including sex workers and men who have sex with men. Behavior change communication materials will be culturally and linguistically appropriate, participatory, and take into account the possibility of low literacy and education levels.

Examples of MCC-PEPFAR collaboration for HIV/AIDS awareness and prevention activities include:

- Public education and sensitization campaigns to increase HIV/AIDS awareness and understanding of prevention methods in communities along the construction routes and transport corridors;
- Support for prevention programs that include condom distribution for local communities;
- Targeted interventions with construction workers that include individual risk assessments and risk reduction planning;
- Counseling and testing for construction workers and communities;
- Public-private partnerships with local businesses and construction companies for HIV prevention workplace programs;
- Targeted HIV prevention programs in bars and other high-risk settings in construction areas and along roads;
- Integration of alcohol abuse and gender-based violence prevention messages into HIV prevention and awareness programs;
- Collaboration with local leaders and faith-based organizations in HIV prevention advocacy efforts.

Linking PEPFAR programs with MCC activities will allow for a comprehensive approach to HIV/AIDS in affected communities. PEPFAR will expand its reach to populations newly exposed to elevated HIV/AIDS transmission risks, while MCC will be able to leverage PEPFAR's expertise and experience in implementing effective, state-of-the-art prevention programs. The funding level is currently at \$0, as MCC has dedicated funding for HIV/AIDS prevention activities linked to its projects. MCC and PEPFAR will collaborate closely and joint prevention activities may involve a variety of partnerships, including PEPFAR- technical assistance to MCC projects, joint funding of PEPFAR HIV prevention implementing partners, or direct MCC funding of specific PEPFAR HIV prevention activities.

Linkages:

It is envisioned that MCC and PEPFAR Tanzania will work closely together to implement the above activities and to link MCC contract workers and community members from MCC road construction areas to HIV prevention, counseling and testing and care and support services in the neighboring areas. Since each USG PEPFAR agency has existing partner networks in different areas, each agency has submitted a similar narrative to allow for flexibility in working with the MCC. Actual MCC/PEPFAR partnerships will be established based on an analysis of MCC's final selection of project sites. Partnerships with local government and other stakeholders are equally critical to maximizing the benefits received by targeted communities.

M&E:

As part of its overall M&E plan, MCC will collect baseline and follow-up data on a sample of communities near roads. The data will include:

- 1) Major public services (will collect GPS readings of nearest public medical facility, secondary school, post office, etc.)

**Activity Narrative:** 2) Perception of well-being (asking people about acceptable levels of certain services, including health)  
3) Education level and health status of the population (from focus groups)  
Data collected will include communities near the rehabilitated roads and elsewhere for comparison purposes, while also controlling for other factors (i.e. economic growth or recession, drought, etc.).

**Sustainability:**

MCC recognizes that the reduction of HIV/AIDS risks must be viewed on two levels: first are the risks associated with construction; these risks are addressed through the responsibilities of contractors as described in standard bidding documents and project-specific requirements. The second level includes the risks associated with increased mobility and activities that are the results of the project. MCC believes that both risks should be assessed and addressed in different ways in the Compact, and that it should support capacity building in local entities to assure the sustainability of HIV/AIDS awareness, prevention and support after the completion of the construction project

It is vital to the sustainability of HIV/AIDS activities that local NGOs working in the sector and local communities and government authorities be included in planning and implementing activities to ensure that upon project completion there is not a vacuum where there had previously been support. Work towards capacity-building and training to transfer skills and knowledge to affected local communities should be explored to maximize collaborative benefits for partnership, information sharing, and co-financing opportunities with the goal of long-term sustainability.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10675.09	<b>Mechanism:</b> MCC
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 25186.09	<b>Planned Funds:</b> ■
<b>Activity System ID:</b> 25186	



## Activity Narrative: THIS IS A NEW ACTIVITY.

This narrative is being submitted by each agency to allow for flexibility in working with the MCC in relevant high-prevalence regions. Since each agency has existing partner networks in different areas, the final decision on partnerships will be made based on an analysis of MCC's final selection of project sites.

In February 2008 President Bush signed a \$698.1 million Millennium Challenge Compact with the Government of Tanzania (GOT) to rehabilitate and improve infrastructure in the Transport, Energy and Water sectors. Nearly half the Compact is dedicated to road construction projects.

MCC recognizes that its road construction projects have the potential to negatively impact communities by increasing exposure to and interaction with higher risk mobile populations. These risks have been well documented throughout Africa in areas where roads are being constructed and where contractors establish camps to house their typically unaccompanied male staff. Often these workers are isolated from their families for long periods of time and have disposable income which facilitates risk-taking behaviors that result in the spread of HIV/AIDS. MCC and PEPFAR/Tanzania are committed to working together on HIV prevention programs that will reduce the risk of HIV transmission among MCC project beneficiaries, and will also diminish other unintended consequences that could put the MCC goals of economic development and poverty reduction at risk.

In addition to project-specific assessments, MCC recommends a tiered approach to identify the level of attention needed for HIV/AIDS risk reduction activities. For high-risk countries, such as Tanzania, draft MCC guidance recommends an HIV/AIDS risk mitigation assessment and strategy as part of any relevant sector project design. While specific activities between PEPFAR and MCC are in the development phase, a robust MCC-PEPFAR partnership is envisioned.

Activities will build upon the following MCC principles:

- HIV/AIDS Expertise among MCC contractors: Persons with demonstrated and contextually relevant HIV/AIDS expertise will be involved in the design and implementation of program activities. To ensure that appropriate expertise and sound planning are integrated, language on required HIV/AIDS expertise will be woven throughout all Terms of Reference and bidding documents.
- Public Consultation: Stakeholders will be involved in project workshops to discuss lessons learned and recommendations for improvement strategies for future HIV prevention activities. Consultations will ensure that relevant stakeholders are included in discussions surrounding vulnerable groups such as women, elderly, disabled, migrant workers, and ethnic or religious minorities.
- Gender Integration and Targeting Vulnerable Populations: Efforts will ensure that women are adequately represented in public consultation and stakeholder meetings. Assessments will address gender inequalities and biases against people perceived to be at high risk for HIV, including sex workers and men who have sex with men. Behavior change communication materials will be culturally and linguistically appropriate, participatory, and take into account the possibility of low literacy and education levels.

Examples of MCC-PEPFAR collaboration for HIV/AIDS awareness and prevention activities include:

- Public education and sensitization campaigns to increase HIV/AIDS awareness and understanding of prevention methods in communities along the construction routes and transport corridors;
- Support for prevention programs that include condom distribution for local communities;
- Targeted interventions with construction workers that include individual risk assessments and risk reduction planning;
- Counseling and testing for construction workers and communities;
- Public-private partnerships with local businesses and construction companies for HIV prevention workplace programs;
- Targeted HIV prevention programs in bars and other high-risk settings in construction areas and along roads;
- Integration of alcohol abuse and gender-based violence prevention messages into HIV prevention and awareness programs;
- Collaboration with local leaders and faith-based organizations in HIV prevention advocacy efforts.

Linking PEPFAR programs with MCC activities will allow for a comprehensive approach to HIV/AIDS in affected communities. PEPFAR will expand its reach to populations newly exposed to elevated HIV/AIDS transmission risks, while MCC will be able to leverage PEPFAR's expertise and experience in implementing effective, state-of-the-art prevention programs. The funding level is currently at \$0, as MCC has dedicated funding for HIV/AIDS prevention activities linked to its projects. MCC and PEPFAR will collaborate closely and joint prevention activities may involve a variety of partnerships, including PEPFAR- technical assistance to MCC projects, joint funding of PEPFAR HIV prevention implementing partners, or direct MCC funding of specific PEPFAR HIV prevention activities.

Linkages:

It is envisioned that MCC and PEPFAR Tanzania will work closely together to implement the above activities and to link MCC contract workers and community members from MCC road construction areas to HIV prevention, counseling and testing and care and support services in the neighboring areas. Since each USG PEPFAR agency has existing partner networks in different areas, each agency has submitted a similar narrative to allow for flexibility in working with the MCC. Actual MCC/PEPFAR partnerships will be established based on an analysis of MCC's final selection of project sites. Partnerships with local government and other stakeholders are equally critical to maximizing the benefits received by targeted communities.

M&E:

As part of its overall M&E plan, MCC will collect baseline and follow-up data on a sample of communities near roads. The data will include:

- 1) Major public services (will collect GPS readings of nearest public medical facility, secondary school, post office, etc.)

**Activity Narrative:** 2) Perception of well-being (asking people about acceptable levels of certain services, including health)  
3) Education level and health status of the population (from focus groups)  
Data collected will include communities near the rehabilitated roads and elsewhere for comparison purposes, while also controlling for other factors (i.e. economic growth or recession, drought, etc.).

**Sustainability:**

MCC recognizes that the reduction of HIV/AIDS risks must be viewed on two levels: first are the risks associated with construction; these risks are addressed through the responsibilities of contractors as described in standard bidding documents and project-specific requirements. The second level includes the risks associated with increased mobility and activities that are the results of the project. MCC believes that both risks should be assessed and addressed in different ways in the Compact, and that it should support capacity building in local entities to assure the sustainability of HIV/AIDS awareness, prevention and support after the completion of the construction project

It is vital to the sustainability of HIV/AIDS activities that local NGOs working in the sector and local communities and government authorities be included in planning and implementing activities to ensure that upon project completion there is not a vacuum where there had previously been support. Work towards capacity-building and training to transfer skills and knowledge to affected local communities should be explored to maximize collaborative benefits for partnership, information sharing, and co-financing opportunities with the goal of long-term sustainability.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

**Total Planned Funding for Program Budget Code: \$5,622,182**

**Program Area Narrative:**

Program Area Context  
Biomedical Transmission  
COP FY 2009

The FY 2009 PEPFAR Tanzania biomedical prevention portfolio reflects a strengthening in strategic focus to align with new data and programmatic priorities. The biomedical prevention portfolio will work closely with the sexual prevention portfolio to coordinate work with key target groups and expand reach. Male Circumcision: Male circumcision (MC) has been found to reduce the risk of transmission of HIV from women to men by approximately 60%. This compelling evidence has led the Government of Tanzania (GoT) to support the inclusion of MC as a core prevention strategy in the National HIV & AIDS Multisectoral Strategic Framework 2008–2012. In Tanzania, 70% of males between the ages of 15–49 are circumcised. However, rates of MC vary considerably between regions; from 26% to 97%. As part of its commitment to introduce MC, the GoT endorsed a PEPFAR-supported situational analysis in FY 2007 and FY 2008 to assess the feasibility and acceptability of MC in three regions (Kagera, Mara and Mbeya). These sites were selected by the GoT to examine MC in a range of cultural, demographic, and cultural contexts. The prevalence of HIV among males aged 15–49 years in these regions is 3%, 3.5% and 8.3% (THIMS 2008) respectively, while the prevalence of MC in the same age group for these regions is 26%, 89%, and 34% (THIS 2003, most recent data). In FY 2009, the USG will implement a coordinated demonstration project in two of these three regions (Kagera and Mbeya). The project will also incorporate Iringa, the region with the highest HIV prevalence (15%) and a low rate of MC (38%), and enlisted men in the Tanzania People's Defense Force presenting at their Dar es Salaam facility. USG technical assistance to MC efforts will be led by a partner with global expertise, which will collaborate with WHO and UNAIDS on operational guidelines, training materials, and quality standards. This partner will work with the GOT, WHO, MOHSW, and USG partners to adapt these materials and ensure incorporation of the determinants of feasibility and acceptability identified through the situational analysis. In addition, they will undertake capacity development through site assessments, guiding facility improvements, and developing standardized training materials and patient education materials. Four additional partners will initiate a comprehensive MC service package including the provision of HIV testing and counseling services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS. This package will also include treatment for STIs, ensuring infection control, promotion of safer sex practices, provision of male and female condoms and promotion of their correct and consistent use, and linkages to prevention interventions and other social support services. An additional emphasis will focus on counseling men and their sexual partners to prevent a false sense of security resulting in high-risk behaviors that could undermine the partial protection provided by male circumcision. Patient follow-up will include assessment of counseling effectiveness, monitoring adverse unintentional gender outcomes (e.g. violence), tracking adverse clinical events and complications, and possibly collecting sero-conversion rates. Service provision will complement the development of demand creation, partner education, and "service literacy" messages and materials by a social marketing partner. Finally, the TA partner will use the access achieved to a traditionally circumcising community (Mara) via the situational analysis to explore the potential of engaging traditional circumcisors. Ultimately, the demonstration project will provide lessons learned and identify best practices to support the scale up of MC services that balance general access to high quality comprehensive services with the need to reach high-risk males. Findings will build confidence among national policymakers that MC can be done in an efficient, safe and effective manner. The findings from this project will also inform policies and standardize protocols and practices for a regulatory environment. Injection Drug Use: Tanzania is witnessing an increase in the trafficking and transit of drugs. The number of injecting drug users (IDUs) is growing Data indicates

that injection drug use, specifically heroin, is rapidly increasing in urban Tanzania and on the island of Zanzibar. A recent study in Dar es Salaam indicates that the HIV prevalence among IDU is 42% while the prevalence among a recent cohort of approximately 500 IDU in Zanzibar was 15%. This is largely attributable to unsafe IDU injection practices such as needle sharing and the efficiency of transmitting HIV intravenously. Additionally, high risk sexual activities are often abundant in settings in which substance use occurs. For instance, risk for female IDU is heightened in many instances by reliance on commercial sex, both formal and informal, to fund the purchase of drugs. Men who have sex with men (MSM) who overlap with the IDU community are also at heightened risk particularly in Zanzibar where MSM are more often involved in the sex trade. Sexual risk among IDU facilitates the spread of HIV beyond drug user networks where it can heighten generalized epidemics. Given the current HIV prevalence among IDU and the potential for bridging to the larger community through sexual intercourse, GoT supports expanded access to HIV prevention services among IDU and other drug users in Tanzania. Increasing concern over rising HIV prevalence rates among IDU is reflected in the NMSF 2008-2012, which proposes comprehensive programming to address HIV risk reduction for IDU and their partners. The GoT's willingness to address the needs of IDU is a positive shift toward provision of services, and is due in part to the assistance and advocacy by the USG. In FY 2008, the USG coordinated a stakeholders' workshop on HIV prevention among IDU and sub-groups (e.g. CSW and MSM). The workshop reviewed evidence and best practices, and identified opportunities to strengthen interventions and reinforce existing efforts. In FY 2009, building upon the collaborations fostered during the FY 2008 workshop, three partners will address the risk behaviors and prevention needs of IDU and overlapping populations and promote appropriate policy development. Two partners (in Dar es Salaam and Zanzibar) will implement interventions that target most at risk populations through a core intervention of community outreach, which includes voluntary HIV counseling and testing, condom distribution, and harm reduction strategies to discourage needle sharing and unsafe injection practices. Partners will also provide linkages to STI services and referrals to care and treatment for those found to be HIV positive. At risk individuals will also be directed to public and private pharmacies where clean needles can be purchased. Treatment options for IDU (including medication assisted treatment) are not currently available in Tanzania. However, a governmental agency, will take the lead in advocating for the treatment of drug dependence. This partner will initiate efforts to foster greater understanding and awareness of injection drug use in Tanzania and provide forums for discussing opportunities, gaps, challenges, and strategies for HIV prevention efforts with IDU populations.

**Injection Safety:** The WHO estimates at least 5% of new HIV infections, globally, are attributable to unsafe injection practices. In Tanzania, research suggests unsafe injection practices occur in 47% of instances, there are high rates of inadequate disposal procedures (89%), and 50-90% of curative injections could be avoided. Post-exposure prophylaxis (PEP) is neither widely used nor consistently available. Factors contributing to unsafe practices include a lack of safe disposal containers, improper disposal procedures, and disposal of hazardous waste in open, unguarded rubbish areas. USG Tanzania collaborates with GOT and other partners to support the WHO and safe injection global network (SIGN)-recommended three-step strategy. Accomplishments to date include the development of policy guidelines, decentralizing training through zonal training centers, development of BCC materials to reduce provider and patient demand for unnecessary injections, and incorporating IS into the IPC training. Reuse prevention syringes and safety boxes are included in the national essential drug list and injection devices are registered with the Tanzania Food and Drug Administration (TFDA). The MOHSW coordinates IPC-IS implementation through Infection Prevention Control Committees and Health Care Waste Management Committees at both the Ministry and facility levels. Key challenges include the slow implementation of PEP policy and guidelines; ensuring continued quality training for healthcare workers; and procurement of injection equipment with safety features, safety boxes for health facilities, and protective gear for waste handlers. In FY 2009, USG Tanzania will continue to improve IPC-IS quality and coverage, scaling-up to 20 hospitals, 50 health centers and over 250 dispensaries. USG Tanzania will support multiple training initiatives including in-service training of health workers; strengthening pre-service medical training institutions; promoting supervisors' capacity to provide supportive feedback; and incorporation of IS indicators into the national integrated supervision checklist. In addition, USG will share health facility assessment findings with stakeholders to improve health facilities' performance; encourage local government authorities to establish a health care waste management budget line item; and support USG Tanzania care and treatment partners to identify sustainable methods for final disposal of used needles and syringes. USG Tanzania will promote universal precautions to reduce risk of medical transmission of HIV by supporting needlestick surveillance, advocating for post-exposure prophylaxis (PEP) and hepatitis B vaccination for health care workers, and improving the safety of phlebotomy practices. The ministry will work with other programs like CT, Care and Treatment to roll out the PEP interventions, to ensure that staff reporting work accidents are accessing HIV counseling and testing, as well as prophylactic treatment where appropriate. Training has been provided to 4 for-profit hospitals as well as 37 faith-based facilities. The NACP will strive to have PEP will be included in council health plans. As MMIS/JSI comes to an end in FY09, it will reinforce country ownership and strengthen the capacity of partners to manage injection safety programs; transitioning project activities to local partners and other projects, ensuring injection safety interventions' sustainability. Finally, USG Tanzania and the MOH will jointly develop a performance evaluation tool, to enable national, district and health facility authorities to master IS and health care waste management indicators.

**Blood Safety:** Reducing HIV transmission through the transfusion of contaminated blood is a key component in the GOT's HIV/AIDS policy, the NMSF and the Health Sector Strategy on HIV/AIDS. Tanzania's annual blood transfusion need is estimated at 500,000 units. NBTS's FY 09 target is 180,000 units, scaling-up to 200,000 units for FY 10. Through USG-supported efforts, there has been an increase in the proportion of voluntary non-remunerated blood donors (VNRBD), versus donations from the family and friends of needy patients, from 20% to above 80%. More than 20% of all donors are recurrent. Collecting blood from VNRBD has reduced HIV prevalence amongst blood donors from 7% in 2005 to less than 2.8% in 2008. The National Blood Transfusion Service (NBTS) is the MOHSW unit responsible for the provision of safe and adequate blood and blood products in Tanzania. More than 80% of blood is collected by mobile teams. Donor testing for HIV at the Zonal centre using whole blood is performed after donor counseling with over 25,000 donors receiving their test results in FY 08, a figure projected to over 50,000 in FY 09. All blood is also screened for HBV, HCV, and syphilis prior to distribution, requiring whole blood and ELISA testing as recommended by WHO. In FY 08 at least 50% of collected blood was processed into components following the procurement of separation equipment for the four zonal centers. An important element to achieve the GOT unit goal is the identification and sustenance of HIV-, recurrent donors. In FY 08 donor clubs were expanded to 18 regions; in FY 09 seven regions will be added thus covering the country. These donor clubs consist of individuals counseled, tested and committed to remaining HIV free. To recruit more donors both public and private mass media have provided the NBTS with free and subsidized announcements which NBTS will expand in 09 to complement community mobilization and education efforts. Another initiative will facilitate maintenance of a safe donor pool by direct communication with existing and eligible new donors via cell phones. Collaboration will expand with voluntary counseling and testing partners, with

HIV-negative clients encouraged to become VNRBD. Finally, private businesses will be requested to sponsor non-remunerative donor recognition systems while the NBTS will link with PMI to promote malaria prevention among repeat donors. To enhance availability of safe blood to the districts, in FY 08 USG equipped 13 regional hospital blood banks with cold chain equipment and procured buffer supplies to avoid test kit stock outs. In FY09, NBTS training for hospital physicians and blood transfusion committees will continue, building upon prior training for phlebotomists, laboratory staff and donor counselors and will include post-exposure prophylaxis and proper waste disposal. In addition, NBTS and USG partners will continue to expand their quality monitoring program, including supervisory visits, discard rates due to HIV, % coverage and proportion of blood needs met. Additional PDAs will be procured to facilitate efficient data collection from the field. To build sustainability, GOT is incorporating the NBTS into its national planning strategies and the MOHSW is establishing the NBTS as an executive agency to give it independent financial status and greater autonomy. Other efforts have focused on expanding collaboration with partners such as the Norwegian Agency for Development Cooperation who are constructing a Zonal Blood Transfusion and Training Centre in Dodoma and the Abbot Fund which is renovating the regional hospital laboratories. Monitoring and evaluation of the program will be based on reduction in TTI rates, retention of donors, reduction in discard and percentage of unmet needs through data collected from facilities and NBTS data collection systems

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 12208.09

**Mechanism:** N/A

**Prime Partner:** American Association of Blood Banks

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Blood Safety

**Budget Code:** HMBL

**Program Budget Code:** 04

**Activity ID:** 25121.09

**Planned Funds:** \$300,000

**Activity System ID:** 25121

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Blood computer Software for National Blood Transfusion Service

**NEED and COMPERATIVE ADVANTAGE**

The goal of the Ministry of Health National Blood Safety Program (NBTS) since its inception is to ensure safety in all blood processes. Safety in blood processes is multi- linked, starting from selection of donors ending with the utilization of the blood (from the vein of the donor to the vein of the recipient). A number of activities have been undertaken to develop quality systems since 2005 up to 2008. Other activities were not only to ensure quality but also efficiency and effectiveness. From 2005 to 2007 the main focus was to have functional infrastructure to collect, process and release safe blood to facilities from zonal centers. With FY08 funds, efficiency, effectiveness and safety has been enhanced through changing the testing of blood from manual to automated systems. NBTS procured automated systems and centralized testing for transfusion transmissible infections (TTI), blood group, PDAs, and continued development on the data base. These systems are expected to be fully operational by June 2009. With the increase in blood collection and component production, there is need to ensure the vein to vein safety for blood processing. This requires a mechanism for tracing units of blood from collection through transportation, laboratory testing, component production, storage and distributions processes, until transfusion or discard. This computer system will also have the ability to link units of blood between donors and recipients. Recognizing the complexity of the processes, the time needed to perform this manually, the possible sources of error compounded by the inadequate numbers of technical personnel, it is necessary to procure and install a blood transfusion computer system for the NBTS. The blood computer system will not only support safety but also documentation and accountability. In FY09 a prime partner with expertise and experience in blood computer systems will be selected through a consultative process between NBTS, CDC and AABB, to assist NBTS to select, procure and install a blood computer software.

**LINKAGES:**

The system selected should be able to interface with automated blood systems procured in FY 08, PDAs, and SMS Phones for Health massaging, and the currently installed laboratory software to facilitate management and operations of the blood transfusion services, easier data collection, transfer, analysis reporting and information sharing.

**M&E:**

Continued development in data base and M&E will be required and the system must be able to generate reports for the required critical indicators of safety and quality.

**SUSTAINAIBILITY:**

TA provider for the system should be available in country for easy trouble shooting and repair.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 9473.23478.09	<b>Planned Funds:</b> \$47,478
<b>Activity System ID:</b> 23478	

**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY09, CDC will work with AABB to assist NBTS to develop strategies to increase blood collection and distribution, implement an effective and well coordinated automated blood testing and grouping systems, reorganize staff placement across the zones, improve its coordination between different systems put in place in FY08 (PDAs, SMS phones for Health) so as to link with the blood computer software to be procured and installed in FY09. Technical Assistance will also be jointly provided for a more comprehensive monitoring and evaluation system to include all the critical processes and systems thereby continuously improving the quality services and safety of blood and blood products provided by the NBTS. END OF MODIFICATION

TITLE: Blood Safety-Management and Staffing

NEED and COMPARATIVE ADVANTAGE:

In FY 2004, the National Blood Transfusion Service (NBTS) in The Ministry of Health and Social Welfare (MOHSW) established a cooperative agreement with the CDC for Rapid strengthening of blood safety services in Tanzania. The USG strategically focused on establishing a nationally sustainable and coordinated body, developing infrastructure, and acquiring necessary capacity, building for collection, processing, storage, and distribution of safe blood. Health and Human Services, through CDC provides technical assistance and financial support to the mainland NBTS and Zanzibar Blood Transfusion Services (ZBTS) through a central funding mechanism to NBTS and the Association of American Blood Banks provides (AABB) consulting services. This technical assistance (TA) involves visits from the project officer in Atlanta as well as in-country site visits to central, zonal, and regional centers, operated by NBTS, the Tanzania Red Cross Society, and military hospitals under Tanzania People's Defense Forces.

ACCOMPLISHMENTS: Due to the expansion and development of the NBTS scope of services, FY 2006-2007 funds supported the recruitment of an in-country CDC blood safety program officer who provided TA to NBTS toward renovating, equipping, and operationalizing zonal centers. Collaboration between NBTS, AABB, and CDC resulted in the development of policy, guidelines, quality systems and processes, a monitoring and evaluation (M&E) framework, as well as M&E tools. With FY 2007 funds, HHS/CDC is providing TA to NBTS to formulate, promote, and strengthen existing blood donor clubs. This has strengthened the capacity of the NBTS to effectively and efficiently manage its programs through training, mentoring, advocacy for the implementation of the NBTS as an executive agency, and ensuring sustainability through a cost recovery process.

ACTIVITIES:

With FY 2008 funds, CDC collaborated with the AABB to provide TA in M&E, quality, management, and the efficient use of the database system to monitor, record, and account for different blood related variables. In addition CDC will collaborate with NBTS to provide capacity building for staff, and effective management of donor clubs in order to ensure repeat donations. This will result in an increase in the supply of sustainable, safe, and adequate blood supply. CDC will also provide TA to the Abbott foundation, which is renovating regional hospitals and will incorporate blood banks in their blueprints to ensure adequate supply and proper storage procedures. CDC will also provide TA and assist with equipment procurement for the regional blood banks. In order to achieve this CDC will obtain expertise through contractual mechanisms and collaboration with AABB.

The CDC and the AABB will combine their resources to provide essential TA to NBTS to facilitate formation of regional blood committees, training of individuals within those committees, and feedback from physicians on rational blood uses at different levels. Working collectively, CDC, supply chain management systems (SCMS), NBTS, and other partners will ensure a sufficient backup supply for test kits and reagents. Additionally, CDC will assist NBTS to integrate PMI and prevention activities in their work plan and will subsequently assist in reviewing their completed work plan, budget, and reports in addition to linking with private public partnership toward implementing Phones for Health and the use of Personal Digital Assistants (PDAs) to enhance data transmission and communication. Collaboration between the CDC and the Counseling and Testing and the Presidential malaria initiative (PMI) programs incorporate malaria prevention messages and sexual abstinence and be-faithful messages in blood safety activities. CDC will work with the counseling and testing programs to include messages that promote donor recruitment targeting to the general public.

LINKAGES: The Blood Safety Program will work with PMI, malaria, injection safety and counseling and testing programs to develop preventive messages, and promote donor recruitment across these PEPFAR programs.

SUSTAINABILITY: TA provided by HHS/CDC and USG partners is geared toward developing sustainable blood systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13624

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13624	9473.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$56,400
9473	9473.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$61,680

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2244.09	<b>Mechanism:</b> RPSO
<b>Prime Partner:</b> Regional Procurement Support Office/Frankfurt	<b>USG Agency:</b> Department of State / African Affairs
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 12388.23479.09	<b>Planned Funds:</b> \$300,096
<b>Activity System ID:</b> 23479	

**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS

With 2008 funds NBTS has centralized its blood testing and expanded blood collection as well as component production. RPSO is continuing to provide procurement of reagents and supplies, contractual services for renovation, acquisition and installation of equipment for the NBTS through FY08 funds. RPSO will procure equipment and supplies necessary for implementation of communication and information technology for the NBTS to support the simple messaging system (SMS) initiatives outlined by phones for health and the use of personal digital assistant (PDA).

In FY09 RPSO will procure the contractual services for the modification of the zonal centers to create space for equipment for component production in six zonal centers and space for automated blood testing systems in the Eastern Zone. RPSO will procure cold chain equipment for 25 new satellite sites in the and for the hard to reach districts END OF MODIFICATION

TITLE: Renovation, equipment and back up reagent and supplies procurement

NEED and COMPARATIVE ADVANTAGE: Tanzania has established a centralized blood transfusion system that navigates around seven zonal blood centers. In 2006 and 2007, the Regional Procurement and Support Office (RPSO) played a major role in the renovation, procurement, and installation of the equipment necessary for the blood banks to be successful. All seven of these centers have been inaugurated and are operational.

ACCOMPLISHMENTS: RPSO has been instrumental in the contracting aspect of major renovation initiatives, and for equipping the seven operational zonal blood centers in order to effectively procure, test, and collect blood for nationwide emergencies. In FY08 RPSO will continue to play the procurement role of blood equipment for blood processing as well as storage and distribution. Also will procure a back up stock of reagent and test kits and other supplies for NBTS to avoid stock out.

ACTIVITIES: These activities will be funded through bilateral mechanism to complement Track 1.0 funding.

RPSO will provide procurement and contractual services for the acquisition and installation of equipment for the NBTS. The seven zonal centers serve up to five regions each in blood services. Some regions are very remote and difficult to access for the purpose of collecting and distributing safe blood. In order to facilitate availability of safe blood, the Ministry of Health and Social Welfare (MOHSW), with assistance from Abbott Foundation, are currently renovating all regional laboratories which include regional blood banks. NBTS will equip thirteen of these regional blood banks with equipment for storage and distribution of blood to make it accessible to district hospitals and health centers while ensuring maintenance of the cold chain. This will facilitate availability of safe blood to more communities in the far-reaching corners of Tanzania.

Another initiative being considered regarding provision of a continuous supply of safe blood in FY 2008 is to procure a back up stock of HIV test kits, reagents, and other supplies to supplement the amount acquired from government sources.

With a rising increase in blood collection, there is a need to increase the efficiency of blood screening for transfusion transmissible infections (TTIs). Utilizing automated screening equipment can increase efficiency, while decreasing the necessity for trained personnel in manual application and decreasing the likelihood for a margin of error (both of which plagued previous blood screening methods). There is a palpable need for increased mass mobilization, advocacy for blood donation, and sensitization to reduce stigma. These initiatives call for additional audio/visual equipment for zonal mobile teams. With extensive experience in contractual and procurement programs commissioned by the USG, RPSO will facilitate the procurement process and negotiate contractual services to meet and exceed the NBTS requirements. Remote areas will be served even more conveniently with an additional 13 regional blood banks spread throughout the country and continuous availability of necessary reagents and supplies.

SUSTAINABILITY: Renovating and equipping the regional facilities will lead to sustainable availability of safe blood in all regions and district health facilities. By increasing the number of zonal centers and safe blood collection points, and through successfully addressing stigma concerns, more and more Tanzanians will give blood and get tested. This will lead to sustainable repeat donor relationships in addition to people finding out their status.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13574

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13574	12388.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6553	2244.08		\$666,224
12388	12388.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$200,000



**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism ID:** 4780.09

**Prime Partner:** American Association of Blood Banks

**Funding Source:** Central GHCS (State)

**Budget Code:** HMBL

**Activity ID:** 8223.23480.09

**Activity System ID:** 23480

**Mechanism:** Track 1.0

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Biomedical Prevention: Blood Safety

**Program Budget Code:** 04

**Planned Funds:** \$500,000

**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY09 AABB will provide Technical Assistance (TA) to NBTS to ensure that activities planned for FY08 are completed. Also in FY09 AABB will expand activities and its assistance on some of the FY08 activities to include new activities in the following NBTS areas:-

- 1) Towards expanding access to adequate and safe blood, AABB will assist NBTS to
  - a) determine the annual collection needs by zonal centre to achieve the needed annual country estimate of 500,000 units
  - b) Expand physician training on clinical use of blood and blood products as well as expand training of the transfusion committees on rational uses of blood and blood products. Expand on donor club TOT by providing TA to develop donor club materials..
- 2) Expand TA to quality provision to areas of policy, process control, procedures, supplies qualifications procedures, supplies qualifications and custom care, assessment, deviation to non conformance and adverse events.
- 3) Support NBTS sustainability process through completion of the costing activity and performing a third party program assessment on NBTS sub contractors.
- 4) AABB will assist NBTS IT strategy in Selection and installation of a blood computer system, equipment interface and integration of multiple software, accomplish ISBT 128 to include hardware and software validation.
- 5) Provide TA to provide program linkages to ensure NBTS M&E encompasses all areas of operations along proposed quality indicators so as to adjust to accommodate new work load related to additional systems.
- 6) a) Fy09 new activities to be implemented include planning and undertaking KAP survey in designated areas to include Zanzibar and hard to reach areas on voluntary blood donation and developing a pool safe Voluntary repeating blood donors.  
b) Provide TA input to ensure timely procurement of reagents and supplies for new satellites blood sites to be opened in FY09. END OF MODIFICATION

TITLE: AABB Consulting in Rapid Strengthening of Blood Safety in Tanzania

NEED and COMPARATIVE ADVANTAGE: AABB has extensive experience assisting in blood safety initiatives. Using a systems approach, AABB will provide technical assistance to improve quality systems and to develop human and organizational capacity. Strengthening the infrastructure in this manner will provide the Ministry of Health and Social Welfare (MOHSW)'s National Blood Transfusion Service (NBTS) with the quality processes and systems to provide safe blood and blood products for transfusion consistently.

ACCOMPLISHMENTS: AABB provided technical assistance to the NBTS for development of blood safety policy documents, blood collection training, systems development, and expansion of a quality management plan (records and documents, training, validation, and error management). In addition, development of information technology documents, blood bank computer system implementation, and a strategy for enhancing component production has also been achieved.

ACTIVITIES: AABB will provide technical assistance to the NBTS to continue development of the quality management plan in addition to ensuring implementation of quality systems programs throughout all operations of the NBTS. AABB will assist with designing documents and developing training to support implementation of new and revised processes. AABB will also initiate the design of a Training of Trainers (TOT) program for various aspects of the blood transfusion service, allowing for the training of trainers, executive management, and zonal managers. AABB will provide technical assistance in the planning, implementation, validation, and post-implementation monitoring of blood bank computer system software. The NBTS team will implement a protocol, which will address all critical elements at the department level in order to ensure compliance with the quality management plan. This will provide control mechanisms for every step of the blood donation process from donor solicitation to the release of blood products for transfusion, with each step having been documented using a computer system.

AABB will provide TA in development and implementation of a monitoring and evaluation (M&E) program throughout the NBTS. The M&E program will include electronic tools and paper-based materials depending on capability at each site. In order to accomplish this, AABB will do the following; perform a gap analysis on existing M&E activities; develop and implement M&E procedures and training throughout operational areas; assist in reviewing current M&E data integrity; and assist in post-implementation monitoring of M&E program. In combination with quality systems and the M&E program, the NBTS can monitor quality, efficiency, and effectiveness while controlling critical aspects of blood transfusion service, blood collection, transportation, safety, storage and component production..

In order to develop a sustainable plan of action, AABB will provide technical assistance to strengthen the capacity of the NBTS to effectively manage blood transfusion activities in Tanzania, including developing and implementing a process to determine actual costs of blood and blood products and services provided by the NBTS. The AABB will collaborate with the NBTS to develop and conduct formalized, scientific processes to obtain actual transfusion activities in NBTS serviced hospitals, prepare reports, and ensure buy-in from management staff. By utilizing the obtained information, the NBTS can begin planning a costrecovery program.

For optimum utilization of the NBTS services offered, AABB will design and assist hospital and laboratory education sessions regarding NBTS blood products and services. This will include development of

**Activity Narrative:** educational materials, and implementation of regional education sessions. Hospitals receiving blood products from the NBTS will be equipped to make informed decisions about blood products requested for patient transfusion. The education sessions will target hospital-based transfusion committees, and clinicians. By involving hospital-based transfusion service committees, hospitals will have the capability to monitor critical elements in their regions while providing a mechanism for transfusion medicine oversight. This process will facilitate a linkage between hospitals and blood centers resulting in effective communication and synergy.

**LINKAGES:** AABB will provide technical assistance to the NBTS and link hospital programs in the areas of counseling, testing, prevention, and medical injection safety along with collaboration between Haukeland University Hospital (HUH) from Norway and the NBTS. The primary focus would center on areas of blood donor collection and counseling, testing, storage, and distribution of blood products. In addition, AABB will collaborate with HUH and the NBTS in planning and implementing of blood bank computer system software.

**CHECK BOXES:** AABB will support the NBTS by providing technical assistance in designing a self-sufficient blood supply using non-remunerated, volunteer blood donors. The blood donor program targets the general population of Tanzania. Technical assistance will be provided in a systems-based approach to include development of a NBTS quality management plan and quality systems, creation, and implementation of a NBTS M&E program. Local policies, international guidelines, and best practices will all contribute to the development of operational processes.

**M&E:** AABB will collaborate with the NBTS and its partners, to ensure that the M&E program encompasses all areas of operations. In order to identify potential opportunities for enhancement, a gap analysis will be conducted, and subsequently, a model will be developed incorporating existing NBTS procedures and desired best practices stemming from existing industry M&E data. The M&E model will reflect processes ensuring accuracy of data and flexibility as critical elements. As demands on the blood center/blood program increase, the NBTS M&E program will adjust to accommodate the workload.

**SUSTAINABILITY:** AABB will provide technical assistance to the NBTS in the area of sustainability with specific focus on two activities: cost recovery and actual hospital transfusion activity. AABB will assist the NBTS toward cost recovery planning by completing a formalized process to determine actual costs of blood products and services both for current and future operations. This planning process is targeted for completion no later than December 2007. Secondly, AABB will collaborate with the NBTS to complete a formalized timeline that will allow determination of actual NBTS hospital transfusion activities targeted to start by October 2007. Information yielded from both activities is critical elements in planning a cost recovery system directly affecting sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13431

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13431	8223.08	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	6494	4780.08	Track 1.0	\$500,000
8223	8223.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4780	4780.07	AABB Track 1.0	\$400,000

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$100,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.04: Activities by Funding Mechanism****Mechanism ID:** 4790.09**Mechanism:** N/A**Prime Partner:** Partnership for Supply Chain Management**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Biomedical Prevention: Blood Safety**Budget Code:** HMBL**Program Budget Code:** 04**Activity ID:** 16510.23481.09**Planned Funds:** \$200,674**Activity System ID:** 23481**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN COMPLETELY REVISED

TITLE: Supply Chain Management Systems (SCMS) for Blood Safety

NEED and COMPARATIVE ADVANTAGE: Tanzania is establishing a centralized coordinated blood transfusion system, which largely depends on a pool of voluntary non-remunerated blood donors who are recruited through mobile sessions. The need for dependable forecasting, quantification and procurement services will be even more crucial to the success of the national blood program. It is also critical that technical assistance be provided to align the multiple sources of funding for drugs and related commodities, and ensure a smooth functioning distribution system from port to patient. SCMS has the technical expertise and comparative advantage in this area. Tools for quantification and procurement planning, as well as a global framework and long term contracts with manufacturers, will enable SCMS to provide procurement services to the National Blood Transfusion Service (NBTS) to assure availability of blood service supplies and reagents in the future.

ACTIVITIES: In FY 2008, the National Blood Transfusion Service (NBTS) is establishing a centralized transfusion transmittable infection (TTI) testing and expanding blood components production. This expansion requires the continuous availability of test kits, reagents and other supplies to complement the supplies purchased through the government Medical Store Department (MSD). In consultation with the National Blood Transfusion Services (NBTS) SCMS will assist in procuring test kits, reagents and selected supplies for blood screening and component production. This procurement assistance will be important as the NBTS expands its coverage to not only meet the increasing demand for blood in referral and regional hospitals, but also to district hospitals and health centers that are not currently reached. A recent quantification done by NBTS for 2007-2008 showed an expected increase in demand each year.

ACCOMPLISHMENTS: In 2008 SCMS has been asked to procure and install personal digital assistant (PDAs) for the NBTS. Additional PDAs are requested to be procured and installed through SCMS with 2009 funds. These procurements will contribute to the development of additional satellite blood collection sites in 2009 increasing the capacity of the national program.

LINKAGES: This activity is closely linked to NBTS-PPP-phone for health, NBTS-RPSO-Renovation, and it will be closely managed by the appropriate technical leads on the USG team.

M&E: Performance in this activity will be measured by the availability of supplies and PDAs to support service delivery. Quantities and volumes procured and distributed will be reported to NBTS headquarters in order to track SCMS's performance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16510

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16510	16510.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6548	4790.08		\$34,450

**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism ID:** 4920.09

**Mechanism:** Track 1.0

**Prime Partner:** Ministry of Health and Social Welfare, Tanzania

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Biomedical Prevention: Blood Safety

**Budget Code:** HMBL

**Program Budget Code:** 04

**Activity ID:** 8720.23482.09

**Planned Funds:** \$4,000,000

**Activity System ID:** 23482

**Activity Narrative:** THE ACTIVITY NARRATIVE HAS BEEN COMPLETELY REVISED

TITLE: RAPID STRENGTHENING OF BLOOD SAFETY PROGRAM IN TANZANIA

**NEED and COMPARATIVE ADVANTAGE:** The National Blood Transfusion Service (NBTS) is a programme of the Ministry of Health and Social Welfare (MoHSW), established through a cooperative agreement between Centers for Diseases Control and Prevention (CDC) and the Ministry of Health and Social Welfare in the year 2004. NBTS is responsible for collection, processing, stocking and distribution of safe blood to health facilities in Tanzania. NBTS relies on collecting of blood from voluntary non-remunerated repeating blood donors (VNRBD)

Prior to 2004, blood for transfusion was collected mainly from family and relatives (replacement blood donors). Currently blood is collected from VNRBD who have lower prevalence of Transfusion Transmissible Infections (TTIs). NBTS is the sole organization mandated to collect process and supply blood for transfusion in Tanzania.

The program contributes to USG PEPFAR HIV prevention goals by providing safer blood with low prevalence of HIV and other TTIs which is necessary for patients with anemia including patients infected with HIV before and during care and treatment. During mass mobilization and donor recruitment exercises communities are educated on HIV and other TTI prevention methods. Donors are provided with pre and post test counseling for safe blood donation and low HIV risk life style skills. Donors who are identified to be HIV positive are referred to care and treatment services. Repeat donors who are mainly youth are encouraged to form blood donor clubs where they learn the importance of remaining HIV negative, life skills and adolescent reproductive health.

**ACCOMPLISHMENTS:** A total of eight (8) blood transfusion centers including Zanzibar are operational. From 1st April 2007 – 31st March 2008 a total of 99,341 units of blood were collected from VNRBD which is 99.34% of the FY07 target.

During the 1st quarter of FY08 (1st April 2008 – June 30th 2008), 31,211 units of safe blood were collected, of which 479 units were processed into blood components. The units of blood collected represent the number of blood donors counseled and tested for HIV and other TTIs. The program conducted mass sensitizations using TV, Radio and news paper.

Blood collection from VNRBD has increased by 23.8% as compared to FY07. The HIV prevalence amongst the donors dropped from 3.9% to 2.85% in the same time period, depicting the importance of developing a larger pool of VNRBD. This achievement is complemented by the increase in the proportional of VNRBD from 5% in 2005 to 20% in 2007. With FY07 funds NBTS trained 74 out of 173 trained staff. In FY08 NBTS had hoped to train 120 individual but due to delays in funding this figure was not achieved.

Guidelines and IEC materials on appropriate use of blood and blood products were distributed to hospitals at different levels.

A Quality System Manual was reviewed and training on quality manual conducted to 70 NBTS staff.

Monitoring and evaluation paper based tools were reviewed and distributed to all zones for field testing and comments, feedback will be incorporated in FY09.

In the process of establishing NBTS as a semi-autonomous institution a team of MOHSW high level management officials, CDC and AABB visited Zimbabwe and South Africa National blood transfusion services to learn about semi-autonomous operations. Following the visit, a report with recommendations was presented to MOHSW management for action. The legal framework is being prepared by the Ministry through a consultancy which will enable NBTS to become semi-autonomous institution. NBTS blood collection activities are undertaken jointly with Tanzania Red Cross Society (TRCS) who do mass mobilization and blood collection in hard to reach areas and Tanzania Peoples' Defense Forces (TPDF) which runs military hospitals serving both the military and civilian communities within its areas of operation. TPDF mobilizes and collects blood within these areas some of which are hard to reach.

**ACTIVITIES:**

With FY09 funds NBTS aims at increasing blood collection from the FY08 target of 120,000 units to 150,000 units, and to ensure post test counseling for HIV and other TTI to 50,000 donors. In order to achieve these goal, the following activities will be implemented:-

1. Expand access to adequate and safe blood transfusion services as well as blood components throughout the country by increasing blood collection.

a) Continuing blood collection in the current eight (8) blood zonal centers using existing mobile donation teams and add 25 new (satellites) fixed blood collection sites to scale up blood collection while decreasing high expenses related to adding more mobile donation teams.

b) Advocacy and mass mobilization will be strengthened by increasing activities for donor and public sensitization during blood donation campaigns, through designing, producing and distributing more innovative IEC materials to recruit more donors, mass medias campaigns and utilization of audio visual equipment at new satellite blood collection sites. The existing audio visual equipment and program will be improved.

c) Hospital management and transfusion committees will continue being trained using technical assistance from the American Association of Blood Banks (AABB) in order to engender appropriate utilization of blood and blood products

d) Training of existing staff to be multi skilled to enable them to perform different tasks in different blood transfusion processes so as to minimize the number of new staff to be recruited.

e) Recruit additional skilled staff to support the automated centralized blood testing implemented with FY08 funds and to operationalize the new satellite blood collection sites. Multi-skilling will be one of the key selection criteria for new hires.

f) Procure cold chain equipment for satellite sites through Regional Procurement Support Office (RPSO)

g) Following centralization of TTI testing and blood grouping at Eastern zone centre in FY08, an effective and efficient transportation system of samples from all the zones to Eastern zone is mandatory. This will be effected through hiring of reliable courier services. Blood collection from donation sites and distribution of safe blood to different facilities will be strengthened through close linkage with regional and district

**Activity Narrative:** management teams. Additional transportation of blood from satellite centers to zonal centers will be hired.

h) Laboratory space at all zonal centers will be expanded to cater for scaled up component production. This will follow the centralized testing at Eastern zone accomplished in FY08.

i) Advocacy campaigns and orientation to policy and decision makers from national to district levels on NBTS policy and guidelines will be enhanced. This activity will include Regional Health Management Teams and Council Management Teams (RHMTs) and (CHMTs) to ensure planning and budgeting for safe blood requirements within regional and district budgets.

j) Timely availability of adequate reagents and supplies will be ensured through MSD and back up supplies will be procured from Supplies Chain Management Systems (SCMS) to enhance efficient and effectiveness of blood transfusion processes.

k) In order to increase the current donor pool, existing blood donor clubs in eighteen (18) regions will be maintained and new ones will be established in the eight (8) remaining regions, to bring the donor club coverage to 26 regions of Tanzania. Donor clubs Training of Trainers (TOT) and updating of training materials will be undertaken in collaboration with AABB.

2.) NBTS will ensure the quality of service offered by:

- a) Strengthening Planned Preventive Maintenance (PPM) for the NBTS equipment by procuring service contracts and end users' training,
- b) establishing NBTS facilities preventive maintenance,
- c) Maintain External Quality Assurance for HIV, HBV, HCV and Syphilis for all NBTS zonal centers to attain International Standards Organization accreditation for the NBTS processes.
- b) Continue implementing quality management plan. This will entail training staff in different departments on quality management systems based on the quality plan, updating documents and records including standard operational procedure (SOP) and to implement good manufacturing practice (GMP).

3.) Implement M&E Plan to maintain quality, efficiency and effectiveness by:

- a) Reviewing, printing and distribution of paper based M&E tools for blood collection, processing and distribution.
- b) Procuring, installing and training of users on the commercial blood banking software. Following the initiative to improving data collection by use of personal digital assistant (PDA) in FY08, additional PDAs will be procured for satellite blood collection sites in FY09. Maintenance of PDAs and users training will be undertaken through consultation services.
- b) An electronic information system will be maintained to link with the PDA data collection tools, automated testing and blood banking system.
- c) In FY08 Eastern zone started communicating through SMS messages to blood donors facilitated by Phone for Health initiative. This service will be expanded to three 3 additional zones in FY09 and staff will be trained on the electronic short messaging system (SMS) in these zones.
- d) Currently NBTS internet connectivity is not reliable due to use of shared connectivity, with FY09 money connectivity will shift to dedicated bandwidth which is more reliable and allows continuous internet connectivity. This is important to support SMS Phones for Health initiative as well efficiency in information transfer of sample test results which will be pooled to Eastern zone for centralized testing. Monthly Virtual Private Network (VPN) connectivity fee will be paid to enhance data linkages from all zones to the NBTS headquarter servers.

4. Strengthen linkages with other programs -

- a) NBTS will continue working in collaboration with HIV prevention programs for blood donors and staff, proper waste management, prevention of malaria and anemia, and safety at the workplace. NBTS will link with other HIV/AIDS programs to develop consistent audio visual prevention messages to be used during donor recruitment and mass mobilization.
- b) NBTS will enhance collaboration with NACP to promote HIV prevention by encouraging voluntary counseling and testing (VCT) and other prevention among the VNRBD, donor clubs and general population. This collaboration will provide information that encourages HIV negative VCT clients to become blood donors while the clients who are positive to refrain from donation and use the VCT centers as platforms for notifying donors of HIV and other TTIs test results.
- c) NBTS will expand donor recall and incentives through SMS communication in collaboration with Phones for Health and private local companies to cover expenses.
- d) NBTS will advocate for operational research. A Knowledge Attitude and Practice (KAP) study will be undertaken under AABB TA in relation to voluntary and repeating blood donation in Tanzania including Zanzibar. It is expected that the outcome from this study will assist NBTS to develop strategies to develop a pool of safe donors.
- e) NBTS will partner with Ministry of Education and Vocational Training to incorporate blood safety education in schools and institution curricula.
- f) Maintain collaborations with the National Malaria Control Programme (NMCP) and PMI for protection of children fewer than five years, pregnant mothers and blood donors against malaria.
- g) NBTS will strength Public Private Partnership (PPP) in blood donor recruitment and retention by working with local organizations were donating blood voluntarily before NBTS establishment.
- h) Strengthen collaboration with Haukeland University Hospital (Bergen, Norway) for Technical Staff capacity building and Quality improvement within NBTS.

M&E:

With FY09 funds M&E officer at national level is to be recruited and data collection and transfer enhanced through use of an electronic blood transfusion software system, PDAs and SMS. Paper based M&E strategy and tools will be reviewed to incorporate inputs from users. The NBTS will collaborate with the AABB to develop an M&E program that will encompass all the processes such as collection, processing, distribution, and utilization of blood. Gathering statistics on the numbers of annual blood collections reflect the effectiveness of the NBTS to reach goals set by key stakeholders. In addition, documentation of blood donor recruitment and retention reveals a percentage of the population who received counseling. These process indicators ensure effectiveness of the quality management system, the objective of which is to ensure that the NBTS supplies safe and adequate blood and blood products. The required PEPFAR indicators will constitute part of the monitoring tools to ensure planning,

**Activity Narrative:** implementation, and effectiveness of project objectives.

**SUSTAINABILITY:**

In FY07 the Government of Tanzania provided US\$ 650,000.00 for reagent and supplies and US\$ 100,000.00 to support NBTS operations.

NBTS staffs (108) of medical cadres were absorbed in the Government payroll scheme.

In FY08 funds are planned to undertake a blood costing exercise in collaboration with AABB. This activity will enable NBTS to know the cost of a unit of blood, which will assist NBTS to implement the cost recovery plan. Once this plan is implemented it will contribute towards sustainability.

The MoHSW is working on the recommendations from the team that went for a study tour to Zimbabwe and South African National Blood Service (SANBS) to transform NBTS into semi autonomous organization.

MoHSW is also working on the legal framework that will speed up this process.

Under semiautonomous operations NBTS plans to recover funds for collection, processing and supplying to the government and private hospitals through health insurance scheme. KAP study will assist NBTS to develop strategies for developing sustainable donor pool

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13523

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13523	8720.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	6540	4920.08	Track 1.0	\$3,500,000
8720	8720.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4920	4920.07	MOHSW Track 1.0	\$3,500,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$300,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Blood Safety

**Budget Code:** HMBL

**Program Budget Code:** 04

**Activity ID:** 5026.23483.09

**Planned Funds:** \$97,600

**Activity System ID:** 23483



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY09, CDC will work with AABB to assist NBTS to develop strategies to increase blood collection and distribution, implement an effective and well coordinated automated blood testing and grouping systems, reorganize staff placement across the zones, improve its coordination between different systems put in place in FY08 (PDAs, SMS phones for Health) so as to link with the blood computer software to be procured and installed in FY09. Technical Assistance will also be jointly provided for a more comprehensive monitoring and evaluation system to include all the critical processes and systems thereby continuously improving the quality services and safety of blood and blood products provided by the NBTS. END OF MODIFICATION

TITLE: Blood Safety-Management and Staffing

NEED and COMPARATIVE ADVANTAGE:

In FY 2004, the National Blood Transfusion Service (NBTS) in The Ministry of Health and Social Welfare (MOHSW) established a cooperative agreement with the CDC for Rapid strengthening of blood safety services in Tanzania. The USG strategically focused on establishing a nationally sustainable and coordinated body, developing infrastructure, and acquiring necessary capacity, building for collection, processing, storage, and distribution of safe blood. Health and Human Services, through CDC provides technical assistance and financial support to the mainland NBTS and Zanzibar Blood Transfusion Services (ZBTS) through a central funding mechanism to NBTS and the Association of American Blood Banks provides (AABB) consulting services. This technical assistance (TA) involves visits from the project officer in Atlanta as well as in-country site visits to central, zonal, and regional centers, operated by NBTS, the Tanzania Red Cross Society, and military hospitals under Tanzania People 's Defense Forces.

ACCOMPLISHMENTS: Due to the expansion and development of the NBTS scope of services, FY 2006-2007 funds supported the recruitment of an in-country CDC blood safety program officer who provided TA to NBTS toward renovating, equipping , and operationalizing zonal centers. Collaboration between NBTS, AABB, and CDC resulted in the development of policy, guidelines, quality systems and processes, a monitoring and evaluation (M&E) framework, as well as M&E tools. With FY 2007 funds, HHS/CDC is providing TA to NBTS to formulate, promote, and strengthen existing blood donor clubs. This has strengthened the capacity of the NBTS to effectively and efficiently manage its programs through training, mentoring, advocacy for the implementation of the NBTS as an executive agency, and ensuring sustainability through a cost recovery process.

ACTIVITIES:

With FY 2008 funds, CDC collaborated with the AABB to provide TA in M&E, quality, management, and the efficient use of the database system to monitor, record, and account for different blood related variables. In addition CDC will collaborate with NBTS to provide capacity building for staff, and effective management of donor clubs in order to ensure repeat donations. This will result in an increase in the supply of sustainable, safe, and adequate blood supply. CDC will also provide TA to the Abbott foundation, which is renovating regional hospitals and will incorporate blood banks in their blueprints to ensure adequate supply and proper storage procedures. CDC will also provide TA and assist with equipment procurement for the regional blood banks. In order to achieve this CDC will obtain expertise through contractual mechanisms and collaboration with AABB.

The CDC and the AABB will combine their resources to provide essential TA to NBTS to facilitate formation of regional blood committees, training of individuals within those committees, and feedback from physicians on rational blood uses at different levels. Working collectively, CDC, supply chain management systems (SCMS), NBTS, and other partners will ensure a sufficient backup supply for test kits and reagents. Additionally, CDC will assist NBTS to integrate PMI and prevention activities in their work plan and will subsequently assist in reviewing their completed work plan, budget, and reports in addition to linking with private public partnership toward implementing Phones for Health and the use of Personal Digital Assistants (PDAs) to enhance data transmission and communication . Collaboration between the CDC and the Counseling and Testing and the Presidential malaria initiative (PMI) programs incorporate malaria prevention messages and sexual abstinence and be faithful messages in blood safety activities. CDC will work with the counseling and testing programs to include messages that promote donor recruitment targeting to the general public.

LINKAGES: The Blood Safety Program will work with PMI, malaria, injection safety and counseling and testing programs to develop preventive messages, and promote donor recruitment across these PEPFAR programs.

SUSTAINABILITY: TA provided by HHS/CDC and USG partners is geared toward developing sustainable blood systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13644

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13644	5026.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$61,012
7837	5026.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$158,759
5026	5026.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$139,208

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$10,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2244.09	<b>Mechanism:</b> RPSO
<b>Prime Partner:</b> Regional Procurement Support Office/Frankfurt	<b>USG Agency:</b> Department of State / African Affairs
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 17026.23484.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23484	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008

TITLE: Renovation, equipment and back up reagent and supplies procurement

**NEED and COMPARATIVE ADVANTAGE:**

Tanzania has established a centralized blood transfusion System that navigates around seven zonal blood centers. In 2006 and 2007, the Regional Procurement and Support Office (RPSO) played a major role in the renovation, procurement, and installation of the equipment Necessary for the blood banks to be successful. All seven of these centers have been inaugurated and are Operational.

**ACCOMPLISHMENTS:** RPSO has been instrumental in the contracting aspect of major renovation Initiatives, and for equipping the seven operational zonal blood centers in order to effectively procure, test, And collect blood for nationwide emergencies. In Fy08 RPSO will continue to play the procurement role of Blood equipment for blood processing as well as storage and distribution. Also will procure a back up stock of reagent and test kits and other supplies for NBTS to avoid stock out.

**ACTIVITIES:** These activities will be funded through bilateral mechanism to complement Track 1.0 funding.

RPSO will provide procurement and contractual services for the acquisition and installation of equipment for the NBTS. The seven zonal centers serve up to five regions each in blood services. Some regions are very remote and difficult to access for the purpose of collecting and distributing safe blood. In order to facilitate availability of safe blood, the Ministry of Health and Social Welfare (MOHSW), with assistance from Abbott Foundation, are currently renovating all regional laboratories which include regional blood banks. NBTS will equip thirteen of these regional blood banks with equipment for storage and distribution of blood to make it accessible to district hospitals and health centers while ensuring maintenance of the cold chain. This will facilitate availability of safe blood to more communities in the far-reaching corners of Tanzania.

Another initiative being considered regarding provision of a continuous supply of safe blood in FY 2008, is to procure a back up stock of HIV test kits, reagents, and other supplies to supplement the amount acquired from government sources.

With a rising increase in blood collection, there is a need to increase the efficiency of blood screening for transfusion transmissible infections (TTIs). Utilizing automated screening equipment can increase efficiency, while decreasing the necessity for trained personnel in manual application and decreasing the likelihood for a margin of error (both of which plagued previous blood screening methods). There is a palpable need for increased mass mobilization, advocacy for blood donation, and sensitization to reduce stigma. These initiatives call for additional audio/visual equipment for zonal mobile teams. With extensive experience in contractual and procurement programs commissioned by the USG, RPSO will facilitate the procurement process and negotiate contractual services to meet and exceed the NBTS requirements. Remote areas will be served even more conveniently with an additional 13 regional blood banks spread throughout the country.

**SUSTAINAIBILITY:** Renovating and equipping the regional facilities will lead to sustainable availability Of safe blood in all regions and district health facilities. By increasing the number of zonal centers and safe blood collection points, and through successfully addressing stigma concerns, more and more Tanzanians will give blood and get tested. This will lead to sustainable repeat donor relationships in addition to people finding out their status.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17026

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17026	17026.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7626	7626.08	Track 1.0	\$500,000

**Table 3.3.04: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8553.09	<b>Mechanism:</b> P4H
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Budget Code:</b> 04
<b>Activity ID:</b> 16512.23485.09	<b>Planned Funds:</b> [REDACTED]



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. THIS ACTIVITY NARRATIVE HAS BEEN SIGNIFICANTLY REVISED TO REFLECT TO WORK COMPLETED IN FY 2008 AND PLANNED ACTIVITIES IN FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR.

**TITLE:** Building a National HIV Facility-based Reporting System

**NEED and COMPARATIVE ADVANTAGE:** Tanzania is currently supporting HIV care and treatment services at 200 district health facilities and will soon be expanding these services to 500 health centers and dispensaries throughout the country. Assuring the regular and efficient flow of aggregate indicators data from facilities to the district and central levels is a major challenge, not only for ART but for all facility-based HIV services (PMTCT, VCT, lab, blood safety). Due to poor Internet coverage at the peripheral level, facilities are often required to transport their electronic data by road, a process that is both costly and time-consuming. The Phones for Health partnership brings together the mobile phone industry, technology companies, handheld providers and the world's largest HIV/AIDS donor to help countries maximize their existing mobile phone infrastructure to improve the flow of HIV/AIDS data to and from facilities while building the foundation for functional, scalable and sustainable health management information systems.

For the National Blood Transfusion Service, comprehensive safe blood services depend on availability of a blood donor pool of safe donors. In order to maintain this pool an interactive method of communicating with recruited donors and other possible donors is needed. Mobile phones offer this opportunity of regular communication with already recruited donors and other potential ones. Phones for health SMS initiative offers the National blood transfusion program the means of regularly communicating with their donors and recruiting the new ones. With FY 07 and FY08 funds an estimated 150,000 messages are to be sent to donors with mobile phones in Eastern zone. As the program expands more blood donors will be reached in other zones enabling NBTS to build its donor pool for efficient safe blood supply and be able to communicate with donors in emergencies.

**ACCOMPLISHMENTS:** P4H has accomplished the following:

- 1) Developed and finalized a Terms of Reference between CDC-Tanzania and the Ministry of Health and Social Welfare detailing project priorities, cost, software-as-services model and governance model.
- 2) Collected user requirements for Phase-One priority areas: NBTS Blood Donor Messaging System and IDSR Case Notification & Weekly Reports.
- 3) Conducted infrastructure & services assessment; Conducted rapid assessments in Phase-One regions; Delivered demo (prototype) systems for Phase-One priority areas and delivered the final Phase-One user requirements documents to Voxiva technical team.
- 4) As part of multi-country support, the Phones for-Health replication toolkit was developed to support implementation in additional countries.

**ACTIVITIES:** In FY 2009, Tanzania will continue to strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage Tanzania's existing telecommunications infrastructure to allow workers at health facilities to transmit monthly reports by phone or Internet. Once in the system, data will be viewable by authorized managers at the district, regional and national levels, as well as to implementing partners, via user-customizable data dashboards and a series of standard reports.

Activities in FY 2009 will also focus on maintaining the existing components of the system: ART monthly and quarterly reporting, Blood Safety, and Integrated Disease Surveillance and Response, and expanding system use through active user support.

Overall system activities in FY 2009 will include: Setting up central infrastructure, short code, gateways and telecom billing structures; Collecting ART user requirements and developing the reporting prototype and delivering the system for both ART and NBTS Blood Donor Messaging system; Developing training curricula and job aids to support introduction of system; Training system administrator(s) in data mining, administrative parameters and basic form configuration via User Interface; Training national, regional, and district-level trainers and users in 2 regions for IDSR and ART modules.

In the area of ART, Phones for Health will continue to support the operation and use of the monthly and quarterly reporting module that was developed in FY 2008. The country team will provide ongoing technical assistance and support to trainers and master users, including the National AIDS Control Programme staff, Regional AIDS Control Coordinators (RACCs), and USG treatment partner staff. Specific activities will include 1) instituting and enforcing standard operating procedures for reporting and resolution of technical issues, 2) inviting regular input from a representative group of "power users," and 3) strengthening capacity and appreciation for data analysis and use through a combination of customized feedback and semi-annual data for decision-making seminars/forums.

Phones for Health data for decision-making forums will bring together key HIV/AIDS stakeholders in Tanzania to review and discuss ART program data with a view to strengthening the demand for good data, building a critical mass of data use "champions" within the Ministry of Health and Social Welfare, and identifying ways that the existing national reporting system can be modified to better support the Ministry's programmatic goals.

In addition, Phones for Health will work with USG treatment partners to expand system coverage to two additional regions in FY 2009 using a training-of-trainers approach. The Phones for Health country team will train USG treatment partners and RACCs in the target regions, and these trainers will be responsible for training DACCs and CTC reporting officers in the use of the ART reporting module. Phones for Health will also replicate and distribute technology-enhanced, role-based training materials (including participant manuals, facilitation guides, and job aids) to target users in the new regions.

Activities for NBTS in FY 2009 will focus on scaling up and expanding the scope of the existing components of the system in the area of blood safety. Phones for Health will add bi-directional messaging functionality to the National Blood Transfusion Centre's Blood Donor Messaging System. The introduction of bi-directional

**Activity Narrative:** messaging between potential and existing blood donors and the Phones for Health database will open the door to new recruitment and retention approaches. Any individual with access to a cell phone will be able to self-register as a blood donor via SMS and take advantage of other Health services, such as self-administered risk assessments or blood donation FAQs.

The system will also be expanded to a second zone (to be determined based on technological readiness), bringing the total number of blood donors covered to approximately 150,000 (assuming 50% of blood donors have cell phones). Program evaluation activities – including automated data collection and supplemental blood donor surveys – will also continue. Twelve-month program results will be measured and compared to baseline data and data collected six months after program initiation.

**LINKAGES:** The Phones for Health partnership will continue to link with the Ministry of Health, who provide oversight for this activity as well as NACP and NBTS, as the system is expanded.

Phones for Health activities will closely link with PDA and the web-based system for Blood to identify safe donors, and temporary and permanent deferrals.

**M&E:** The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Tanzania. All users, including MOHSW, NACP and TACAIDS, and health care workers, will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features. The Blood activities will be monitored throughout the implementation of the program for expected outcome and impact to blood donor management system.

The team will also self-monitor and report on its activities to USG and GoT for continual updates and program implementation flow.

**SUSTAINABILITY:** Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Tanzania. Phones for Health will support a full-time technical advisor (aka system implementation lead) and training coordinator to transfer critical knowledge and skills to the local management unit, which will be located within the HMIS division of the Ministry of Health.

With oversight of the system by the Ministry of Health/ HMIS Unit, the partnership will continue to transfer knowledge on system use and coordination of activities to ensure the system meets the needs of the government and has utility at all levels of government.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16512

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16512	16512.08	HHS/Centers for Disease Control & Prevention	Voxiva	8553	8553.08	P4H	\$200,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

**Total Planned Funding for Program Budget Code: \$2,222,883**

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1171.09	<b>Mechanism:</b> MAISHA
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Budget Code:</b> 05
<b>Activity ID:</b> 3422.22544.09	<b>Planned Funds:</b> \$332,669
<b>Activity System ID:</b> 22544	

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED

**TITLE:** Strengthening Infection Prevention and Control (IPC) Injection Safety (IS) in Tanzania  
Transmission of infection is a major problem in Tanzanian health care settings. Improper IPC practices, including unsafe use of injections, continue to serve as a route for HIV transmission. The Ministry of Health and Social Welfare (MOHSW) and other stakeholders in the health sector acknowledge that IPC-IS is one of the pre-requisites for ensuring safe health care delivery as well as protecting the population from infectious diseases including HIV/AIDS. Injection safety is essential to protecting the health workforce. JHPIEGO is an international leader in implementing evidence-based IPC practices that protect both the client and the health care worker and has developed successful IPC-IS initiatives through focused antenatal care (FANC) and Reproductive and Child Health Services (RCHS) in over 40 countries.

**ACCOMPLISHMENTS:** This IPC-IS program builds upon efforts already being implemented by JHPIEGO in partnership with the MOHSW health services inspectorate unit (HSIU), under the ACCESS program and John Snow International, Inc (JSI). Utilizing FY 2005 PEPFAR funding, JHPIEGO/ACCESS assisted the HSIU in developing national guidelines on IPC. During FY 2006, the guidelines were adapted into a simplified pocket guide for health care providers, translated into Kiswahili, printed, and widely disseminated to frontline health care workers. Currently, in FY 2007, JHPIEGO/ACCESS is assisting the HSIU in developing an IPC orientation package for use in orienting district-level policymakers and training institutions to the IPC guidelines. Approximately 60 tutors will be updated on IPC-IS and use of the orientation package for updating others in the pre-service training institutions. These trainers will receive support to implement the IPC-IS training. In addition, the IPC orientation package will serve as a tool for advocacy with Council Health Management Teams (CHMT) to ensure that standard precautions are featured in Council Comprehensive Health Plans (CCHP). JHPIEGO/ACCESS collaborated with the MOHSW/HSIU to develop and introduce a formal quality improvement (QI) initiative at individual health facilities. JHPIEGO/ACCESS, JSI, and HSIU will develop nationally standardized performance standards for IPC-IS and will adapt these standards into checklists for both external assessments and internal QI work. This work has been discussed and solidified by all key stakeholders, and suggested target districts have already been identified with HSIU input.

**ACTIVITIES:** JHPIEGO/ACCESS will introduce IPC-IS performance standards and a QI approach to 26 hospitals previously identified and trained on IPC-IS best practices by the MOHSW/HSIU and JSI. JHPIEGO/ACCESS will work with 13 of these hospitals under the FY 2008 plus up funding to introduce the IPC performance standards and the QI approach. This initiative will come to fruition when FY 2009 funding becomes available for program introduction to the remaining 13 hospitals.

The program will include assembling advocacy meetings with regional and district health teams in the areas where selected hospitals are located in order to introduce the program to local authorities and advocate for IPC-IS training and equipment to be entered into council health plans. Additionally, up to five IPC-IS focal persons from each facility will be trained on IPC QI process and tools through a modular approach. Selected focal persons were chosen by the HSIU, updated on IPC best practices, and will form the core of QI teams within the IPC-IS committee at their facilities. Furthermore, 13 hospitals will receive support to conduct baseline assessments on IPC-IS. The QI team will subsequently review results, identify gaps, and develop action plans to address these gaps.

The 13 hospitals will receive additional support in order to conduct quarterly follow up assessments on IPCIS, conduct onsite analysis, and share results with hospital staff and HSIU. Roughly three months following baseline analysis, the first follow up assessment will be conducted by the QI team to evaluate progress and identify larger gaps and arising issues. Results will feed into module two training where progress and challenges will be shared. A subsequent follow up assessment will be conducted at a similar interval, with results shared during module three training. Lessons learned at these trainings will allow QI teams to make greater improvements in their facilities. After identifying gaps through the assessments, limited support will be in place to address those shortcomings. These disparities could include support for onsite training, technical assistance visits, and benchmarking visits.

Two national IPC quality improvement-sharing meetings will be supported by JHPIEGO. Following QI modular training, program stakeholders from national, regional and district level, as well as facility management, will convene bi-annually to review results to date, discuss common gaps, and suggest solutions. Participation in these meetings will assist in advocacy with district and regional policymakers and support for sustainability of the program.

Additionally, JHPIEGO will facilitate the development of a recognition mechanism/plan for high scoring/achieving facilities to encourage productivity. JHPIEGO/ACCESS will collaborate with facilities and the HSIU to develop a formal system of recognition for facilities who achieve at least 80% of standards. This is a critical element in order to sustain motivation and maintain the QI process at the facilities. JHPIEGO/ACCESS and HSIU will work with districts to develop local systems for recognizing staff and funding them through their council health plans based on experiences with other QI work in Ulanga District.

**LINKAGES:** JHPIEGO/ACCESS will collaborate with other organizations and local partners currently working on IPC-IS. JHPIEGO/ACCESS has already established close working relationships with MOHSW/HSIU and JSI/Making Medical Injections Safer as part of the IPC-IS thematic group. JHPIEGO will also link the IPC programs with ongoing work in antenatal care (ANC), ensuring that FANC providers are also implementing quality IPC-IS practices.

**M&E:** JHPIEGO will collaborate with HSIU, district health management teams, and other partners working in IPC-IS in all data collection, evaluations, assessments, supervision tool development and quality improvement initiatives undertaken as part of IS programs. The supervision and follow up tools that were developed with FY 2007 funds in collaboration with the MOHSW will be used in the quality improvement initiative form.

QI assessment results will provide a set of quantitative data for measuring facilities' improvements over time

**Activity Narrative:** in implementing infection prevention practices to standard guidelines. All work on the QI in the 26 facilities will be closely coordinated with MOHSW and documented to ensure replication capability in other facilities in future years. As part of the QI JHPIEGO will collect key service statistics from a sampling of sites to evaluate translation of improved IPC-IS practices to reduced instances of infection transmission. PEPFAR training indicators will be reported and other indicators adapted to assist MOHSW to better measure the progress and potential impact of IS programs.

**SUSTAINABILITY:** As previously discussed, QI teams will be actively involved in advocacy efforts with all districts. District allocation of resources to conduct orientation sessions on IPC and IS will ensure greater coverage and effectiveness. Integrating recognition mechanisms into the program is another way to ensure sustainability as facilities continuously strive to achieve at least 80% of standards or to maintain this level. Finally, IPC focal persons will have the training and facilitation skills necessary to replicate this initiative in other facilities

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13501

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13501	3422.08	U.S. Agency for International Development	JHPIEGO	6528	1171.08		\$393,016
7730	3422.07	U.S. Agency for International Development	JHPIEGO	4546	1171.07		\$400,000
3422	3422.06	U.S. Agency for International Development	JHPIEGO	2848	1171.06		\$200,000

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 1192.09

**Mechanism:** Track 1.0

**Prime Partner:** John Snow, Inc.

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Biomedical Prevention: Injection Safety

**Budget Code:** HMIN

**Program Budget Code:** 05

**Activity ID:** 3441.22545.09

**Planned Funds:** \$637,034

**Activity System ID:** 22545



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Making Medical Injections Safer (MMIS).

**NEED and COMPARATIVE ADVANTAGE:** Currently the working environment in health facilities still poses risks for health workers and the general community of acquiring blood borne infections such as HIV and Hepatitis B and C. In order to combat these risks, improved injection safety practices must be implemented through training of health care workers regarding infection control, management of safe injection equipment, and supplies at service delivery points. There is a need to support the hospital-based training of trainers (TOT) to continue training the wealth of workers in hospitals and dispensaries who have yet to receive training. Institutional initiative on spot supervision is lacking, therefore, hospital management teams must receive training to effectively monitor and supervise their facilities. For sustainability purposes, MMIS must include infection control/injection safety in health college curricula, in addition to TOT in pre-service colleges. An integrated monitoring and evaluation (M&E) tool will be required for all facilities to ensure correct implementation of best practices, ensure adherence to local and national guidelines, and to possess documentation of arising issues and improved performance.

**ACCOMPLISHMENTS:** In Tanzania, MMIS has successfully trained 35% of health workers in injection safety practices utilizing 51 and 870 zonal and hospital-based TOT respectively. In addition, MMIS has procured and distributed roughly 12 million auto disable syringes and over 237,000 safety boxes to hospitals. MMIS has also designed, developed, printed, and distributed advocacy and behavioral mass media communication to individuals, communities, and facilities. In collaboration with the Ministry of Health and Social Welfare (MOHSW), MMIS developed and printed 1020 training IPC-IS slide manuals. In addition to the Do No Harm facilitators' guide and health workers manual, MMIS printed 1500 copies each of national standards and procedures for healthcare waste management (HCWM), HCWM national policy guidelines, and HCWM monitoring plans. In collaboration with the MOHSW, integrated supportive supervision checklists were developed, and in March 2007, a mid-term review on the IPC-IS program was conducted. Finally, MMIS supported the MOHSW in printing 2000 t-shirts and caps for the World Environment Day celebrations and the launch of HIV/AIDS prevention awareness in the workplace.

**ACTIVITIES:**

FY 2009 activities are scaled back considerably because of a significant reduction in funding. The focus for the coming year will be on targeted training in collaboration with MOHSW and technical assistance to support training efforts. MMIS will also develop a sustainability plan and exit strategy to support a transition to the ministry as lead for these program activities. During FY 2009 funds will be allocated to improve injection safety practices through the following core activities.

1. Training and capacity building of health care workers, which will include: supporting the MOHSW with finalization, printing, and dissemination of training materials; training of health workers in all public and private health care facilities focusing on lower level facilities; collaborating with the MOHSW, regional health management team (RHMT), district health management team (DHMT) and the National AIDS Control Programme (NACP) to support the inclusion of the PEP policy and monitor implementation of strategies at facility level; training hospital management teams (HMT) effective on-site supportive supervision.
2. Contributing funds to develop and strengthen sustainable and safe healthcare waste management systems by advocating and leveraging resources to ensure maintenance of incinerators. Additionally, MMIS work with MOHSW in positioning health officers at health facilities to assist in HCWM will allow more effective monitoring and ensure better adherence of standards. In addition, MMIS will print and disseminate policy guidelines, plans, and standards related to HCWM to all health facilities.
3. Developing and strengthening sustainable safe health care waste management systems and reduce unnecessary injections through targeted IEC/advocacy and behavior change strategies; expanding the scope of communication and advocacy efforts to the general public through audience segmentation and strategically sequenced activities; improving health care worker safety through advocacy for effective needle stick prevention and management guidelines and policies. In addition, activities will continue to advocate for the provision of post-exposure prophylaxis and vaccination against hepatitis-B for health care workers and guidelines to be put into place regarding the provision of personal protective equipment (PPE). Continual support to all facilities will be funded in FY 2008, supporting needlestick prevention implementation, post exposure prophylaxis (PEP), documentation of needle stick injuries including the requirement of PPE. MMIS will collaborate with the MOHSW to conduct an evaluation of the IPC-IS training program for health workers at all levels and disseminate findings to stakeholders.
4. Collaborating with Supply Chain Management System in the procurement of safe injection equipment and supplies.

END ACTIVITY MODIFICATION

TITLE: Making Medical Injections Safer (MMIS).

**NEED and COMPARATIVE ADVANTAGE:** Currently the working environment in health facilities still poses risks for health workers and the general community of acquiring blood borne infections such as HIV and Hepatitis B and C. In order to combat these risks, improved injection safety practices must be implemented through training of health care workers regarding infection control, management of safe injection equipment, and supplies at service delivery points. There is a need to support the hospital-based training of trainers (TOT) to continue training the wealth of workers in hospitals and dispensaries who have yet to receive training. Institutional initiative on spot supervision is lacking, therefore, hospital management teams must receive training to effectively monitor and supervise their facilities. For sustainability purposes, MMIS must include infection control/injection safety in health college curricula, in addition to TOT in pre-service colleges. An integrated monitoring and evaluation (M&E) tool will be required for all facilities to ensure correct implementation of best practices, ensure adherence to local and national guidelines, and to possess documentation of arising issues and improved performance.

**ACCOMPLISHMENTS:** In Tanzania, MMIS has successfully trained 35% of health workers in injection safety practices utilizing 51 and 870 zonal and hospital-based TOT respectively. In addition, MMIS has procured and distributed roughly 12 million auto disable syringes and over 237,000 safety boxes to hospitals. MMIS has also designed, developed, printed, and distributed advocacy and behavioral mass

**Activity Narrative:** media communication to individuals, communities, and facilities. In collaboration with the Ministry of Health and Social Welfare (MOHSW), MMIS developed and printed 1020 training IPC-IS slide manuals. In addition to the Do No Harm facilitators' guide and health workers manual, MMIS printed 1500 copies each of national standards and procedures for healthcare waste management (HCWM), HCWM national policy guidelines, and HCWM monitoring plans. In collaboration with the MOHSW, integrated supportive supervision checklists were developed, and in March 2007, a mid-term review on the IPC-IS program was conducted. Finally, MMIS supported the MOHSW in printing 2000 t-shirts and caps for the World Environment Day celebrations and the launch of HIV/AIDS prevention awareness in the workplace.

**ACTIVITIES:** During FY 2008, funds will be allocated to improve injection safety practices through training and capacity building of health care workers. This will include: supporting the MOHSW with finalization, printing, and dissemination of training materials; training of health workers in all public and private health care facilities focusing on lower level facilities; collaborating with the MOHSW, regional health management team (RHMT), district health management team (DHMT) and the National AIDS Control Programme (NACP) to support the inclusion of the PEP policy and monitor implementation of strategies at facility level; training hospital management teams (HMT) effective on-site supportive supervision.

Safe injection equipment and supplies must always be readily available; therefore, effective commodity procurement and in-country logistics plans must be in place, including the development of strategies to achieve injection device security. Additionally, MMIS will support Medical Stores Department (MSD) in custom clearance of safe injection commodities through pooled procurement of non re-usable injection devices, safety boxes, and personal protective equipment. Collaboration with national regulatory authorities is essential to efficiently and accurately provide updates on specifications, technologies, good manufacturing practices, and highlight the importance of controlling the quality and appropriateness of products being imported.

MMIS will contribute funds to develop and strengthen sustainable and safe healthcare waste management systems by advocating and leveraging resources to ensure maintenance of incinerators. Additionally, MMIS will develop a hired position whose sole responsibility it is to support staff in collecting and handling health care waste in a health care environment. Collaboration between MMIS and MOHSW in positioning health officers at health facilities to assist in HCWM will allow more effective monitoring and ensure better adherence of standards. In addition, MMIS will print and disseminate policy guidelines, plans, and standards related to HCWM to all health facilities.

Other activities include: developing and strengthening sustainable safe health care waste management systems and reduce unnecessary injections through targeted IEC/advocacy and behavior change strategies; expanding the scope of communication and advocacy efforts to the general public through audience segmentation and strategically sequenced activities; improving health care worker safety through advocacy for effective needle stick prevention and management guidelines and policies. In addition, activities will continue to advocate for the provision of post-exposure prophylaxis and vaccination against hepatitis-B for health care workers and guidelines to be put into place regarding the provision of personal protective equipment (PPE). Continual support to all facilities will be funded in FY 2008, supporting needle stick prevention implementation, post exposure prophylaxis (PEP), documentation of needle stick injuries including the requirement of PPE. MMIS will collaborate with the MOHSW to conduct an evaluation of the IPC-IS training program for health workers at all levels and disseminate findings to stakeholders

**LINKAGES:** MMIS works closely with the MOHSW programs and units that include health services inspectorate works using a mutually accepted work plan. Education updating health workers on a continual basis link with adult learning techniques as thematic groups that include JHPIEGO. Injection safety applicably links with environment health and hygiene surrounding health care waste management. Additionally, the NACP collaborates with existing partners to design and develop information educational communication materials. Similarly, reproductive and child health (RCH) is invested in the safety of injections administered to children. The World Health Organization (WHO) gives technical support on incineration of medical waste. Furthermore, the Department of Human Resources Development links with MMIS to TOT using the Zonal Training Centers.

**M&E:** In collaboration with the MOHSW, a draft checklist has been developed with the aim of integrating the tools into one master tool. The tool will be used by the program, the health management, and the DHMTs. Evaluation will be completed at the middle and at the end of the program. Key measures to be assessed in the M&E should include the achievement and challenges of the program activities, sustainability, safety adherence, and the impact of the program to Tanzania as a nation.

**SUSTAINABILITY:** The program, in collaboration with the MOHSW, the Tanzania Food and Drug Authority (TFDA), and TBS has encouraged private importers to import the non-reusable injection devices and other injection safety commodities. A factory known as Emunio-Tanzania Ltd will begin production of non-reusable syringe/needles and assemble safety boxes for use in health care facilities in Tanzania. In collaboration with the MOHSW, MSD, and the Prime Ministers Office Regional and Local Government (PMORALG), injection safety programs will advocate the inclusion of non-reusable injection devices in their comprehensive council health budgets.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13503

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13503	3441.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	6529	1192.08	Track 1.0	\$2,213,249
7732	3441.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4547	1192.07	JSI Track 1.0	\$0
3441	3441.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	2856	1192.06		\$2,115,000

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1130.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ministry of Health and Social Welfare, Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Budget Code:</b> 05
<b>Activity ID:</b> 3500.22546.09	<b>Planned Funds:</b> \$500,680
<b>Activity System ID:</b> 22546	

**Activity Narrative:** ACTIVITY NARRATIVE UNCHANGED FROM FY 2008.

TITLE: MOHSW - Infection Prevention and Control (IPC) – Injection Safety (IS) program

A situation analysis of IPC-IS was conducted in five referral/consultant hospitals. Data revealed that IPC practices were poor due to: lack of guidelines and standards for certain procedures; inadequate knowledge and skills among health workers; lack of equipment and supplies; inadequate supportive supervision; and lack of renovation and maintenance of infrastructure.

MOHSW, with support from the CDC, JSI–MMIS, and other partners, initiated the implementation of the IPC-IS to foster and encourage necessary improvement within health facilities. The objectives of the program are to: strengthen the national capacity to establish policies and standards for IPC-IS; ensure industrial standards of quality and safety of injection devices; ensure availability and affordability of injection devices; ensure rational, and cost effective use of injections; ensure safe and appropriate health care waste and sharps management in all health care facilities; develop post exposure prophylaxis for HIV exposure and vaccination of health workers at risk of hepatitis B infection.

ACCOMPLISHMENTS: Key previous accomplishments by the MOHSW regarding injection safety include: trained 2,700 healthcare providers on IPC – IS; coordinated three stakeholders coordinating forum meetings; conducted supportive supervision to 56 health facilities; and developed national infection prevention and control guidelines pocket guide in both English and Kiswahili in collaboration with JHPIEGO – ACCESS.

ACTIVITIES: In FY 2009, the MOHSW/HSIU plans to:

1. Build capacity through zonal training centers and the regions to conduct comprehensive IPC-IS trainings at all facility levels by: conducting trainings of trainers (TOT) to establish a pool of qualified multidisciplinary facilitators in each zone and in all regions as requested by other partners in the regions; procuring and distributing training materials for each zonal training center in collaboration with other USG partners.
2. Collaborate with JSI to conduct trainings of healthcare providers on recommended IPC-IS practices. The MOHSW will: train 1500 healthcare providers and conduct refresher training for health care workers
3. Strengthen capacity of MOHSW IPC-IS to coordinate activities to improve the quality of healthcare services provided in the health facilities by: maintaining current staff and covering fixed costs; purchasing facilities and supplies, including fuel and vehicle maintenance, telephone charges, and postage and courier services; and conducting an annual audit of the program. In addition, representatives from the MOHSW will: attend international conferences and workshops to share experiences and lessons learned; conduct quarterly stakeholders coordination forum (SCF) meetings; convene quarterly technical meetings to share lessons and findings from the field among partners; and disseminate meeting minutes among partners for future improvements.
4. Conduct supportive supervision to health facilities that have already received health care training. This will involve regional health management teams (RHMT), district health management teams (DHMT) and HMT at regional, district, and national levels conducting follow-up visits to monitor the implementation of the IPC-IS program. Reports will be written and feedback provided to the facilities post analysis.
  - 4a. Conduct “on the job” mentoring and supportive supervision of districts and primary health facilities by: familiarizing HCW with the new checklist; collaborating with RHMTs and DHMTs to integrate the checklist into the comprehensive supervision checklist for the health management teams; utilizing the checklist to collect feedback from the field, making sure to incorporate constructive criticism into the curricula.
5. Collaborate with JSI, to develop and implement advocacy and behavior change strategies to improve IPC-IS practices by: reviewing IEC/BCC strategies for sensitization/orientation and training of health workers; working with partners to develop various training packages and IEC materials for health care settings; conducting trainings for TOT for national, zonal and hospital based settings; conducting orientation workshops at facility levels on the different IEC/BCC approaches.
6. Disseminate guidelines regarding integration of health services to members of the RHMT and officials from various health programs.

LINKAGES: The MOHSW, through the Health Services Inspectorate Unit (HSIU) will continue to coordinate IPC-IS activities implementation throughout the country. The MOHSW will continue to collaborate with the CDC, the WHO, JSI– MMIS, JHPIEGO–ACCESS, SCMS, Expanded Program for Immunization, MSD, RCH,

Environmental Health and Sanitation Section, Directorate of Human Resource Development, Muhimbili University College of Health Sciences, University Research Company, GTZ–Tanzania German Program to Support Health, and College of Engineering Technology -University of Dar es Salaam – Department of Chemical Processing Engineering in order to improve the quality of health services throughout Tanzania. The partners will support the MOHSW's promotion of public-private partnerships and implement a global communication and advocacy strategy to leverage and coordinate support for IPC-IS by 2009.

SUSTAINABILITY: The MOHSW will advocate for inclusion of IPC-IS activities in Comprehensive Council HealthPlans (CCHP) and Comprehensive Hospital Plan (CHP). Each program is advised to budget for health

care waste management in addition to integration of IPC-IS training in other programs, including routine health care services. HMTs and CHMTs should plan for PPE, safety boxes, and other supplies and injection devices in their CHPs and CCHPs to ensure sustainability. This will also be reiterated during trainings of HCWs and sensitisation of HMTs that will ensure sustainability of the program activities. In collaboration with key stakeholders, MOHSW will develop and implement advocacy and behavior change strategies to improve IPC-IS practices.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13525

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13525	3500.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	6541	1130.08		\$600,680
7759	3500.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4562	1130.07		\$655,000
3500	3500.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	2892	1130.06		\$300,000

**Table 3.3.05: Activities by Funding Mechanism****Mechanism ID:** 4950.09**Mechanism:** LOCAL**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Biomedical Prevention: Injection Safety**Budget Code:** HMIN**Program Budget Code:** 05**Activity ID:** 25373.09**Planned Funds:** \$12,000**Activity System ID:** 25373**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing (GHCS)

ACTIVITIES: USG staff will place an emphasis on building the capacity of the relevant organizations to develop appropriate injection safety strategies. The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the IDU activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** New Activity**Continuing Activity:****Table 3.3.05: Activities by Funding Mechanism****Mechanism ID:** 1470.09**Mechanism:** GAP**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAP**Program Area:** Biomedical Prevention: Injection Safety**Budget Code:** HMIN**Program Budget Code:** 05**Activity ID:** 25372.09**Planned Funds:** \$3,000**Activity System ID:** 25372

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing (GHCS)

ACTIVITIES: USG staff will place an emphasis on building the capacity of the relevant organizations to develop appropriate injection safety strategies. The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the IDU activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 4790.09

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Injection Safety

**Budget Code:** HMIN

**Program Budget Code:** 05

**Activity ID:** 24491.09

**Planned Funds:** \$598,750

**Activity System ID:** 24491

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Injection Safety

NEED AND COMPARATIVE ADVANTAGE: To help promote injection safety, the safe handling and processing of sharp instruments, and the correct handling and disposal of medical waste; SCMS will utilize its expertise in bulk procurement to supply IPC/IS commodities to the Ministry of Health and Social Welfare through the IPC/ IS project and all Public and Faith Based health facilities for preventative services.

ACCOMPLISHMENTS: This is a new activity; therefore, there are no accomplishments to report from FY 2008.

ACTIVITIES: SCMS's work in this area will primarily focus on the procurement of commodities such as single use needles, sharps boxes, protective boots, utility gloves, plastic aprons, color coded bin liners, and disinfectant solutions for curative and preventive services as requested by the Ministry of Health and Social Services

In FY 2009, SCMS will focus on the managers responsible for forecasting and procurement to ensure the right types and quantities of injection safety and infection prevention commodities are promptly procured and delivered. An emphasis will be placed on the transfer of IP/IS commodity management skills to key health center workers who manage health centers commodities and can work routinely with phlebotomists, health care workers, and clinical waste handlers to improve stock keeping practices that fit health facilities demands.

SCMS will work with the MOHSW, the MSD and partners by ensuring districts understand the procedures for re-supplying and reporting on stock data in a routine manner. SCMS will rely on the MSD to distribute commodities for the injection safety programs, it is expected that distribution will improve with improved inventory reporting.

LINKAGES: SCMS will work with Ministry of Health and Social Welfare (MOHSW), Center for Disease Control(CDC), World Health Organization(WHO), Medical Stores Department(MSD), Tanzanian Food and Drug Authority (TFDA) and Tanzania Bureau of Standards(TBS) to select approve procure and distribute products that promote injection safety to help mitigate the spread of HIV.

SUSTAINABILITY: SCMS will also enhance ownership and sustainability of the injection safety commodity system with the MOHSW, the MSD and partners by ensuring districts understand the procedures for budgeting, re-supply and reporting on stock data in a routine manner. By improving the ability of the GOT and other partners to forecast, procure and distribute injection safety and infection prevention supplies, these programs will become more self-sustaining.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 11803.09	<b>Mechanism:</b> SCMS Central
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Budget Code:</b> 05
<b>Activity ID:</b> 29009.09	<b>Planned Funds:</b> \$138,750
<b>Activity System ID:</b> 29009	
<b>Activity Narrative:</b> Getting an activity narrative	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

**Total Planned Funding for Program Budget Code: \$1,444,936**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10623.09	<b>Mechanism:</b> MHIC
<b>Prime Partner:</b> Muhimbili University College of Health Sciences	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injecting and non-Injecting Drug Use
<b>Budget Code:</b> IDUP	<b>Program Budget Code:</b> 06
<b>Activity ID:</b> 8728.24493.09	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 24493	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED IN THE FOLLOWING WAYS:

This narrative has been modified to identify the agency selected to conduct this activity (this was a TBD in FY08) and to reflect FY08 achievements and planned activities.

TITLE: Behavioral and Structural Interventions to Reduce HIV Risk Among IDUs, CSWs, and MSM

NEED and COMPARATIVE ADVANTAGE: In Tanzania, as in other sub-Saharan African countries, injecting is a relatively new means of transmitting HIV. Current data indicates that injection drug use, specifically heroin, is rapidly increasing in urban Tanzania and on the island of Zanzibar. Furthermore, injection practices and unsafe sexual behaviors associated with selling sex to buy drugs, are contributing to HIV transmission. Recent study data collected by university researchers in Dar es Salaam found the common practice of unsafe behaviors such as needle sharing and a high prevalence of HIV. Risk for female IDUs is heightened in many instances by a reliance on commercial sex, both formal and informal, to acquire the financial resources to purchase drugs. However, commercial sex work in Tanzania extends beyond the link with injection drug use and is related to the growing lack of employment opportunities and impoverishment. This has resulted in an environment where urban residents of Tanzania are increasingly trading sex for money. Another emerging risk population in Tanzania are men who have sex with men (MSM). Although MSM tend to be a hidden population in Tanzania, a study conducted in Zanzibar identified a sizeable population. Many of the Zanzibari MSM also injected drugs and/or traded sex for money, demonstrating the overlapping nature of some most at risk populations (MARPS).

ACCOMPLISHMENTS: A funding announcement for FY 2007 funds was recently published and the cooperative agreement will be awarded before the start of the new fiscal year.

ACTIVITIES: As indicated by current epidemiologic and behavioral data and anecdotal information, IDU, commercial sex workers (CSW) and MSM are MARPS with often intertwined risks. The increase in injection drug use, coupled with unsafe sexual behaviors associated with females and males selling sex to buy drugs, has resulted in increased HIV transmission. The changing epidemiology of HIV/AIDS risks associated with these MARP in Tanzania requires innovative HIV prevention approaches that are able to address multiple and changing levels of risks and contexts (e.g., social network, dyadic, family, community and structural).

FY 2008 funds are requested to expand the comprehensive, multi-component interventions planned for FY 2007. Planned scale-up includes enhanced efforts to develop appropriate services for men who have sex with men and commercial sex workers, risk groups that often overlap with injection drug users in Tanzania. Each MARP (IDUs, CSWs, and MSM) will have a separate and specialized NGO working with them. The focus of project activities will remain on community-based outreach that engages these most at risk populations (i.e., IDU, MSM and CSW) in risk reduction and refers them to a range of services, including VCT and HIV care and treatment.

Specific activities will respond to the evolving epidemiology and assist most at risk populations reducing their risk for HIV/AIDS, other sexually transmitted infections (STDs), and hepatitis B and C by: 1) conducting community-based outreach and engaging the target populations in HIV prevention, including condom distribution;

2) communicating appropriate prevention and risk reduction messages which will help address their HIV risk behaviors (e.g., for IDUs this would be to reduce drug use, increase safer injection practices, and increase utilization of evidence-based, integrated care for injection drug abuse when available);

3) providing outreach through mobile vans with HIV counseling and testing and STI services; and

4) linking members of most at-risk groups with follow-up care at STD clinics and facilities providing HIV care and treatment for those found to be HIV-positive. In Zanzibar, additional activities tailored for MSM and CSW (including activities targeting migratory CSWs) will be developed following the completion of ongoing targeted evaluations conducted by the Zanzibar AIDS Control Program (ZACP) and Tulane University with funding from USG.

An additional intent of this activity is to foster greater understanding and awareness of injection drug use in Tanzania and provide forums for discussing opportunities, gaps, challenges and strategies for HIV prevention efforts with IDU populations. To this end, the TBD partner will facilitate educational forums and liaise with appropriate governmental bodies to increase collaboration.

LINKAGES: Programmatic linkages will be established and maintained with mobile VCT providers, condom distributors, and treatment partners supported by USG. Collaboration with substance abuse treatment centers in Dar es Salaam and Zanzibar will be a priority.

CHECK BOXES: Human capacity development: in-service training

Local organization capacity building

Wrap around programs: family planning

Most at risk populations (injecting drug users, men who have sex with men, non-injecting drug users, persons in prostitution, persons who exchange sex for money and/or other goods, and street youth)

M&E: The TBD partner will develop an M&E system to track client encounters, services delivered, and referrals (e.g., to counseling and testing, and care and treatment centers). Other variables will be explored depending on the exact activities. Whenever possible, national tools will be used and the existing system will be supported.

SUSTAINABILITY: Local organizations are being sought for this activity and they will receive capacity building which will enable them to maintain activities and, should the need arise, seek additional funding



**Activity Narrative:** sources. Furthermore, appropriate bodies within the Government of Tanzania will be involved in forums to promote the integration of this issue into their plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13415

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13415	8728.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$200,000
8728	8728.07	HHS/Centers for Disease Control & Prevention	Drug Control Commission	8838	8838.07	DCC	\$100,000

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3555.09

**Prime Partner:** American International Health Alliance

**Funding Source:** GHCS (State)

**Budget Code:** IDUP

**Activity ID:** 24496.09

**Activity System ID:** 24496

**Mechanism:** Twinning

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

**Program Budget Code:** 06

**Planned Funds:** \$150,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Strengthening the Government and Civil Societies' Response to Addressing Substance Abuse as a Risk Factor for HIV Transmission in Zanzibar.

**NEED and COMPARATIVE ADVANTAGE:** As part of the United Republic of Tanzania, Zanzibar – comprised of the islands of Unguja and Pemba – has an estimated HIV prevalence of 0.6%, and therefore ranks Zanzibar as a low prevalence territory. Although overall HIV prevalence is low, HIV infection is rising among most at risk populations such as commercial sex workers (CSWs), men who have sex with men (MSMs), and injecting drug users (IDUs). A recent substance abuse study documented HIV infection among general substance users at 13% (30% for female substance users and 12% for males) and 25% for IDUs. The impact of other infectious diseases among this population is also notable. Twenty-six percent of substance users had a sexually transmitted infection (STI) (11% had syphilis), and 16% were infected with hepatitis C.

Negative social attitudes often discourage efforts to target most at risk populations, and Zanzibar is no exception. Cultural and religious barriers restrict open dialogue on sexuality and drug use. Behaviors associated with increased risk of HIV transmission (like multiple sex partners and injecting drug use) are mistakenly touted as nonexistent in the country.

The goal of the substance abuse twinning partnership is to reduce the HIV/AIDS incidence and prevalence rates amongst substance abusers in Zanzibar. This goal will be reached by strengthening the capacity of governmental and civil society organizations to adequately incorporate quality HIV/AIDS services into their continuum of care. Strategies for achieving this goal include establishing a peer-peer partnership between an organization in the United States with expertise in working with substance abuse and HIV and the Department of Substance Abuse in Zanzibar. Local civil society organizations will be brought in to participate in a customized HIV/AIDS training, developed by the partnership for governmental and civil society substance abuse specialists. Roll out training will include specialists from the three islands of Zanzibar (i.e. Unguja and Pemba). Funds will cover training material production, transportation, accommodation, food and allowance. It is anticipated that this training will lead to a cadre of master trainers that will participate in future comprehensive outreach programs, thus enabling civil society organizations to establish programs that focus on integrated harm reduction practices that include counseling, promotion of condoms and VCT testing.

**ACHIEVEMENTS:**

In 2007, The Government of Zanzibar (GoZ) launched a five year Strategic Plan that aims to decrease the prevalence of HIV/AIDS amongst substance abusers on Zanzibar. In an effort to support GoZ, The American International Health Alliance (AIHA) Twinning Center partnered the Department of Substance Abuse, Prevention (DSAPR) and Rehabilitation of the Ministry of Health and Social Welfare on Zanzibar with the Great Lakes Addiction Technology Transfer Center (GLATTC) of Chicago, Illinois. Currently in its first year, the partnership goal is to enhance the capacity of DSAPR to reduce HIV/AIDS prevalence by strengthening its capacity to provide quality, comprehensive substance abuse prevention and rehabilitation (i.e. recovery support) services to its clients. In FY 2008, the substance abuse twinning program accomplished the following:

- Raised private funds to renovate and refurbish a drop in center (center will be used for training, resource center, counseling and support group sessions);
- Trained DSAPR staff on recovery model (an approach to substance dependence that emphasizes and supports an individual's potential for recovery);
- Developed DSAPR website;
- Established support groups to educate substance abusers including IDUs on HIV risk factors associated with substance use, prevention measures and the importance of safe sex practices;
- Initiating a speakers bureau on educating the community on delivering messages on substance abuse and consequence at youth friendly centers;
- Supporting existing health promotion initiatives at DSAPR around the issues of primary prevention of substance abuse and HIV/AIDS in school, workplace and community;
- Training 20 recovery peer educators on recovery model;
- Establishing 12 step program at drop in centre;
- Creating the forum with Inter Faith Council (Zanzibar) on developing the 12 step program in their institutions; and
- Rolling out Recovery Model training to Civil Society community in Zanzibar.

**ACTIVITIES:**

Sustainability of this program can only be ensured once DSAPR has been fully capacitated. Using scientific best practices and lessons learned from similar programs, we seek to continue the program in FY 2009. The same goal and objectives will be maintained, with the focus on finalizing several activities initiated with prior years' funding. Most notably AIHA will:

- Maintain the DSAPR website and solicit contributions from partners also working with IDU;
- Institutionalize the speakers bureau on educating the community to deliver messages on substance abuse and consequences at youth friendly centers;
- Support existing health promotion initiatives at DSAPR including those that address primary prevention of substance abuse and HIV/AIDS in schools, workplaces and communities;
- Maintain a 12 step program at a drop in centre;
- Support the forum with Inter Faith Council (Zanzibar) on developing the 12 step program in their institutions; and
- Continue rolling out Recovery Model training to Civil Society community in Zanzibar.

In addition, this project will strive to strengthen the institutional capacity of DSAPR in the provision of substance abuse and HIV/AIDS services in Zanzibar by developing resource generating strategies to sustain the project ( i.e. fundraiser, grant writing training).

**Activity Narrative:** LINKAGES: AIHA will coordinate and link with other partners addressing substance use in Zanzibar, including PEPFAR partners ZACP, Columbia University and the Drug Control Commission.

SUSTAINABILITY: The national government and donor partners working in Zanzibar are very committed to addressing the substance abuse issues on the island. A recently published HIV and substance use prevention framework outlines the multi-sectoral response, which will be critical for the sustainability of these efforts. These planned activities provide government institutions with the skills and capacity to enact priorities identified in the framework.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 10710.09

**Mechanism:** MARPS

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

**Budget Code:** IDUP

**Program Budget Code:** 06

**Activity ID:** 25375.09

**Planned Funds:** \$300,000

**Activity System ID:** 25375

**Activity Narrative:** ACTIVITY HAS BEEN REVISED IN THE FOLLOWING WAYS:

**TITLE:** Behavioral and Structural Interventions to Reduce HIV Risk Among IDUs, CSWs, and MSM in Zanzibar

**NEED and COMPARATIVE ADVANTAGE:** In the United Republic of Tanzania, as in other sub-Saharan African countries, injecting drugs is a relatively new means of transmitting HIV. Current data indicates that injection drug use, specifically heroin, is rapidly increasing in urban Tanzania and on the island of Zanzibar. Furthermore, injection practices and unsafe sexual behaviors associated with selling sex to buy drugs, are contributing to HIV transmission. Recent study data collected in Unguja Island of Zanzibar found the prevalence among a recent cohort of approximately 500 IDU in Zanzibar is 15% and unsafe behaviors such as needle sharing are common. Risk for female IDUs is heightened in many instances by a reliance on commercial sex, both formal and informal, to acquire the financial resources to purchase drugs. However, commercial sex work extends beyond the link with injection drug use and is related to the growing lack of employment opportunities and impoverishment. This has resulted in an environment where urban residents of Zanzibar are increasingly trading sex for money. Another emerging risk population are men who have sex with men (MSM). Although MSM tend to be a hidden population in Tanzania, a study conducted in Zanzibar identified a sizeable population. Many of the Zanzibari MSM also injected drugs and/or traded sex for money, demonstrating the overlapping nature of some most at risk populations (MARPs). In Zanzibar, an estimated 46% of HIV/AIDS patients are drug users. ICAP is the regional partner assigned to Zanzibar for clinical services and the organization successfully competed and won the funding to conduct this activity. Given the epidemiology of HIV and the nature of injection drug use, ICAP is in a comparative advantage to deliver services to IDU and overlapping populations. ICAP's United for Risk Reduction and HIV/AIDS Prevention (URRAP) project will build upon data collected during a recent study to develop comprehensive programming for IDU and other MARPs.

**ACCOMPLISHMENTS:** On June 19, the URRAP project was launched in Zanzibar; the First Lady has been consulted along with the Principal Secretary, MOHSW, and the program is now moving forward. ICAP works with the Department of Substance Abuse Prevention/ZACP and three NGOs (Zayedesa, Zanzibar Youth and Zaiada) along with the Care and Treatment and VCT clinics to support addressing HIV prevention among most at risk persons (MARPs). A key target population is injecting drug users.

As a start up of URRAP in Zanzibar, the team has carried out community mapping and sensitization meetings with stakeholders (e.g., community leaders). A jointly conducted collaborative needs assessments with CBO partners was also done. The four primary stakeholders presented information on the services currently offered, their strengths, the gaps in services, and each organizations' need to effectively participate in the URRAP project. Through these presentations, the following strengths were identified: peer education programs, community-based outreach and the network of social services currently available to substance users. The following gaps were also identified: relevant policies and guidelines for medical interventions; the sustainability of current programs; and integrated HIV and substance use services. Based on these gaps, participants agreed that the following needs should be addressed through the URRAP project:

- Monitoring and evaluation training for staff at each partner organization.
- Capacity building at each partner organization, including training on HIV, substance use and STIs.
- Financial management training at each partner organization for the execution of URRAP activities.

ICAP-TZ worked with each of the key strategic partners to identify their primary roles in URRAP. This included examining how the services at each organization fit into the goals and objectives of the URRAP proposal, as well as designing specific activities to achieve these goals and objectives. This information will allow ICAP-TZ to assist each key strategic partner to develop and write their proposals, work plans and budgets.

Prior to the launch of URRAP, ICAP conducted a two and a half day training on injection drug use and addiction for staff from facilities providing HIV care on Zanzibar and to partners in the CDC grant providing counseling and testing to IDUs. In consultation with the Zanzibar Department of Substance Abuse and Prevention (ZDSAP), it was agreed that a primary focus of the training would be on treatment (including medically assisted treatment such as methadone) and harm reduction strategies. The training also addressed 12 step philosophies in an effort to further inform a plan to adapt a program based on Islam.

**ACTIVITIES:** As indicated by current epidemiologic and behavioral data and anecdotal information, IDU, commercial sex workers (CSW) and MSM are MARPs with often intertwined risks. The increase in injection drug use, coupled with unsafe sexual behaviors associated with females and males selling sex to buy drugs, has resulted in increased HIV transmission. The changing epidemiology of HIV/AIDS risks associated with these MARPs in Tanzania requires innovative HIV prevention approaches that are able to address multiple and changing levels of risks and contexts (e.g., social network, dyadic, family, community and structural).

FY 2009 funds for URRAP will be used to expand the comprehensive, multi-component initiated in FY 2008. The focus of project activities will remain on community-based outreach that engages these most at risk populations (i.e., IDU, MSM and CSW) in risk reduction and refers them to a range of services, including VCT and HIV care and treatment.

Specific activities will respond to the evolving epidemiology and assist most at risk populations reducing their risk for HIV/AIDS, other sexually transmitted infections (STDs), and hepatitis B and C by: 1) conducting community-based outreach and engaging the target populations in HIV prevention, including condom distribution; 2) communicating appropriate prevention and risk reduction messages which will help address their HIV risk behaviors (e.g., for IDUs this would be to reduce drug use, increase safer injection practices, and increase utilization of evidence-based, integrated care for injection drug abuse when available); 3) providing outreach through mobile vans with HIV counseling and testing and STI services; and 4) linking members of most at-risk groups with follow-up care at STD clinics and facilities providing HIV care and

**Activity Narrative:** treatment for those found to be HIV-positive.

An additional intent of this activity is to foster greater understanding and awareness of injection drug use in Tanzania and provide forums for discussing opportunities, gaps, challenges and strategies for HIV prevention efforts with IDU populations. To this end, ICAP will facilitate educational forums and liaise with appropriate governmental bodies in Zanzibar to increase collaboration.

**LINKAGES:** Programmatic linkages will be established and maintained with mobile VCT providers, condom distributors, and governmental partners.

**M&E:** ICAP will develop an M&E system to track client encounters, services delivered, and referrals (e.g., to counseling and testing, and care and treatment centers). Other variables will be explored in consultation with the Ministry of Health. Whenever possible, national tools will be used and the existing system will be supported.

**SUSTAINABILITY:** Local organizations are being sought for this activity and they will receive capacity building which will enable them to maintain activities and, should the need arise, seek additional funding sources. Furthermore, appropriate bodies within the Government of Tanzania will be involved in forums to promote the integration of this issue into their plans.

\*END ACTIVITY REVISIONS\*

**TITLE:** Behavioral and Structural Interventions to Reduce HIV Risk Among IDUs, CSWs, and MSM

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, as in other sub-Saharan African countries, injecting is a relatively new means of transmitting HIV. Current data indicates that injection drug use, specifically heroin, is rapidly increasing in urban Tanzania and on the island of Zanzibar. Furthermore, injection practices and unsafe sexual behaviors associated with selling sex to buy drugs, are contributing to HIV transmission. Recent study data collected by university researchers in Dar es Salaam found the common practice of unsafe behaviors such as needle sharing and a high prevalence of HIV. Risk for female IDUs is heightened in many instances by a reliance on commercial sex, both formal and informal, to acquire the financial resources to purchase drugs. However, commercial sex work in Tanzania extends beyond the link with injection drug use and is related to the growing lack of employment opportunities and impoverishment. This has resulted in an environment where urban residents of Tanzania are increasingly trading sex for money. Another emerging risk population in Tanzania are men who have sex with men (MSM). Although MSM tend to be a hidden population in Tanzania, a study conducted in Zanzibar identified a sizeable population. Many of the Zanzibari MSM also injected drugs and/or traded sex for money, demonstrating the overlapping nature of some most at risk populations (MARPS).

**ACCOMPLISHMENTS:** A funding announcement for FY 2007 funds was recently published and the cooperative agreement will be awarded before the start of the new fiscal year.

**ACTIVITIES:** As indicated by current epidemiologic and behavioral data and anecdotal information, IDU, commercial sex workers (CSW) and MSM are MARPS with often intertwined risks. The increase in injection drug use, coupled with unsafe sexual behaviors associated with females and males selling sex to buy drugs, has resulted in increased HIV transmission. The changing epidemiology of HIV/AIDS risks associated with these MARP in Tanzania requires innovative HIV prevention approaches that are able to address multiple and changing levels of risks and contexts (e.g., social network, dyadic, family, community and structural).

FY 2008 funds are requested to expand the comprehensive, multi-component interventions planned for FY 2007. Planned scale-up includes enhanced efforts to develop appropriate services for men who have sex with men and commercial sex workers, risk groups that often overlap with injection drug users in Tanzania. Each MARP (IDUs, CSWs, and MSM) will have a separate and specialized NGO working with them. The focus of project activities will remain on community-based outreach that engages these most at risk populations (i.e., IDU, MSM and CSW) in risk reduction and refers them to a range of services, including VCT and HIV care and treatment.

Specific activities will respond to the evolving epidemiology and assist most at risk populations reducing their risk for HIV/AIDS, other sexually transmitted infections (STDs), and hepatitis B and C by: 1) conducting community-based outreach and engaging the target populations in HIV prevention, including condom distribution;

2) communicating appropriate prevention and risk reduction messages which will help address their HIV risk behaviors (e.g., for IDUs this would be to reduce drug use, increase safer injection practices, and increase utilization of evidence-based, integrated care for injection drug abuse when available);

3) providing outreach through mobile vans with HIV counseling and testing and STI services; and

4) linking members of most at-risk groups with follow-up care at STD clinics and facilities providing HIV care and treatment for those found to be HIV-positive. In Zanzibar, additional activities tailored for MSM and CSW (including activities targeting migratory CSWs) will be developed following the completion of ongoing targeted evaluations conducted by the Zanzibar AIDS Control Program (ZACP) and Tulane University with funding from USG.

An additional intent of this activity is to foster greater understanding and awareness of injection drug use in Tanzania and provide forums for discussing opportunities, gaps, challenge,s and strategies for HIV prevention efforts with IDU populations. To this end, the TBD partner will facilitate educational forums and

**Activity Narrative:** liaise with appropriate governmental bodies to increase collaboration.

LINKAGES: Programmatic linkages will be established and maintained with mobile VCT providers, condom distributors, and treatment partners supported by USG. Collaboration with substance abuse treatment centers in Dar es Salaam and Zanzibar will be a priority.

CHECK BOXES: Human capacity development: in-service training

Local organization capacity building

Wrap around programs: family planning

Most at risk populations (injecting drug users, men who have sex with men, non-injecting drug users, persons in prostitution, persons who exchange sex for money and/or other goods, and street youth)

M&E: The TBD partner will develop an M&E system to track client encounters, services delivered, and referrals (e.g., to counseling and testing, and care and treatment centers). Other variables will be explored depending on the exact activities. Whenever possible, national tools will be used and the existing system will be supported.

SUSTAINABILITY: Local organizations are being sought for this activity and they will receive capacity building which will enable them to maintain activities and, should the need arise, seek additional funding sources. Furthermore, appropriate bodies within the Government of Tanzania will be involved in forums to promote the integration of this issue into their plans.

Geographic Coverage Areas: (Regions)

Please indicate if there are any changes from COP 08

Zanzibar

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 1470.09

**Mechanism:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

**Budget Code:** IDUP

**Program Budget Code:** 06

**Activity ID:** 25382.09

**Planned Funds:** \$25,736

**Activity System ID:** 25382

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing (GHCS)

ACTIVITIES: As identified in the USG five-year strategy, targeted behavior change and condom distribution to reduce transmission in MARPs, including injecting drug users (IDU), is a priority.

Emphasis will be placed on building the capacity of the relevant organizations to develop appropriate HIV prevention strategies, risk reduction activities and IEC materials for IDU. Staff will collaborate with key USG partners and staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that target IDU and other substance users.

The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the IDU activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

**Budget Code:** IDUP

**Program Budget Code:** 06

**Activity ID:** 25383.09

**Planned Funds:** \$19,200

**Activity System ID:** 25383

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing (GHCS)

ACTIVITIES: As identified in the USG five-year strategy, targeted behavior change and condom distribution to reduce transmission in MARPs, including injecting drug users (IDU), is a priority.

Emphasis will be placed on building the capacity of the relevant organizations to develop appropriate HIV prevention strategies, risk reduction activities and IEC materials for IDU. Staff will collaborate with key USG partners and staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that target IDU and other substance users.

The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the IDU activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4781.09

**Mechanism:** ZACP

**Prime Partner:** Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Injecting and non-Injecting Drug Use

**Budget Code:** IDUP

**Program Budget Code:** 06

**Activity ID:** 16369.23277.09

**Planned Funds:** \$450,000

**Activity System ID:** 23277

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Comprehensive HIV Prevention, Care and Treatment and Substance Abuse Services in Zanzibar.

NEED and COMPARATIVE ADVANTAGE: Zanzibar has observed an incremental growth of two challenging and intertwining public health crises: HIV/AIDS and illegal substance use. Both have markedly affected and increased the burden to families, communities, and Zanzibar as a whole. Although the HIV prevalence in the general Zanzibari population is estimated at less than 1%, in some populations, particularly IDUs, the prevalence is much higher. A recent substance abuse study documented HIV infection among general substance users at 13% (30% for female substance users and 12% for males) and 25% for IDUs. The impact of other infectious diseases among this population is also notable. Twenty-six percent of substance users had a sexually transmitted infection (STI) (11% had syphilis), and 16% were infected with hepatitis C.

Overlapping populations, including CSW and MSM, are also at risk of acquiring HIV and often are unable to consistently access health services. According to a baseline assessment conducted by Medicos del Mundo, only 37% of CSW reported reusing a condom either sometimes or always and the majority (81%) never had an HIV test. Half (50%) of CSWs use alcohol or other drugs on a daily basis. Data collected by ZACP found that HIV prevalence a cohort of CSW was 11% and among MSM HIV prevalence was 12%.

Preventing the spread of HIV and alleviating the impact of AIDS are top health priorities for USG's efforts in Zanzibar in collaboration with the Zanzibar AIDS Control Program (ZACP). ZACP is implementing a broad HIV prevention strategy on the island. PEPFAR funds currently are being used to support efforts to understand the scope of injection drug use in Zanzibar. In addition, efforts supporting prevention and outreach activities among CSW and MSM, particularly those that are also substance users, are critical to decreasing the number of newly infected and to engaging them in positive health seeking behaviors. Interventions were planned in 2007 to target most at risk populations, including IDUs, and CSW and MSM who exchange sex for drugs.

**ACTIVITIES:**

In FY08, funds were allocated to renovate a neutral community center for IDUs to receive comprehensive HIV prevention, care and treatment, and substance abuse services. FY09 funds will be used to support the following activities:

- 1) Continue to facilitate training and capacity development of workers to deliver comprehensive care and behavioral modification/substance abuse counseling in the community center.
- 2) Provide services for IDUs, including: 2a) Assessment of individual substance abuse factors using a multi-disciplinary approach, including case management. 2b) HIV counseling and testing. 2c) STI screening and treatment. 2d) Care and treatment services for those found to be HIV-positive. 2e) Condom promotion and distribution. 2f) Injection use related risk reduction strategies. 2g) Treatment for drug related emergencies and acute problems. 2h) Preparation for long-term recovery and behavior change through peer support, relapse prevention, pre-employment counseling, employment coaching, recovery coaching (including stage-appropriate recovery education, assistance in recovery management and telephone monitoring), and family support services.
- 3) Support HIV prevention services for CSW and MSM. Supported activities targeting CSWs will focus on behavior change messages which raise awareness on means of HIV transmission, the importance of and proper use of condoms and harm reduction techniques related to alcohol and drug use. Trained peer educators will conduct outreach sessions in locales frequented by CSWs, including sex worker establishments, as is possible. Referral systems, including tracing of those lost-to-follow-up, will be facilitated for counseling and testing services, care for sexually transmitted infections (STIs), and care and treatment services for those who are HIV-positive. Activities tailored to MSMs will also be spearheaded by peer educators, many of whom have previously conducted prevention outreach activities. Particular focus will be directed towards social networking among the target population to increase dissemination of prevention messages. Also, aspects related to prevention among IDUs will be included, as intravenous drug use is prevalent among MSMs. Prevention messages will therefore convey information on harm reduction techniques, as well as condom-use promotion and engaging with health services for STI diagnosis and treatment.

\*END ACTIVITY MODIFICATION\*

TITLE: Community Center for Comprehensive HIV Prevention, Care and Treatment and Substance Abuse Services in Zanzibar.

NEED and COMPARATIVE ADVANTAGE: Zanzibar has observed an incremental growth of two challenging and intertwining public health crises: HIV/AIDS and illegal substance use. Both have markedly affected and increased the burden to families, communities, and Zanzibar as a whole. Although the HIV prevalence in the general Zanzibari population is estimated at less than 1%, in some populations, particularly IDUs, the prevalence is much higher. A recent substance abuse study documented HIV infection among general substance users at 13% (30% for female substance users and 12% for males) and 25% for IDUs. The impact of other infectious diseases among this population is also notable. Twenty-six percent of substance users had a sexually transmitted infection (STI) (11% had syphilis), and 16% were infected with hepatitis C.

Preventing the spread of HIV and alleviating the impact of AIDS are top health priorities for USG's efforts in Zanzibar in collaboration with the Zanzibar AIDS Control Program (ZACP). ZACP is implementing a broad HIV prevention strategy on the island. PEPFAR funds currently are being used to support efforts to understand the scope of injection drug use in Zanzibar. Interventions also are planned in 2007 to target most at risk populations, including IDUs, and CSW and MSM who exchange sex for drugs. In view of the importance of drug use as a mode of transmission of HIV in Zanzibar, a missing component of this strategy to date has been provision of services to treat drug abuse, including alcohol. An existing rehabilitation



**Activity Narrative:** program in Kenya will be examined as a model and used to guide implementation on the island.

**ACTIVITIES:**

The goal of the of these planned activities by the Zanzibar AIDS Control Program is to reduce new HIV and sexually transmitted infections by 50% by 2011 and to provide treatment, care, and support to substance users with a special focus on injecting drug users and their affected families. To achieve this goal, the following activities are planned:

- Renovation of neutral community center for IDUs and overlapping populations (e.g., CSW and MSM) to receive comprehensive HIV prevention, care and treatment, and substance abuse services.
- 1) Training of workers to deliver comprehensive care and behavioral modification/substance abuse counseling in the renovated space.
- 2) Service delivery, including: 2a) Assessment of individual substance abuse factors using a multi-disciplinary approach, including case management. 2b) HIV counseling and testing. 2c) STI screening and treatment. 2d) Care and treatment services for those found to be HIV-positive. 2e) Condom promotion and distribution. 2f) Injection use related risk reduction strategies. 2g) Treatment for drug related emergencies and acute problems. 2h) Preparation for long-term recovery and behavior change through peer support, relapse prevention, pre-employment counseling, employment coaching, recovery coaching (including stage-appropriate recovery education, assistance in recovery management and telephone monitoring), and family support services.

In time, it is anticipated that the government would allow a small-scale pilot to assess the feasibility of medical treatment with either methadone or buprenorphine. The goal is that substance abusers who complete detoxification and treatment would stop or reduce their drug use and related risk behaviors, including risky injection practices and unsafe sex.

**LINKAGES:** The Zanzibar AIDS Control Program believes these services will be an important avenue for providing current information on HIV/AIDS and related infectious diseases, HIV counseling and testing services, and referrals for medical and social services. As a result, linkages will be made with USG partners providing services in Zanzibar including Columbia.

**CHECK BOXES:** Construction/renovation

Human capacity development: in-service training

Local organization capacity building

Wrap around programs: family planning, TB, economic strengthening, education

Most at risk populations (injecting drug users, men who have sex with men, non-injecting drug users, persons in prostitution, persons who exchange sex for money and/or other goods, street youth)

**M&E:** The Zanzibar AIDS Control Program will develop an M&E system to track client encounters, services delivered, and referrals (e.g., to counseling and testing, and care and treatment centers). Other variables will be explored depending on the exact activities. Whenever possible, national tools will be used and existing systems will be supported.

**SUSTAINABILITY:** The national government and donor partners working in Zanzibar are very committed to addressing the substance abuse issues on the island. A recently published HIV and substance use prevention framework outlines the multi-sectoral response, which will be critical for the sustainability of these efforts.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16369

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16369	16369.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$450,000

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10708.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Drug Control Commission	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injecting and non-Injecting Drug Use
<b>Budget Code:</b> IDUP	<b>Program Budget Code:</b> 06

---

**Activity ID: 25379.09**

**Planned Funds: \$150,000**

**Activity System ID: 25379**

**Activity Narrative:** ACTIVITY HAS BEEN REVISED IN THE FOLLOWING WAYS:

**TITLE:** Creating an Enabling Environment for Behavioral and Structural Interventions to Reduce HIV Risk among IDUs and Overlapping Populations in the United Republic of Tanzania

**NEED and COMPARATIVE ADVANTAGE:** Before 2003, initiatives to reduce the spread of HIV/AIDS among drug users were almost non-existent. In the last 5 years, however, a government and non-government response has been established. At the government-level, the Drug Control Commission's overall objective is to enhance the capacity of other government institutions and NGOs for HIV/AIDS prevention, care, treatment and support among drug users and specifically to: (1) establish the nature and magnitude of drug use and HIV/AIDS and identify best practices in Tanzania.; (2) ensure the provision of education and information services to drug users and to the general population; (3) ensure availability of voluntary or provider-initiated HIV counseling and testing (VCT/PICT) services to drug users and addicts, increase access to drug treatment and increase access to antiretroviral therapy (ART) by establishing one treatment and rehabilitation centre; and (4) enable seven regional hospitals to provide drug addiction treatment services as well as establishing outreach and drop-in services in all major cities and towns in Tanzania mainland. The Drug Control Commission provides technical assistance to achieve similar goals in Zanzibar.

Current policy initiatives supported by the Drug Control Commission include the expansion of the scope of strategies addressing HIV/AIDS among drug-using population in the National Multi-Sectoral Strategic Framework for HIV (2007-2012); drafting a specific program plan for the prevention, care and support of HIV among drug-using populations; and drafting of national standards for drug treatment, including using the 1995 Drugs and Prevention of Illicit Traffic in Drugs to facilitate treatment of drug offenders. There is limited access to direct drug treatment and rehabilitation services in Tanzania. When available, treatment and rehabilitation services are provided by existing mental institutions and in select hospitals (Mirembe and Lutindi). Tanzania does not currently have medication maintenance therapy available as an option for drug treatment. This is a critical void and one that the Drug Control Commission is committed to addressing.

Beyond treatment services, there are additional gaps in the response to HIV/AIDS in drug-using populations. Unfavorable legislation continues to prohibit the implementation of harm reduction approaches, for example. Further, efforts to educate community, politicians, religious leaders and other decision-makers about the urgent need to respond to HIV/AIDS with specific interventions for drug users are as yet inadequate and need to be strengthened. With regards to measuring the problem of HIV among drug users, there still is not a systematic mechanism for the collection and dissemination of research findings. Moreover, efforts to describe injection drug use are mainly concentrated in Dar es Salaam and Zanzibar, ignoring other parts of the country. Lastly, there is no sentinel surveillance system to monitor risk behaviours and the prevalence and incidence of HIV among drug users. Prevention research is also limited, as there is little emphasis on intervention evaluation.

**ACCOMPLISHMENTS:** Since receiving PEPFAR funds in March 2008, the Drug Control Commission has begun to lay a foundation to strengthen its national coordination efforts and capacity to address gaps identified above including medication maintenance therapy. Most notably, the commission participated in the planning committee for the stakeholders' workshop on HIV prevention among IDU in Tanzania. Connections made as a result of the workshop have facilitated the commission's work and generated tremendous increase in the awareness of the link between drug use and HIV among key decision makers as well as among the general population. For example, the National Multi-Sectoral Strategic Framework for HIV (2007-2012) has expanded to include more on addressing the issue of HIV among drug users.

**ACTIVITIES:** Responding to the intertwined issues of HIV and injection drug use requires leadership and coordination at a national level. The Drug Control Commission is the national agency responsible for substance abuse prevention and the goals of PEPFAR funding are to strengthen the Commission's role as a coordinating body, to foster innovative approaches to drug treatment, provide a forum in which funded partners and local stakeholders can obtain tools, materials, standards, and guidelines relevant to implementing and monitoring interventions for drug users. To achieve these goals, the Drug Control Commission has identified seven core activities that will be completed over the course of this cooperative agreement. The seven activities include: 1) sensitizing decision-makers at the Government level about interventions addressing the co-infection of HIV and substance abuse; 2) developing a strategic framework for HIV prevention services for IDUs and other at risk sub-populations; 3) establishing a drug information system in Dar es Salaam; 4) establishing a drug information system in Zanzibar; 5) developing an outreach workers field guide; 6) developing and adopting drop-in services standards; and 7) developing and adopting service placement criteria.

The Drug Control Commission has prioritized the first two activities and has begun working on them with the current funding. Continuing tasks for FY 2009 include the following:

**Sensitizing Decision-Makers**

- ? To conduct two-day stakeholders meetings to approve/review recommended action plan for project implementation and selection of members of project steering committee.
- ? To design, produce and disseminate advocacy materials.
- ? To conduct a sensitization meeting with decision makers at the Government level.

**Developing Strategic Framework for HIV Prevention for IDUs**

- ? To conduct a 6-day expert workshop to develop a draft version.
- ? To conduct a stakeholders meeting involving 50 participants.
- ? To conduct a 3-days workshop to incorporate recommendations.
- ? To facilitate endorsement by the cabinet.
- ? To produce final copy for dissemination.
- ? To conduct dissemination workshop.

**Activity Narrative:** A core aspect of both activities will be addressing drug treatment, including medication maintenance therapy, in FY 2009. Using advocacy, policy development and standardized service delivery components, the Drug Control Commission hopes to cultivate an environment that is more conducive for HIV prevention services among this population and makes the availability of treatment options more viable. The Drug Control Commission will receive technical assistance and organizational capacity building assistance from Pangea. Pangea is globally recognized as a leader in this field and members of the Pangea team have worked with GOT previously on advocacy and training issues.

**LINKAGES:** Programmatic linkages will be established and maintained with mobile VCT providers, condom distributors, and treatment partners supported by USG. Collaboration with substance abuse treatment centers in Dar es Salaam and Zanzibar will be a priority.

**SUSTAINABILITY:** As a governmental agency, PEPFAR funds invested in the Drug Control Commission builds organizational capacity. Technical assistance provided by Pangea will enhance the knowledge and expertise of staff, which will support long-term growth of the agency.

\*END ACTIVITY REVISIONS\*

**TITLE:** Behavioral and Structural Interventions to Reduce HIV Risk Among IDUs, CSWs, and MSM

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, as in other sub-Saharan African countries, injecting is a relatively new means of transmitting HIV. Current data indicates that injection drug use, specifically heroin, is rapidly increasing in urban Tanzania and on the island of Zanzibar. Furthermore, injection practices and unsafe sexual behaviors associated with selling sex to buy drugs, are contributing to HIV transmission. Recent study data collected by university researchers in Dar es Salaam found the common practice of unsafe behaviors such as needle sharing and a high prevalence of HIV. Risk for female IDUs is heightened in many instances by a reliance on commercial sex, both formal and informal, to acquire the financial resources to purchase drugs. However, commercial sex work in Tanzania extends beyond the link with injection drug use and is related to the growing lack of employment opportunities and impoverishment. This has resulted in an environment where urban residents of Tanzania are increasingly trading sex for money. Another emerging risk population in Tanzania are men who have sex with men (MSM). Although MSM tend to be a hidden population in Tanzania, a study conducted in Zanzibar identified a sizeable population. Many of the Zanzibari MSM also injected drugs and/or traded sex for money, demonstrating the overlapping nature of some most at risk populations (MARPS).

**ACCOMPLISHMENTS:** A funding announcement for FY 2007 funds was recently published and the cooperative agreement will be awarded before the start of the new fiscal year.

**ACTIVITIES:** As indicated by current epidemiologic and behavioral data and anecdotal information, IDU, commercial sex workers (CSW) and MSM are MARPS with often intertwined risks. The increase in injection drug use, coupled with unsafe sexual behaviors associated with females and males selling sex to buy drugs, has resulted in increased HIV transmission. The changing epidemiology of HIV/AIDS risks associated with these MARP in Tanzania requires innovative HIV prevention approaches that are able to address multiple and changing levels of risks and contexts (e.g., social network, dyadic, family, community and structural).

FY 2008 funds are requested to expand the comprehensive, multi-component interventions planned for FY 2007. Planned scale-up includes enhanced efforts to develop appropriate services for men who have sex with men and commercial sex workers, risk groups that often overlap with injection drug users in Tanzania. Each MARP (IDUs, CSWs, and MSM) will have a separate and specialized NGO working with them. The focus of project activities will remain on community-based outreach that engages these most at risk populations (i.e., IDU, MSM and CSW) in risk reduction and refers them to a range of services, including VCT and HIV care and treatment.

Specific activities will respond to the evolving epidemiology and assist most at risk populations reducing their risk for HIV/AIDS, other sexually transmitted infections (STDs), and hepatitis B and C by: 1) conducting community-based outreach and engaging the target populations in HIV prevention, including condom distribution;

2) communicating appropriate prevention and risk reduction messages which will help address their HIV risk behaviors (e.g., for IDUs this would be to reduce drug use, increase safer injection practices, and increase utilization of evidence-based, integrated care for injection drug abuse when available);

3) providing outreach through mobile vans with HIV counseling and testing and STI services; and

4) linking members of most at-risk groups with follow-up care at STD clinics and facilities providing HIV care and treatment for those found to be HIV-positive. In Zanzibar, additional activities tailored for MSM and CSW (including activities targeting migratory CSWs) will be developed following the completion of ongoing targeted evaluations conducted by the Zanzibar AIDS Control Program (ZACP) and Tulane University with funding from USG.

An additional intent of this activity is to foster greater understanding and awareness of injection drug use in Tanzania and provide forums for discussing opportunities, gaps, challenges and strategies for HIV prevention efforts with IDU populations. To this end, the TBD partner will facilitate educational forums and liaise with appropriate governmental bodies to increase collaboration.

**LINKAGES:** Programmatic linkages will be established and maintained with mobile VCT providers, condom distributors, and treatment partners supported by USG. Collaboration with substance abuse treatment centers in Dar es Salaam and Zanzibar will be a priority.

**Activity Narrative:** CHECK BOXES: Human capacity development: in-service training  
 Local organization capacity building  
 Wrap around programs: family planning  
 Most at risk populations (injecting drug users, men who have sex with men, non-injecting drug users, persons in prostitution, persons who exchange sex for money and/or other goods, and street youth)

M&E: The TBD partner will develop an M&E system to track client encounters, services delivered, and referrals (e.g., to counseling and testing, and care and treatment centers). Other variables will be explored depending on the exact activities. Whenever possible, national tools will be used and the existing system will be supported.

SUSTAINABILITY: Local organizations are being sought for this activity and they will receive capacity building which will enable them to maintain activities and, should the need arise, seek additional funding sources. Furthermore, appropriate bodies within the Government of Tanzania will be involved in forums to promote the integration of this issue into their plans.

Targets:  
 Geographic Coverage Areas: (Regions)  
 Please indicate if there are any changes from COP 08  
 Dar es Salaam, Tanga, Arusha, Zanzibar

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

**Total Planned Funding for Program Budget Code: \$1,890,078**

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Biomedical Prevention: Male Circumcision
<b>Budget Code:</b> CIRC	<b>Program Budget Code:</b> 07
<b>Activity ID:</b> 25384.09	<b>Planned Funds:</b> \$4,800
<b>Activity System ID:</b> 25384	
<b>Activity Narrative:</b> THIS IS A NEW ACTIVITY.	
TITLE: Management and Staffing (GHCS)	
ACTIVITIES: USG staff will work with male circumcision partners to build the capacity of the relevant organizations to develop appropriate services and IEC materials for men interested in circumcision services. Staff will collaborate with key USG partners and staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that target men for male circumcision.	
The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the male circumcision activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.	

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Male Circumcision

**Budget Code:** CIRC

**Program Budget Code:** 07

**Activity ID:** 25385.09

**Planned Funds:** \$19,200

**Activity System ID:** 25385

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing (GHCS)

ACTIVITIES: USG staff will work with male circumcision partners to build the capacity of the relevant organizations to develop appropriate services and IEC materials for men interested in circumcision services. Staff will collaborate with key USG partners and staff expertise with behavior change and behavioral theory will enhance the effectiveness of the HIV/AIDS programs that target men for male circumcision.

The USG staff will work directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of the male circumcision activities. Technical assistance will be provided through site visits, capacity assessments, mentoring, and skills building, as well as monitoring the progress of the programs. The staff will work directly with USG partners to develop effective interventions and disseminate lessons learnt to the others. The staff will also collaborate with GOT on defining national priorities and strategies to achieve sustainability of the programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 1221.09

**Mechanism:** N/A

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Male Circumcision

**Budget Code:** CIRC

**Program Budget Code:** 07

**Activity ID:** 12384.23288.09

**Planned Funds:** \$295,000

**Activity System ID:** 23288

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It reflects FY08 achievements and planned activities in FY09. At the request of the GOT, the USG will implement a pilot male circumcision program through 5 partners including: Jhpiego, Columbia University, AED/TMARC, Pharm Access and Mbeya Regional Hospital. Jhpiego will provide technical oversight, training and support with systems development (i.e., supervision, quality improvement, etc.) to the other implementing partners as well as implement the MC demonstration program at Iringa Regional Hospital. Jhpiego will also conduct formative research on traditional circumcisers in Mara. Columbia University will implement the MC demonstration program in Kagera, Mbeya Regional Hospital will implement in Mbeya, and Pharm Access in Dar es Salaam (with the TPDF). AED/TMARC will work closely with Jhpiego in the development of appropriate communications initiatives targeting health care providers as well as surrounding demonstration site communities. Refer to the narrative below for specific changes.

**TITLE:** Male Circumcision Demonstration Project and Advocacy Efforts

**NEED and COMPARATIVE ADVANTAGE:** Ongoing HIV transmission in sub Saharan Africa necessitates vigorous prevention efforts. However, to date the availability of an effective HIV vaccine or microbicide remains an elusive but important goal. Thus, the compelling evidence of effectiveness of male circumcision as an HIV prevention intervention has been met with great excitement. Three randomized clinical trials conducted in Kenya, South Africa and Uganda demonstrated that male circumcision of HIV uninfected men provided between 50-60% protection against HIV acquisition. As a result, this intervention is being considered for implementation and scale-up in communities with high rates of HIV infection and low rates of circumcision of men. However, it is also widely acknowledged that scaling up of this intervention is complicated by various factors that require careful monitoring and evaluation. In FY 2007 and 2008, USG Tanzania worked with the national government to assess factors that could impact the initiation of male circumcision services. These factors included religious, cultural and societal beliefs and norms in addition to the feasibility of integrating adult male circumcision into existing medical service provision.

At the request of the Government of Tanzania Male Circumcision Technical Working Group and in collaboration with WHO, USG Tanzania has been requested to implement a demonstration project in four regions and among enlisted men in TPDF. This demonstration project, using data from the situational analysis to tailor service delivery, will assess the capacity of HIV programs to implement safe male circumcision, training, outreach, message development, service delivery and client follow-up.

Columbia University/ICAP has been instrumental in Tanzania's MC activities for the past two years and it is poised to transition to service delivery as part of the demonstration project team.

**ACCOMPLISHMENTS:** ICAP, in collaboration with the World Health Organization (WHO) country office, worked with the Ministry of Health to form a male circumcision task force in November 2007. The task force has had numerous meetings and has successfully adapted the WHO situational analysis toolkit for the Tanzanian context. The situational analysis will be conducted to determine: the prevalence and acceptability of male circumcision; the feasibility and current capacity of the Tanzanian medical infrastructure to delivery male circumcision services; the current policy environment; and the associated costs with male circumcision.

With support from WHO and ICAP, the National Institute of Medical Research carried out a pilot test of the situational analysis tools in Mwanza Region in March 2008 to determine the suitability of the tools for more widespread use in Tanzania. Results were shared with stakeholders in May 2008 and it was determined that the tools would be fine-tuned and implemented in Mbeya, Mara and Kagera Regions, with results available by September 2008. Clearance for the activity has been secured through a national review process and ICAP and CDC approval are expected in the coming weeks. A meeting of key stakeholders including the Ministry of Health and Social Welfare (MHSW) staff will be organized upon completion of the project. Data from every aspect of the effort will be shared including feasibility, acceptability, and costs. In addition, materials and tools developed for the purpose of scale-up of this intervention will be also shared with meeting attendees. All information will be collated in a compendium for use by stakeholders and other interested parties.

**ACTIVITIES:** In order to appropriately plan for possible implementation and scale-up of male circumcision in Tanzania, a coordinated effort is required. FY 2009 funds are requested to respond to ministry's request for a demonstration project and assistance planning for future expansion of male circumcision services in Tanzania. As part of harmonized approach in Tanzania, ICAP will implement demonstration activities for one year at the regional hospital in Kagera, a region with an HIV prevalence rate of 3% and male circumcision coverage of 26%. The other regions included in the demonstration project include: Iringa, where male circumcision prevalence is low (38%) while HIV prevalence, at 15% is the highest in the country; and Mbeya are 34% for MC and 8% for HIV. Male circumcision services will also be provided to enlisted men in Tanzania's Peoples Defense Force.

Kagera, the region in which ICAP will implement services, has relatively low rates of both male circumcision and HIV but is one of the regions being assessed through the situational analysis where data will be collected to inform relevant programming efforts for regions with lower HIV prevalence. The ministry views this region as an important balance to the other demonstration sites because Kagera presents an opportunity to implement a scientifically efficacious intervention before HIV rates escalate and become excessively problematic.

Male circumcision services will not be a stand alone intervention, but part of a comprehensive prevention strategy, which includes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services. An additional emphasis will be on appropriate counseling of men and their sexual partners to prevent them from developing a false sense of security and engaging in high-risk behaviors that could undermine the

**Activity Narrative:** partial protection provided by male circumcision. Appropriate communication tools and messages will highlight accurate information regarding the protective effect of male circumcision, need for continued use of other preventive behaviors (e.g. condom use), risks and benefits of the procedure, appropriate post-operative wound management and the need to abstain from sex until certified complete incision healing. The provision of accurate information regarding these important facts will be needed in order to achieve successful and safe scale-up of male circumcision.

JHPIEGO, a globally recognized leader in this area, will provide technical assistance and training for the key partners in each of the demonstration regions. Specifically, ICAP will receive assistance with the following:

- Introductory meetings and onsite orientation workshops (2-3 days);
- Site strengthening in preparation for service delivery;
- Provider training for provider teams from the regional hospital, with follow-on counseling-specific training as necessary; and
- Onsite supportive supervision.

As a continuing member of the ministry's male circumcision task force, ICAP will participate in meetings to review results of the situational assessment and design strategy for implementation of MC services, workshops to develop service delivery guidelines, review/adapt MC training package and develop reporting/recording forms, and workshops to develop and pilot test performance standards for quality MC service delivery.

To assist with future scale-up of male circumcision throughout the country, Columbia University and other male circumcision partners will regularly share lessons learned and best practices with the national Technical Working Group.

The activities will be completed in consultation with the PEPFAR male circumcision task force.

LINKAGES: Lessons learned and data from every aspect of the effort, including feasibility, acceptability and costs, will be shared with the Ministry of Health, National AIDS Control Program, WHO, colleagues in the demonstration project, and other prevention and treatment partners. In addition, materials and tools developed for purpose of scaleup of this intervention will be also shared.

CHECK BOXES: Gender: addressing male norms and behaviors  
Male circumcision  
Adults (men and women 25 and over)  
Discordant couples

M&E: As progress towards actual implementation begins, ICAP will advocate for the development of a sentinel surveillance and reporting system for the region. This is particularly important for tracking adverse events and the system will be developed in consultation with members of the demonstration project team.

SUSTAINABILITY: ICAP will work in partnership with local government authorities in the target regions, including relevant coordinators working within district/regional CHMTs, to build their skills in program implementation and coordination. Similarly, management and staff at the regional hospital will be actively involved in planning and implementation so that they take ownership of this initiative.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13389

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13389	12384.08	HHS/Centers for Disease Control & Prevention	Columbia University	8547	8547.08	UTAP	\$200,000
12384	12384.07	HHS/Centers for Disease Control & Prevention	To Be Determined	6161	6161.07	Male circumcision assessment	■



**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 1027.09

**Prime Partner:** Mbeya Referral Hospital

**Funding Source:** GHCS (State)

**Budget Code:** CIRC

**Activity ID:** 24499.09

**Activity System ID:** 24499

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Biomedical Prevention: Male Circumcision

**Program Budget Code:** 07

**Planned Funds:** \$295,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: Male Circumcision Pilot Project in Mbeya Referral Hospital

**NEED and COMPARATIVE ADVANTAGE:**

At the request of the GOT, the USG will implement a pilot male circumcision (MC) program through 5 partners including: JHPIEGO, Columbia University, AED/TMARC, Pharm Access and the Mbeya Regional Hospital (MRH). JHPIEGO will provide technical oversight, training and support with systems development (i.e., supervision, quality improvement, etc.) to the other implementing partners as well as implement the MC demonstration program at Iringa Regional Hospital. JHPIEGO will also conduct formative research on traditional circumcisers in Mara. Columbia University will implement the MC demonstration program in Kagera, the MRH will implement in Mbeya, and Pharm Access in Dar es Salaam (with the TPDF). AED/TMARC will work closely with JHPIEGO in the development of appropriate communications initiatives targeting health care providers as well as surrounding demonstration site communities.

MC has shown to reduce of HIV infections among circumcised males by 50 - 60% in studies conducted in Africa. There is also an emerging consensus that 100% coverage by MC could avert about six million new infections and three million deaths in sub-Saharan Africa alone in the next two decades. MC strategy is not a stand-alone intervention but part of a comprehensive prevention package and in targeted studies has been said to be relatively inexpensive, widely accepted by men and a safe method for providing partial protection from HIV. The Tanzania Ministry of Health and Social Welfare (MoHSW) responded by reviewing the current evidence on MC and developed structures (National Task Force and an MC Technical Working Group) to discuss the implications in terms of programmatic interventions. Further ground work has been initiated in Tanzania by USG partners JHPIEGO and ICAP to undertake a situational analysis (ICAP) and revised WHO developed guidelines and protocols (JHPIEGO).

As mentioned above, MRH along with other three sites (Iringa, TPDF site in Dar es Salaam, and Kagera), will participate in the pilot of safe MC in FY 2009. Mbeya region is reported to have one of the highest HIV prevalence rates in Tanzania (at 8%) as well as a one of the lowest rates of MC, reported at 34%. This demonstration project will assess the capacity of HIV programs to implement safe MC, training, outreach, message development, service delivery and client follow-up. It is hoped that the outcomes from this project will provide evidence-based information for potential scaling up of MC services in Tanzania.

MC will not replace other known methods of HIV prevention and will always be considered as part of a comprehensive HIV prevention package, which includes: promoting delay in the onset of sexual relations, abstinence from sex and reduction in the number of sexual partners; providing and promoting correct and consistent use of male and female condoms; providing HIV testing and counseling services for couples; and providing services for the treatment of sexually transmitted infections. MC will be an entry point to promoting shared sexual decision-making, gender equality, and improved health of both women and men. MC Service provision shall also be used to address the sexual health needs of men.

**ACCOMPLISHMENTS:**

This is a pilot project for MRH for FY09 with TA support from JHPIEGO.

**ACTIVITIES:**

MRH will work with the JHPIEGO, MOHSW, MC Technical Working Group (MCTWG) and other participating partners in the planning stages that would include developing the necessary resources to support the implementation of an MC demonstration project in Mbeya along with the other three regions. The pilot will last over a 1-year period. MRH will receive support to implement approaches to integrating MC guidelines into the service protocols while improving the capacity for quality services and creating demand for the intervention.

As a pilot site for MC, MRH will receive TA from JHPIEGO which will include: meetings to review results of MC situational assessment and design a strategy for implementation of MC services; a workshop to develop MC service delivery guidelines, review/adapt MC training package and develop reporting/recording forms; and a workshop to develop and pilot test performance standards for quality MC service delivery.

MHR will also participate in the introductory meetings and onsite orientation workshops, site strengthening in preparation for service delivery, identification of providers to participate in provider training from the hospital and any specific training on follow-up counseling.

Once the pilot commences, MRH will be involved in procurement and monitoring of commodities for the procedure; participate in quarterly MC Task Force meetings; follow up of circumcised men on adverse side-effects post- MC as well as abstinence during the healing period; offer follow-up HIV tests and counseling; developing a strategy to involve community leaders and village health team leaders in the catchments areas served by the MRH in advocating for male participation in MC; developing MC IEC materials for clients, spouses and community (in partnership with T-MARC) and local partners; and printing of IEC materials and distribution to target groups.

MRH, working with partners within the region, will implement a communication strategy, linking with existing IEC and community mobilization programs to deliver correct and informative MC messages to target populations to influence positive behavior changes and risk reduction of circumcised men effectively so that the MC efforts can be optimized. Social mobilization for ABC messaging, condom provision, prevention counseling and STI treatment will be part of comprehensive MC package. An approach focused on couples counseling will be utilized to provide messages that will address safe sexual behaviors and norms and broader reproductive health issues. Information will be shared, educating men and women on comprehensive approach to MC aiming at clearing any misconceptions surrounding MC.

**LINKAGES:**

The MRH under this MC activity will work closely with district hospitals to facilitate referrals; ward leaders

**Activity Narrative:** and other local government officials to ensure community buy in and participation; and PITC, VCT, mobile and outreach counseling services as possible points of entry. As healthy males routinely do not seek health and VCT services, the MRH will collaborate with community based outreach partners in Mbeya, the Mbeya HIV Network (MHNT) and KIHUMBE who are implementing prevention activities throughout the region among a variety of target audiences. MRH will also closely work with the ROADS/FHI program working in Mbeya in accessing and referring high-risk males along the trans-African highway. MRH will further collaborate with PEPFAR marketing groups STRADCOM and Academy for Educational Development, (AED) for local advertising to encourage male participation. MRH will use the existing linkages with the lower level facilities and home based care services for follow up of MC clients on adverse outcomes and counseling on relevant issues surrounding MC.

**TARGET POPULATION:**

MC will be provided to HIV negative boys and men, aged 15 to 49, in the Mbeya region.

**M&E:**

Monitoring of safe MC will be done and evaluated as per developed guidelines. DOD will work with the MCTWG, MRH and JHPIEGO to develop monitoring and evaluation tools/systems which will assist to monitor and inform on the feasibility and potential for expansion of this intervention. MRH will also participate in formative research to assess sexual behavior post-MC service delivery – to continue in a follow-on year. The success of safe MC as strategy will largely depend on how effectively programs are able to influence positive behavior changes of circumcised men so that the efforts of MC can be optimized. MRH will routinely monitor clients for adverse effects and assess their behaviors so as to maximize opportunity to address issues surrounding MC (male norms, unintended gender issues and gender violence; risk compensation and reaction if a man becomes positive post MC).

**SUSTAINABILITY:**

Efforts will be made to ensure training of an adequate mix of health workers for conducting high quality MC. MRH will ensure sustainability by coordinating training, providing technical assistance through other USG partners, and forging strong linkages with outreach partners and developing linkages with the Government of Tanzania, treatment partners, existing facility-based care programs, local partners and other key stakeholders to ensure sustainable and collaborative initiatives.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1136.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Male Circumcision
<b>Budget Code:</b> CIRC	<b>Program Budget Code:</b> 07

**Activity ID:** 24500.09

**Planned Funds:** \$225,000

**Activity System ID:** 24500

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Providing HIV/AIDS prevention to TPDF through a male circumcision program.

At the request of the GOT, the USG will implement a pilot male circumcision (MC) program through 5 partners including: JHPIEGO, Columbia University, AED/TMARC, Pharm Access and the Mbeya Regional Hospital (MRH). JHPIEGO will provide technical oversight, training and support with systems development (i.e., supervision, quality improvement, etc.) to the other implementing partners as well as implement the MC demonstration program at Iringa Regional Hospital. JHPIEGO will also conduct formative research on traditional circumcisers in Mara. Columbia University will implement the MC demonstration program in Kagera, the MRH will implement in Mbeya, and Pharm Access in Dar es Salaam (with the TPDF). AED/TMARC will work closely with JHPIEGO in the development of appropriate communications initiatives targeting health care providers as well as surrounding demonstration site communities.

**NEED and COMPARATIVE ADVANTAGE:** The HIV prevention and awareness-raising activities under this program aim to reach military staff living near one of the eight military hospitals in the PEPFAR/PAI/TPDF HIV/AIDS workplace Program. Service members are at high risk for HIV/AIDS as they are often stationed outside their residential areas for periods, ranging from six to 24 months. Comparative advantages of this Program are that MC services can be provided at the eight hospitals and that good follow-up of the servicemen is guaranteed.

**ACCOMPLISHMENTS:** The MC program is a new activity that fits well in the ongoing comprehensive PEPFAR/DOD/PAI/TPDF HIV/AIDS workplace program, which include:

1. HIV screening as part of the yearly medical check-up of all military personnel in the TPDF. The yearly medical check-up will provide accurate data on the current percentage of MC in the military. These data, in combination with HIV-test results will show whether there is a difference in HIV prevalence amongst circumcised and non-circumcised men.
2. A dedicated TPDF task force has been formed to develop IEC and life skills materials in relation to HIV prevention and Gender Based Violence. The taskforce will be involved in the development of materials to inform military personnel about the risks and benefits of MC.
3. Eight military hospitals have been renovated, laboratories have been equipped, and clinicians, nurse counselors, laboratory technicians and pharmacists have been trained in basic HIV service provision, making these an excellent platform for MC.
4. The hospitals have been equipped with computers and data-entry staff have been trained for program monitoring purposes. After additional training these hospitals are ready for quality MC services and for follow-up monitoring of the men participating in this program.

**ACTIVITIES:**

1. Adapt and distribute Life skills, GBV and MC advocacy materials to male military personnel living near the military hospitals of Dar es Salaam.
2. Train clinicians and nurse counselors and data management staff of these hospitals on MC, male norms and behaviors in relation to HIV infection.
3. Collect information on MC at the yearly medical check-up of male military personnel.
- 4) Counseling of HIV-negative military men on the risks and benefits of MC.
5. Circumcision of the HIV-negative men who agree to participate.
6. Follow-up of circumcised and non-circumcised military men on their HIV-status over time, at the yearly medical check-up / HIV test.

**LINKAGES:** PAI and the TPDF will link activities in this program area with HIV prevention activities, clinical service and VCT undertaken by the military. Condoms will be obtained through MSD and District Medical Officers in the respective districts. Prevention outreach will be linked to counseling and testing, PMTCT, and care and treatment activities in support of the continuum of care. Expansion of prevention services in FY 2009 will ensure a close linkage of the HIV/AIDS programs of the TPDF to national strategies and programs implemented under the MOHSW.

**M&E:** PAI will begin implementation of an M&E plan upon receipt of FY 2009 funds. The plan will outline procedures for data collection, storage, reporting, and data quality, and will outline plans for data use for decision-making within the organization and with stakeholders and will work to harmonize with other PEPFAR AB and OP partners as appropriate.

**SUSTAINABILITY:** In a military setting, staff turnover is low. Once trained, this capacity will stay within the forces. PAI will encourage the Office of the Director Medical Services to integrate services in military budgets at the barracks and at the national level. To improve administrative capacity, the PAI will work with military authorities to build local technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management

**Geographic Coverage Areas:** Dar es Salaam (Lugalo National Military Hospital)

**New/Continuing Activity:** New Activity

**Continuing Activity:**

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

\* Reducing violence and coercion

Military Populations

Refugees/Internally Displaced Persons

Workplace Programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 1175.09

**Mechanism:** N/A

**Prime Partner:** Academy for Educational  
Development

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Biomedical Prevention: Male  
Circumcision

**Budget Code:** CIRC

**Program Budget Code:** 07

**Activity ID:** 24495.09

**Planned Funds:** \$50,000

**Activity System ID:** 24495

**Activity Narrative:** THIS IS A NEW ACTIVITY.

AED/T-MARC Initiative to Test Communication Messages on Male Circumcision

This is a new project initiative for FY09.

At the request of the GOT, the USG will implement a pilot male circumcision program through 5 partners including: Jhpiego, Columbia University, AED/TMARC, Pharm Access and Mbeya Referral Hospital. Jhpiego will provide technical oversight, training and support with systems development (i.e., supervision, quality improvement, etc.) to the other implementing partners as well as implement the MC demonstration program at Iringa Regional Hospital. Jhpiego will also conduct formative research on traditional circumcisers in Mara. Columbia University will implement the MC demonstration program in Kagera, Mbeya Referral Hospital will implement in Mbeya, and Pharm Access in Dar es Salaam (with the TPDF). AED/TMARC will work closely with Jhpiego in the development of appropriate communications initiatives targeting health care providers as well as surrounding demonstration site communities.

**Need and Comparative Advantage:**

Male circumcision (MC) has been shown to sharply reduce men's risk of becoming infected by HIV through heterosexual intercourse. Three randomized clinical trials have shown that men who were circumcised were less than half as likely to become infected with HIV within the trial periods. This finding is supported by over 40 sociological and epidemiological studies which show a strong link between MC and reduced HIV prevalence. Since male circumcision is now shown to be effective in reducing the risk of HIV infection for men, care must be taken to ensure that men and women understand the benefits and risks of the procedure, and that male circumcision does not provide complete protection against HIV infection – but rather is one more element in a toolbox of HIV prevention actions including condom use and partner reduction

**Activities:**

With FY09 funding, T-MARC will develop and test patient education messages and materials targeting men and their partners with appropriate information on male circumcision and also engage in demand creation efforts in demonstrate sites. For patient education, materials will explore the benefits and risks of male circumcision, the potential cultural, social, and health affects, and provide post-operative care instructions such as wound management, and critical post-procedure HIV prevention measures such as post-operation abstinence and future partner reduction and condom use. These materials will emphasize that MC is not completely protective and will address other relevant topics such as sexuality, sexually transmitted infections, family planning, parenthood and emphasize respect for women's sexual and reproductive health needs and concerns. With TA from JHPIEGO, AED will draft and print job aids and communication tools for partners implementing male circumcision activities at demonstration sites. AED will also lead advocacy and demand creation efforts in communities surrounding MC demonstration sites.

AED will collaborate closely with JHPIEGO, who will act as the TA provider to key partners in several regions (DOD in Mbeya at the referral hospital and in Dar es Salaam at Lugalo Hospital (Tanzania People's Defense Forces (TPDP); the Iringa Regional Health Management Team (or other appropriate institution) at the regional hospital in Iringa; Columbia University/ICAP in Kagera at the regional hospital).

**Linkages:**

AED's MC activities will be coordinated with other USG prevention partners working on MC activities in the selected locations. T-MARC will collaborate with district and regional GOT officials (DMOs, RMOs, Community Health Management Teams) to ensure effective communication messages for the MC demonstration projects. T-MARC's collaboration with TACAIDS, NACP IEC Unit and the HEU will provide guidance on national messages and materials design.

**M&E:**

A large portion of this initiative is M&E related, including the pre-testing of the materials developed. In addition, T-MARC will work with JHPIEGO and I-CAP to ensure feedback data on the retention of pre- and post- client education activities/messages, track behaviors and recidivism, post-procedure abstinence and interest in the procedure.

**Sustainability:**

The tools developed with this funding will be resources made available to all partners eventually involved of the scale up of male circumcision activities in Tanzania.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

---

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.07: Activities by Funding Mechanism****Mechanism ID:** 11170.09**Prime Partner:** JHPIEGO**Funding Source:** GHCS (State)**Budget Code:** CIRC**Activity ID:** 24497.09**Activity System ID:** 24497**Mechanism:** ACCESS FP**USG Agency:** U.S. Agency for International  
Development**Program Area:** Biomedical Prevention: Male  
Circumcision**Program Budget Code:** 07**Planned Funds:** \$1,001,078

## Activity Narrative: THIS IS A NEW ACTIVITY.

At the request of the GOT, the USG will implement a pilot male circumcision program through 5 partners including: Jhpiego, Columbia University, AED/TMARC, Pharm Access and Mbeya Referral Hospital. Jhpiego will provide technical oversight, training and support with systems development (i.e., supervision, quality improvement, etc.) to the other implementing partners as well as implement the MC demonstration program at Iringa Regional Hospital. Jhpiego will also conduct formative research on traditional circumcisers in Mara. Columbia University will implement the MC demonstration program in Kagera, Mbeya Referral Hospital will implement in Mbeya, and Pharm Access in Dar es Salaam (with the TPDF). AED/TMARC will work closely with Jhpiego in the development of appropriate communications initiatives targeting health care providers as well as surrounding demonstration site communities.

### Need and comparative advantage:

Male circumcision (MC) has been shown to sharply reduce men's risk of becoming infected by HIV through heterosexual intercourse. Three randomized clinical trials have shown that men who were circumcised were 60% less likely to become infected with HIV within the trial periods. Based on data from the trials, models have estimated that routine MC across sub-Saharan Africa could prevent up to six million new HIV infections and three million deaths in the next two decades. In March 2007, WHO and UNAIDS issued guidance encouraging countries with high HIV prevalence and predominantly heterosexual epidemics to adopt MC as one component of a comprehensive HIV prevention strategy.

While MC has been shown to significantly reduce the risk of female to male HIV transmission, MC does not provide men with complete protection from HIV infection. Although data from the three trials shows that the circumcised men were not significantly more likely to engage in high risk sexual practices after the procedure than the uncircumcised men, there is still a need to minimize disinhibition or risk compensation and to ensure that men abstain from sex during the wound healing period.

The Tanzania MoHSW organized a stakeholder consultation meeting in September 2006 to review evidence on MC and discuss programming interventions. A Tanzanian team subsequently participated in the regional September 2007 WHO workshop in Zimbabwe to orient countries to the WHO situational analysis (SA) tool kit for assessing the current status and need for MC programs. A second meeting was held in November 2007 to establish both a National MC Task Force and MC Technical Working Group (MCTWG) (of which JHPEIGO is a member) to follow up operationalization of proposed programming efforts, and to plan for implementing the SA. With support from WHO and CDC, NIMR carried out a pilot test of the SA tools in Mwanza Region in March 2008 to determine the suitability of the tools for more widespread use in Tanzania. Results were shared with stakeholders in May 2008 and it was determined that the tools would be revised and implemented in Mbeya, Mara and Kagera Regions, with results available by September 2008.

In Iringa, where there are limited rates of traditional circumcision, MC prevalence is low (estimated 37.7%) while HIV prevalence, at 14.7% is the highest in the country. In Mara, there is a strong history and practice of traditional circumcision (estimated 89%) and relatively low HIV prevalence (3.5%) compared to other regions in the country, which provides an interesting opportunity to explore the role of traditional circumcisers within a national health facility-based MC program.

### Accomplishments:

Jhpiego has provided leadership on MC programs since 2002, when the organization co-sponsored an international meeting on MC and HIV prevention with USG and PSI. Jhpiego's most extensive and demonstrative program is in Zambia, which has focused on making high-quality, comprehensive MC services safe and accessible, and integrating MC into the compendium of HIV prevention activities. Jhpiego has supported this program since 2004, and through this process, established the groundwork for expanding quality MC services in Zambia. The initial pilot, funded by USG and implemented with Jhpiego's technical assistance (TA), resulted in agreement on a standard procedure for MC as well as experience with training clinicians and supporting services. Jhpiego has subsequently worked with the Zambia MoH to scale up MC service delivery in the country and is active in MC in Botswana, Ethiopia, Lesotho, Mozambique and South Africa.

Jhpiego also plays a leadership role in MC at the global level, assisting WHO and UNAIDS in December 2005 to develop the MC reference manual, Male Circumcision under Local Anesthesia, and associated training materials. Jhpiego also collaborated with WHO and UNAIDS to develop the MC SA Toolkit and is a key partner of WHO in the development of performance standards to guide quality assurance of MC services. In collaboration with WHO, Jhpiego has conducted three regional MC courses in Zambia. Three Tanzanian health providers from Iringa Regional Hospital participated in the first course in June 2007 and have since begun providing MC services at their hospital.

### Activities:

Jhpiego will work with the MOHSW, WHO, the MCTWG and other key partners to develop the necessary resources to support the national MC program and to implement an MC demonstration project in Mbeya, Iringa, Kagera and Dar es Salaam Regions over a 1-year period, including formative research to be carried out in Mara to explore the role of traditional circumcisers. Jhpiego will implement activities in Iringa and provide TA to key partners in each of the other regions to implement regionally relevant approaches to improve capacity to deliver quality services, while creating demand through advocacy and communication (in partnership with T-MARC, who will receive funding from USAID to develop client education materials and communication strategies). Jhpiego will partner with each of the relevant regional partners for service delivery. The demonstration project will also lay the foundation in terms of training and supervisory resources for program expansion in a follow-on phase.

Jhpiego will implement or provide TA for the following activities:

- Meeting to review results of MC situational assessment (in collaboration with Columbia University) and design strategy for implementation of MC services;



- Activity Narrative:**
- Workshop to develop MC service delivery guidelines, review/adapt MC training package and develop reporting/recording forms;
  - Workshop to develop and pilot test performance standards for quality MC service delivery;
  - Development of strategies to involve community leaders and village health team leaders in the catchment areas served by the facilities;
  - TA in the development of MC IEC materials for clients and community (in partnership with T-MARC);
  - Implementation of communication strategy, linking with existing IEC and community mobilization programs to deliver correct and informative MC messages to target populations, and focused effort on working with traditional circumcisers (in partnership with T-MARC);
  - Development and commencement of formative research strategy to assess sexual behavior post-MC service delivery and (to continue in a follow-on year);
  - Printing of service delivery guidelines, training package, performance standards and IEC materials;
  - Participate in quarterly MC Task Force meetings;
  - Program introduction meeting and onsite orientation workshops (2-3 days per site): Regional hospital in Mbeya; Lugalo Hospital (TPDF) in Dar es Salaam – in partnership with DOD; Regional Hospital in Iringa; Regional Hospital in Kagera with Columbia;
  - Support for developing MC service delivery at Iringa Regional Hospital through a sub-grant and TA to the Iringa RHMT;
  - Site strengthening at the 4 above-referenced sites;
  - Provider training at Iringa Regional Hospital: course for provider teams from each of the 4 sites, with follow-on counseling-specific training as necessary;
  - Onsite supportive supervision to all 4 sites;
  - Assessment of program progress, quality of services and client satisfaction; and
  - National meeting to share assessment results and initial formative research findings and determine next steps.

**Linkages:**

Activities will be linked to other policy initiatives on male reproductive health that are taking place in Tanzania (such as CHAMPION) as well as with experiences on MC from neighboring PEPFAR countries. Jhpiego will partner closely with the Tanzania regional prevention and care and treatment partners to ensure that MC services are effectively implemented, supported and supervised. Jhpiego will provide TA to these partners – DOD in Mbeya and Dar es Salaam and Columbia University in Kagera, with a direct sub-grant (with assistance from Deloitte) to the Iringa RHMT (or other relevant institution) – in site preparation, training and supervision of providers and monitoring of the quality of MC service delivery. Jhpiego will also collaborate closely with T-MARC in the development of appropriate MC messages for client education materials.

**Target Population\***

Men in Iringa, Mbeya, Kagera and Dar es Salaam regions

**M&E:**

A mid-term evaluation will be completed in regard to the demonstration project. Specifically, the knowledge and competencies of providers regarding MC will be assessed and evaluated, and programmatic successes and issues will be documented. In addition, Jhpiego will conduct an assessment in Mara Region to look at the potential role of traditional circumcisers in a national health-facility based male circumcision program. Jhpiego will also conduct formative research to look at risk compensation post-MC procedure.

**Sustainability:**

Jhpiego will collaborate with the NACP's relevant units to develop their capacity to provide leadership, oversight, and support to the national MC program. NACP staff will be involved in advocacy, strategic design, planning, implementation, and monitoring of all program activities, with programmatic and technical expertise transferred to the greatest extent possible. While supporting capacity development at the national level, Jhpiego will work in partnership with local government authorities in the target regions, including relevant coordinators working within district/regional CHMTs, to build their skills in program implementation and coordination. Jhpiego will work in close collaboration and coordination with USG to build GoT counterparts' capacity to: use data for decision making; access information on best practices, international recommendations, and programming guidance; establish effective, evidence-based policies and guidelines; strengthen performance/standards-based supervision and monitoring systems; develop trainers, necessary training materials, and job aids; and identify available technical resources within Tanzania and the region to provide support to the national program.

Jhpiego will also work with trainers at the national and regional levels to develop their ability to implement MC training, develop relevant MC training materials, and conduct MC supportive supervision visits, with an aim toward creating a pool of technical resources that can be subsequently tapped by national counterparts for assistance in supporting and further developing the national MC program.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Military Populations

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

**Total Planned Funding for Program Budget Code: \$32,557,173**

### Program Area Narrative:

Program Area Context: Adult Care and Treatment

Planned Funding for Adult Treatment: \$106,182,096

Planned Funding for Adult Care and Support: \$21,969,390

Total budget for Adult Care and Treatment Program Area: \$128,151,486

Word count: 14,408 (With spaces) Tanzania has an estimated 1.3 million adults living with HIV/AIDS. USG remains a key donor in Tanzania and currently provides direct support to the majority of patients in both care and treatment. Other key sources of program support come from multilaterals mechanisms; for example Global fund (GFATM) support for Antiretroviral drugs (ARV) and bilateral donors, especially: the German government (GTZ), DfID, Canadian CIDA, DANIDA, Norwegian and Japanese governments through JICA for test kits, ARV, laboratory reagents and training of health workers. The Clinton Foundation (CHAI) supports the Antiretroviral Therapy (ART) program in southern regions of Tanzania. USG programs are designed supporting compliance with the National Multi-sectoral Strategic Framework (NMSF), the Health Sector Strategy and the Emergency Plan Five-year strategy. At the time of the initiation of the Emergency Plan in September 2004, only about 1,500 – 2,000 of the estimated 440,000 people in need were receiving ART.

By September 2008, USG directly supported an estimated 246,000 people living with HIV/AIDS (PLWHA) with care and treatment services and a total of 205,000 PLWHA with facility-based care. In addition, USG supported nearly 150,000 people currently receiving ART in Tanzania. Concurrently, the community-based care programs have reached over 91,000 PLWHA through home-based care (HBC) programs with a growing proportion of overlap with facility-based care and support. According to a 2008 USG evaluation of HBC services, the proportion of patients receiving HBC who are also receiving facility based services was estimated at 65%. The USG ART program is on track to provide direct treatment support to almost 180,000 adults. This will be a substantial contribution to the Tanzania government target of 440,000 PLWHA treatment by December 2010. USG anticipates to indirectly support about 20,000 adults accessing ART. One of the successes of the Tanzanian Care and Treatment Program resulted from a regionalization approach initiated by the Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Programme (NACP) in FY 2005. Although some temporary inefficiency resulted from reassignment of partners and the necessary strengthening of local government capacity, this approach has yielded broad geographic coverage, many operating efficiencies, and an excellent platform for provision of support to Government of Tanzania (GoT) structures responsible for implementation and supervision of HIV care and treatment services. It is also an excellent forum for linkage of services. In FY 2007, USG took the leadership of supporting NACP in aligning the community-based care and support partners into regions to minimize duplication of efforts and reduce the number of partners with which treatment partners would need to coordinate. USG will continue to provide the necessary support and collaboration to facilitate this process. USG treatment partners have taken on responsibilities for supporting the implementation of Pediatric, TB/HIV, and PMTCT services, which will help significantly with referrals. They provide or have been strategically linked to partners supporting implementation of testing and counseling, community-based HBC and other community services, as well as programs for orphans and vulnerable children (OVC). Two of the treatment partners (Selian and PASADA) are indigenous faith-based organizations (FBO) graduated from sub-partner status

to become prime recipients for Emergency Plan funds. One partner (PharmAccess) is working with the Tanzanian People's Defense Forces and the Tanzanian Uniformed Services (police, immigration, and prisons). USG care and treatment programs initiated broad scale-up of services in FY 2008, focusing on expanding the geographic coverage, quality, and comprehensiveness of services. In FY 2008, there was greater emphasis on improving linkages and referrals between the facility-based and the community-based programs to ensure improved tracking of clients, adherence to treatment, and provision of the continuum of care. During the past year, additional efforts have focused on improved matching of services to the potential need based on available HIV prevalence data. The proportion of those in need accessing ART services now range from 4,162 to 55,891 with a median of 22,453. With the planned level funding in FY 2009, the focus will be on improved quality and comprehensiveness of services and supporting the GoT expansion of care and treatment services to 500 lower level facilities (health centres), which will serve as either treatment sites or refill stations for ARVs. USG will gradually decrease the intensity of direct support provided at long-established sites (i.e., regional and district hospitals), and will expand support for the MOHSW plan to roll out services to health centers. Main counterpart for program implementation, coordination and evaluation are the district health management teams. Other areas of focus in FY 2009 are to continue improving linkages between facility and home-based care (HBC) services and improving services focused on specific sub-populations including: pregnant women, patients with tuberculosis, and children (see pediatrics narratives). In FY 2009, efforts will increase engagement with the private sector through public private partnerships (PPP). In addition, USG will encourage collaboration between treatment partners supporting MOHSW and FBO facilities, as well as supporting the training of private health care workers through existing treatment partners plans and funds. Substantial local capacity exists at GoT and FBO Care and Treatment Clinics (CTCs) in Tanzania. A key strategy for sustainability is to gradually reduce the intensity of direct partner support to well-established CTCs, while USG partners expand their support in the extension of ART services to 500 health centers. Lessons learned during the transition of two sub-partners to prime partners (Selian and PASADA) will be applied to these efforts, complemented by ongoing strengthening of local government authorities (LGAs), will ease the anticipated transition. National ART guidelines are in the process of being rolled out and now include the use of tenofovir as an alternate first line therapy, but limited to patients with peripheral neuropathy and anemia. USG will continue support to GoT in operationalizing the new guidance, by assisting the GoT with the development of job aids and training of health care workers. In support of the national guidelines, all USG treatment partners provide Cotrimoxazole to all patients with WHO stage II, III, or IV disease or CD4 cell counts below 350. Most patients enrolled in care and treatment clinics meet criteria, and coverage for adults and adolescents is estimated to be greater than 75%. A consortium comprised of NACP, USG staff, major treatment partners, PharmAccess, and University Research Council (URC) support harmonized approaches to quality improvement (including development of standards for support supervision and QA/QI coordination as well as harmonized CQI efforts in all regions). Substantial progress has also been made in the broad area of care and support for people with HIV. The active treatment subcommittee of the National Care and Treatment Task Force and the Care and Support Subcommittee oversee national care activities. A current review of HBC guidelines will refine the basic care package and address provision of palliative care and pain management to PLWHA through the care and support program. USG supports the African Palliative Care Association (APCA) to take a lead in developing national pain management guidelines. A national monitoring system for the community care and support program has been developed, with the paper-based tools ready for field testing in two districts. Lessons learned from pilot testing will inform the national roll out of the system. A computerized national data system based on the experience with the paper-based system is also underway with USG support, with development completion and rollout to all regions projected to begin in FY 2009. USG will also support NACP and the district management teams to conduct supportive supervision to ensure the quality of services. The expansion of home-based counseling and testing is also challenged by the absence of policy allowing for non-medical HBC providers to perform HIV tests. USG will continue dialogue and collaboration with MOHSW to affect a change in policy. FY 2009 funds will support a rollout of facility-based nutritional assessments of PLWHA in care and treatment programs to determine nutritional status and identify those eligible for therapeutic supplementary feeding support. Using FY 2008 funds, a Food by Prescription (FBP) program will be initiated in at least six treatment facilities, with the lessons from this pilot test helping to inform a scale up of the program using FY 2009 resources (see Nutrition Partner narrative). Community-based care and support partners provide, at a minimum, nutritional education and counseling. Some programs link with the World Food Programme (WFP) to provide food supplementation. Peace Corps Volunteers will continue to provide nutrition education and support permaculture gardening, an easy and effective method for families to provide for basic nutritional needs. In FY 2009, USG will continue to link with GoT through relevant ministries and other developmental partners, as well as the implementing partners, in addressing household food security. In addition, USG will expand the work that Peace Corps is doing in promoting permaculture gardens through community-based partners, including distributing a permaculture gardening instructive video to CTCs. Program goals will be accomplished through ongoing support to established care and treatment partners and support for a number of efforts to build capacity, strengthen systems, and address barriers faced by the program. The AIDS control programs of both mainland Tanzania (NACP) and Zanzibar (ZACP) will receive funding to support key activities including policy development, guideline development, adaptation of training materials, program planning and implementation, supportive supervision, and monitoring and evaluation. USG staff and partners will continue to provide technical assistance to the MOHSW and NACP.

A new activity will be implemented in FY 2009 to strengthen LGAs' (particularly district councils) leadership and management approaches to assure greater accountability and sustainability. This will build on the existing collaboration in planning, coordinating, supervising, and monitoring care and support programs established under regionalization. This activity will be initiated in four districts where support services activities will be integrated into the comprehensive council plans, and the lessons from the activity will help to inform a broader scale up of this strengthening to support the sustainability plans of implementing partners.

Another new activity in FY 2009 will address screening for cervical cancer among HIV-infected women. This is a new emphasis area, and there is very little known about the extent of the problem, and the capacity to address it in Tanzania. JHPEIGO has been tasked with doing necessary ground work in collaboration with the MOHSW, Ocean Road Cancer Institute (ORCI) and other partners in determining current capacity and policy, coordinating an interest group, providing up to date technical information to help inform a response plan, and developing plan for future engagement in this technical area.

PEPFAR collaborates with the President's Malaria Initiative (PMI), National Malaria Control Program (NMCP), and GFATM

regarding control of malaria for PLWHA and other vulnerable groups. USG and partners work to ensure that policies and guidelines are consistent, and that malaria prevention and treatment guidelines are implemented in HIV care settings. UGS and partners will also work to disseminate health promotion messages, and ensure that they are followed up by community-based care providers promoting the use of insecticide treated bed nets (ITNs). USG will continue to collaborate with PMI and GF to support the under five catch up campaign (aimed at reaching all under five children with ITNs) to ensure that vulnerable children are included. In addition, USG will leverage the large program for universal coverage for ITNs expected to be funded through GFATM to ensure that PLWHA receive support.

Provision of safe drinking water for PLWHA households is another area of emphasis for FY 2009. USG will procure water purification tablets and water storage containers for distribution through a social marketing program. In FY 2008, USG conducted an assessment on various practices in provision of safe water in rural settings, and in FY 2009, USG will pilot some of the recommended practices of water purification at the "point of use," which do not need continual supplying of commodities. USG will link with other organizations and initiatives that address water safety in targeted communities.

More than 90% of programs provide condoms. Other commonly supported services include general supportive counseling and education about HIV care, treatment, and prevention, family counseling and testing or testing referral, and education about nutrition, safe water, and hygiene. Efforts were initiated in FY 2008 to develop a comprehensive Prevention with Positives program, both in facilities and through the community, and these programs will be broadened through implementing partners in FY 2009.

In FY 2009 USG will continue to improve linkages in care and support services, particularly enhancing the roles of community care providers in TB screening and referrals, pain management, screening for opportunistic infections and assisting stable patients by collecting refills of Cotrimoxazole and other drugs. An activity to develop and supply informational brochures, and other job aid (laminated flip cards) to assist HBC providers will be expanded in FY 2009.

To support care and treatment approaches, an assessment of longitudinal treatment outcomes is underway to provide information about retention on ART and clinical outcomes, including weight gain and increase in CD4. The USG team and the MOHSW are also discussing plans for ongoing program assessment, including possible repeats of the clinical outcomes assessment and/or implementation of the WHO protocol for monitoring of resistance and treatment outcomes among patients on ART.

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 4896.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Balm in Gilead	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 25134.09	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 25134	

## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Scale up Community and Home-based Care in Kigoma Region through Tanzania Interfaith Partnership

NEED and COMPARATIVE ADVANTAGE: It is estimated that over 2 million people in Tanzania are HIV-positive. Since 2005, the Tanzania Interfaith Partnership (TIP) has supported community faith groups in providing palliative care for people living with HIV/AIDS (PLWHA) through PEPFAR funding and technical guidance of Balm in Gilead (BIG). The National AIDS Control Programme (NACP) seeks to provide comprehensive services to PLWHA at three levels; facility-based, community-based, and home-based care (HBC). With the advent of demand creation for HIV screening, the demand for post-test and community and home-based care and support is expected to rise. The TIP is well-positioned within their communities and homes to provide quality programs and strengthened support services.

ACCOMPLISHMENTS: Faith-based organizations (FBOs) are actively involved in providing healthcare and spiritual support in their communities. During the past two years, BIG and FBOs have deployed community volunteers from churches and mosques to assist and serve PLWHA. With carry-over funds from FY 2005, nearly 2,500 PLWHA have been reached in the regions of Shinyanga, Lindi, Mtwara, Mara, Dodoma, and Kigoma with HBC. Under the umbrella of TIP, FBOs have established foundations and linkages that have become well-known within communities. The services provided to date have included basic clinical needs, psychological, and social care.

ACTIVITIES: In order to scale-up community and HBC in Kigoma Region, BIG intends to:

1. Train health workers from Kigoma Region in the care and management of PLWHA.
  - support both clinical services and referral systems.
  - coordinate and facilitate training for HBC volunteers that are in line with the NACP 21-day training course.
2. Initiate HBC services in Kigoma Region.
  - Conduct identification and mapping exercises at ward levels in respective districts.
  - Enroll all beneficiaries in local Community Health Funds, which are operated by districts and provide limited health insurance at local hospitals and health centres.
  - Ensure delivery of full basic needs support package. This will provide beneficiaries with basic sanitary necessities including blankets, bed sheets, gloves, soap, disinfectants, and mackintoshes, to keep bed sheets clean.
3. Support continuum of care by strengthening the link between treatment sites and communities.
  - Work in collaboration with Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) Care and Treatment Program. To ensure comprehensive care, BIG will strengthen linkages between communities and health facilities, and within each health facility, between the CTC and various units (TB and prevention of mother-to-child transmission – PMTCT). Through existing district-based Continuum of Care committee meetings and regular feedback sessions between facility and HBC programs, BIG will ensure implementation and monitoring of two-way referrals.
  - Work together with ICAP to engage consultancy to analyze situation of PLWHA and assess HBC support services when needed.
  - Utilize FBO-based service delivery program for orphans and vulnerable children (OVC) to determine, integrate, and better identify and serve OVC and PLWHA within households. The BIG program relies on its spirituality as the cornerstone for its holistic approaches; therefore, there will be continuous provision of psychosocial and faith-based services.
4. Strengthen district-level HIV/AIDS coordination mechanisms, working within the existing Ministry of Health and Social Welfare (MOHSW) district systems and operating under national guidelines as the program evolves.
5. Scale-up greater involvement of PLWHA.
  - Work with beneficiaries on stigma reduction and prevention.
  - Foster an enabling environment where PLWHA enjoy full rights within their societies; such as legal services in succession planning and inheritance.
  - Provide prevention care packages to all beneficiaries, which includes insecticide-treated bed nets, water vessels, Cotrimoziole, prevention methods (including condoms), adherence and disclosure counseling, reduction of risky behavior for the spread of HIV, as well as testing of family members.
  - Provide nutritional counseling to all clients, and refer for nutritional support as needed.
  - Strengthen referrals to community opportunities for income-generating and livelihoods activities.
6. Program coordination and monitoring. Recruit a Palliative Care Coordinator for program coordination and monitoring within the sub-partnership; particularly to oversee service support integration.
7. Promote gender equity to address cultural norms in the project areas that often discriminate against women. Efforts will be made to give women equal opportunities and provide access to income-generating activities (IGAs); resources made available to women are generally used for the good of the whole family.

LINKAGES: The program will link with district health services including HBC and public and private health providers for the provision of referral services, and Civil Society Organizations working in HIV/AIDS prevention to avoid duplication of efforts. The program will be linked with BIG's OVC care and support, as well as Abstinence/Be Faithful prevention and behavior-change programs. BIG will identify linkages that support food supplements and those that help alleviate economic hardship of PLWHA through IGAs and vocational training skills. Leading community actors include the Social Action Trust Fund, faith-based institutions, UNICEF and micro-lending institutions.

CHECK BOXES: M&E: NACP/MOHSW collaboration. BIG endeavors to help meet the overall goal to provide HBC for all in need and general care for all. BIG will coordinate with and support NACP to develop

**Activity Narrative:** a national HBC monitoring system. While the NACP has not yet developed an automated national monitoring system, BIG will draw upon methodologies being used from other implementing partner organizations which have stationed paper-based and have begun electronic data collection tools. BIG will link with Pathfinder and Family Health International, which have both developed systematic M&E tools.

M&E management coordinators are responsible for collecting data from service outlets, which is then entered electronically. The coordinators conduct first-level data analysis, which is subsequently rolled-up to the program M&E manager who reviews information, conducts quality assurance, and provides technical assistance and consultation.

BIG will monitor and evaluate services to ensure that they conform to national standards; conduct pre- and post-test training evaluation; and collect data and conduct analysis to improve program performance at service outlets and roll it up to the district and national levels. Furthermore, the M&E manager ensures overall quality and frequency of service provider and liaises with all program levels.

BIG will update monitoring forms; routinely review and update (in line with NACP) paper-based monitoring forms to capture any new additions to the HBC program (preventive care package); and better measure "successful" referrals to care and treatment centers, TB treatment, counseling and testing, PMTCT, nutritional support, and livelihood programs.

BIG will develop and implement a computerized database system at select levels for HBC monitoring in-line with NACP/MOHSW systems; introduce innovative ways to collect and use data (e.g., phones for health initiative) in-line with updated tools and computerized systems.

Data use for decision-making will be emphasized at all levels. BIG will train HBC workers and supervisors on HBC monitoring forms and use of this information for program planning. Quarterly supportive supervision on the data system will be instituted to aid in improving data quality and timeliness.

**SUSTAINABILITY:** Sustainability depends on the capacity of the locally-based community initiatives. BIG activities demonstrate long-term capacity building through its work with religious institutions that serve as spiritual and social community catalysts. With complementary program-sponsored skill development, OVC caregivers will be well-positioned to strengthen community responses.

Building capacity of sub-partners is essential in order to strengthen ability of HBC workers to report accurately and timely, and to use the information for patient management and program planning. The program will employ four M&E officers to serve four districts in Kigoma. Each M&E officer will be aligned with Kasulu, Kibondo, Bakwata, and Kigoma Rural districts.

Sustainability is attainable by strengthening clients' abilities to be as self-reliant as possible. Coupled with local district and council strengthening, a considerable investment of resources originates from the communities' own coping mechanisms through volunteerism.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 11430.09

**Mechanism:** Food Procurement

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 27426.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 27426

**Activity Narrative:** THIS IS A NEW ACTIVITY

**TITLE:** Procurement and Distribution of Food and Nutritional Commodities

**NEED and COMPARATIVE ADVANTAGE:** Many of the more than 250,000 patients served through US Government-funded care and support programs through both Care and Treatment Clinics and home-based care suffer from food insecurity or malnutrition that exacerbates their health status. The importance of nutrition in determining clinical outcomes for people on antiretroviral treatment is becoming increasingly apparent. In FY 2009, USG/Tanzania will put more emphasis on addressing food and nutrition needs of clients receiving care and support. Food and nutritional support through therapeutic and supplementary feeding is recognized as a critical component of effective care for these patients. In order to improve the health of HIV-positive patients, the USG intends to procure food and/or nutritional supplements for malnourished people living with HIV/AIDS (PLWHA), pregnant women in prevention of mother-to-child nutrition (PMTCT) programs, as well as orphans and vulnerable children (OVC), particularly post-weaning.

**ACCOMPLISHMENTS:** Not applicable, as this is a new activity.

**ACTIVITIES:** In FY 2009, the USG intends to procure and distribute food and nutritional support to HIV/AIDS patients through both facility- and community-care partners. In FY 2009, USG/Tanzania will be expanding a feeding program using ready-to-use therapeutic food products and fortified supplemental foods targeting eligible clients. The partner selected to procure and distribute the food must have a successful history of procuring for nutritional programs supporting PLWHA, in addition to bulk purchasing and distribution of supplies. TBD will adopt proven practices for implementing nutritional support programs for PLWHA.

**LINKAGES:** The partner will link with implementing partners providing direct services to patients (e.g., food by prescription) to develop models for food supplies management and distribution systems. The partner will also coordinate closely with other partners (including the Medical Stores Department) who have experience in commodity distribution in country to ensure that commodities reach the implementing partners. Where possible, the TBD partner will avoid duplication by working directly with other implementers involved in wraparound feeding or nutritional support programs (e.g., the World Food Programme). TBD will also work with in-country supplementary food manufacturers, for possible procurement of food or nutrition-related commodities.

**M&E:** This TBD partner will be for commodity procurement and will also contribute to the service delivery provided by other implementing partners; therefore, the activity does not have direct targets. However, information on the procurement of food and nutritional supplements will be tracked by the USG activity manager and will be monitored against information reported by service delivery partners.

**SUSTAINABILITY:** While the food procurement is not designed to be a self-sustaining activity, it is aimed at therapeutic food provision for a specified duration within the clinical setting to address immediate and critical food and nutritional deficiencies especially for clients currently on care and treatment programs, PMTCT and OVC. The longer-term food security and availability to the households will be addressed through other linkages with wraparound programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 17016.23550.09

**Planned Funds:** \$127,500

**Activity System ID:** 23550

**Activity Narrative:** NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Narrative has been modified to include additional 50% FSN level of effort

\*END MODIFICATION\*

TITLE: Palliative Care Basic

In FY 2008, 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 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 2008, 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) – Counseling and Social Services Unit coordination 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 implementation of the preventive care package; 5) assist in the implementation of a prevention with positives program for the community setting; 6) provide guidance on developing a monitoring information system for palliative care; and 7) conduct field visits and supportive supervision to USG sites that are implementing home-based care (HBC). The staff included in this request would have fiduciary responsibility for USAID mechanisms in the area of palliative care, and would serve as Cognizant Technical Officers. In this role, they would approve work plans, review progress and monitor programs, and would review and compile quarterly and annual reports and oversee the palliative/HBC program mid-term review.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17016

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17016	17016.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$100,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1415.09

**Mechanism:** N/A

**Prime Partner:** Pathfinder International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 3468.23551.09

**Planned Funds:** \$3,998,742

**Activity System ID:** 23551



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Scale-up of Home-based Care Activities for People Living with HIV/AIDS in Tanzania

NEED and COMPARATIVE ADVANTAGE: HIV/AIDS remains the biggest public health challenge in Tanzania. Community home-based care (HBC) is a critical component of the continuum of prevention, care, support, and treatment for People Living with HIV/AIDS (PLWHA). HBC services aim to teach clients to live positively while providing palliative care and support, in addition to linking individuals to health and social services. HBC creates strong two-way referral linkages between the community and medical facilities. HBC helps clients get the treatment and support required in order to live longer, healthier lives.

Pathfinder International (PFI) has been working in HBC in Tanzania since 2001 and has built strong working relationships at the community level. PFI and its sub-partners are providing comprehensive home-based palliative care services that include clinical, psychological, spiritual, and social care, as well as providing insecticide treated nets (ITNs), water vessels, purification tablets, cotrimoxizole prophylaxis, nutritional support/education, home counseling and testing services, and referrals.

ACCOMPLISHMENTS: PFI has supported 18,000 individuals with general HIV-related palliative care, sensitized 120,000 community members on services and need for HBC, trained over 800 individuals, and extended services to 67 wards. Over 3,000 HBC kits and 3,000 ITNs have been distributed. PFI has conducted needs assessments for five implementing partners and is a member of the care and support subcommittee of the National Advisory Committee on HIV/AIDS. PFI assisted the National AIDS Control Programme (NACP) in coordinating and pre-testing supervision tools and in proposing a strategic framework for HBC planning.

ACTIVITIES: With FY 2008 funding, PFI will:

1. Scale up coverage and strengthen provision of integrated, high-quality care and support for PLWHA in five existing and two new regions. PFI will support and encourage community leaders to mobilize local resources and enlist community involvement and ownership. Mapping of facilities will be done to identify how partners will establish collaboration between facility-based and community HBC, entry-to-care points, and other key services actors. The program will strengthen and formalize systems between local health facilities, community-based organizations (CBOs), Council Multisectoral AIDS Committees (CMACs), and community groups to support referrals, supervision, reporting, and follow-up for continuity and efficacy of services.
2. Build the capacity of local government and civil society for sustainable delivery of services for PLWHA. PFI will also provide input to NACP to strengthen programs and coordinate community HBC activities, institutionalize technical monitoring, supervision systems, and tools. PFI will provide intensive institutional capacity building (ICB) support for district health management teams (DHMT) and CBOs to expand activities. Possible tailored support includes strengthening of financial, human resource, operational management systems, as well as governance and strategic planning. An efficient, rapid, and flexible sub-grant mechanism will work in tandem with capacity-building support for scaled-up service delivery in order to develop intermediary organizations as key stakeholders in the national HIV/AIDS response.
3. Expand access and integrated service networks of PLWHA to the continuum of care and comprehensive HIV/AIDS services, as well as preventive care and interventions and prevention with positives. PFI will encourage local and national groups and committees (including PLWHA groups), to share their work and raise implementation challenges with high-level stakeholders, institutionalizing mechanisms to collaboratively address PLWHA and HIV-related issues. PFI will advocate for increased attention to palliative care at all levels with policymakers and government representatives. PFI will provide clients with comprehensive home-based palliative care services that include clinical, psychological, spiritual, social care, and preventative services (ITN, water vessels, cotrimoxizole, nutritional support/education, counseling and testing services, and referrals). By establishing linkages with antiretroviral therapy (ART) partners and municipal facilities will aid in strengthened referrals. A critical aspect that will receive renewed attention is to identify children in the household who may have been exposed to HIV and ensure they are tested and referred as appropriate for care/treatment. PFI will also take advantage of home visits to ensure that prevention messages are provided for those who are positive to reduce behavior that risks transmission, offer condoms and family planning (as appropriate), and monitor adherence.
4. Train and equip service providers for quality service provision. PFI will conduct training of trainer (TOT) courses for new areas and refresher courses for existing TOTs in new technical areas. PFI will train new community home-based care providers (CHBCPs). Existing providers will have refresher training which will include provision of home-based care for HIV-positive children. PFI will facilitate coordination between health training centers and lead agencies to promulgate palliative care training. It will be important to expand successful purchase of supplies allowing management of supplies with district medical stores officers who are provided with community HBC kit stock management training. All providers will be given HBC kits after trainings.
5. Work with NACP and key HBC partners to develop, print, and disseminate behavior change communication/information, education, communication (BCC/IEC) material and best practices. They will also develop different communication materials to increase utilization of services, inform, and educate the public on community HBC and other HIV/AIDS issues. Success stories and project experiences will be documented, published, distributed in country, and presented at appropriate international learning conferences.
6. Pilot the use of solar-powered handheld electronic devices to connect community and facility levels for palliative care referrals, linkages, and back-up support. In remote areas, this will allow more effective transmission of data.

LINKAGES: As one of the large HBC implementing partners, PFI will provide input and feedback to the Tanzanian Commission for AIDS (TACAIDS) and NACP on policy, standards, M&E, and coordination

**Activity Narrative:** related to HIV/AIDS prevention, care, treatment, and impact mitigation. They will also participate in HBC technical and coordination groups. To ensure access to and use of quality of services, the project will develop strategic partnerships and build linkages with existing governmental and non-governmental organizations at all levels. They will collaborate with existing structures to build local capacity and access wraparound programs including food security, education and vocational training, safe water, ITNs linked with the President's Malaria Initiative, and income-generating activities (IGA). The project will work closely with USG and non-USG funded HIV/AIDS and health projects to expand breadth and depth of service coverage especially for counseling and testing, PMTCT, ARVs, opportunistic infection prevention and treatment, and wraparound services. Under the regionalization process, Pathfinder will specifically coordinate the activities of other implementing partners to avoid duplication of effort and to ensure good communication to the CMACS and local government.

**CHECK BOXES:** The project will be implemented in seven regions and will target PLWHA and the general population. Both urban and rural areas will be targeted for service provision although areas with referral facilities will be given preference to allow for linkages and wraparound services. Through ICB activities, DHMTs and implementing partner's managerial capacities will be strengthened to improve program quality. The project will strive to ensure that every individual in the operational area in need of HBC service is accessing services through trained providers.

**SUSTAINABILITY:** PFI will promote sustainable activities by building capacity of existing DHMTs, CBOs, coordination bodies, and CHBCPs and have formal agreements stipulating each party's roles, responsibilities, and expectations in order to support incorporation of HBC activities in comprehensive district plans. Sub-grantees will be strengthened in internal governance, financial sustainability, and management information systems. Programmatic sustainability will be strengthened by upgrading skills through step-down training by intermediate organizations.

**MAJOR ACTIVITIES:**

1. Scale up coverage and strengthen provision of integrated, high quality care and support for PLWHA at the community level in seven regions: five existing and two new.
2. Expand access and integrated service networks of PLWHA to the continuum of care and comprehensive HIV/AIDS services as well as preventive care and interventions and prevention with positives to avert new infections through partnerships and referrals linkages.
3. Train and equip service providers for quality service provision.
4. Contribute to regional process of HBC partners, linking with appropriate treatment partners and coordinating with other palliative care partners.
5. Develop, print, and disseminate BCC/IEC material and best practices.
6. Build the capacity of government and civil society for sustainable delivery of services for PLWHA.
7. Pilot solar electronic devices to connect community and facility providers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13565

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13565	3468.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	6550	1415.08		\$3,600,000
7785	3468.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	4571	1415.07		\$2,375,000
3468	3468.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	2871	1415.06		\$1,300,000

---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,199,620

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$250,000

**Economic Strengthening****Education****Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1441.09	<b>Mechanism:</b> SPS
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 8694.23552.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23552	

**Activity Narrative:** THIS ACTIVITY WILL BE DISCONTINUED IN FY 2009.

TITLE: ADDOs' Linkage to Community HIV/AIDS Palliative Care Services

NEED and COMPARATIVE ADVANTAGE: The community-based palliative care services face several bottlenecks in HBC kits distribution, lack of or poor dissemination of Information Education Communication for HIV/AIDS materials and prevention products and ineffective referral system to other HIV/AIDS service for people living with HIV/AIDS (PLWHA).

The Accredited Drug Dispensing Outlets (ADDOs) and the larger systems in which they are embedded provide a platform for direct delivery of health services that would improve quality of care to people living with HIV/AIDS. Key advantages of the ADDOs include geographical accessibility, additional human resources of trained dispensers, available proper storage for medicines and other products, developed procurement mechanism within the private sector distribution, established record keeping system that support data collection and reporting and legally allowed to dispense prescription only medicines including those for treatment of opportunistic infections.

ACCOMPLISHMENTS: To date, Rational Pharmaceutical Management Plus (RPM+) has provided technical assistance to the Ministry of Health and Social Welfare (MOHSW) and the Tanzanian Food and Drug Administration (TFDA) to strengthen districts' capacity to address regulatory and inspection barriers in the private retail sector; incorporated HIV/AIDS and communication skills training modules into the dispenser's core training; addressed human capacity development needs through training of the ADDOs dispensers; accredited 584 outlets in Morogoro region; and leveraged resources from other USG investments such as the President's Malaria Initiative (PMI) to achieve policy changes that support the delivery of subsidized goods in the private sector.

ACTIVITIES: With FY 2008 funds, ADDOs will: continue linking home-based care (HBC) kit distribution, improve efficiency of HBC kit distribution, increase coverage of HBC services to rural areas, and contribute to comprehensive HIV/AIDS care for PLWHA. This includes extending RPM+'s pilot work with Tunajali in Morogoro for the use of ADDOs to extend HBC services. RPM+ will provide additional training (HIV/AIDS HBC-related services) to dispensers of participating ADDOs to strengthen their capacity to handle HIV/AIDS related services. RPM+ will also orient Council Health Management Teams (CHMTs), community-based organizations and HBC providers on the new roles of ADDOs in support of national HIV/AIDS prevention, care, and treatment programs.

RPM+ will also strengthen the referrals from ADDOs, where people routinely come with signs and symptoms suggesting they should be tested for HIV/AIDS, and services for PLWHA. The program will provide support in tracking the functioning of developed referral system, and conduct feedback meetings with ADDOs and local health authority to discuss successes, challenges, and how to improve the developed referral system. In addition ADDOs could serve as HIV testing spots piloting the use of lay testers.

An ongoing piece of RPM+'s work is to strengthen ADDOs commodities management and the ADDOs HBC distribution system through support supervision. In collaboration with other partners' support, RPM+ will work with CHMTs to conduct ADDOs HIV/AIDS-focused quarterly supportive supervision in participating ADDOs.

Lastly, RPM+ will work jointly with Family Health International (FHI) and the Health Policy Initiative to advocate for necessary policy change to support integration of HIV/AIDS activities into ADDOs. This will include identifying the issues needing policy review/change, holding consultative meetings with MOHSW and the National AIDS Control Program (NACP) to discuss possible policy changes, and sharing current intervention results in support of desired policy changes.

LINKAGES: RPM+ has been working with MOHSW, TFDA and other stakeholders at the national level during the roll out of ADDOs. Management Sciences for Health (MSH) has also closely worked with regional, district and local stakeholders to mobilize them and seek their support for the ADDOs roll-out. MSH would engage all these stakeholders for this proposed intervention. At district level, MSH will work with the CHMTs and the Council Multisectoral AIDS Committees Council Food and Drugs Committee.

In addition, RPM+ will work with Tunajali and its sub-grantees mandated to support implementation of palliative care services to ensure coordination and technical guidance in the planned activities, as well as leverage resources from other USG funding such as PMI to integrate the services.

CHECK BOXES: Linking ADDOs to community-based HIV/AIDS palliative care activities will involve building capacity of private sector grass roots health provider staff to provide basic HIV/AIDS services to underserved community, with general population as a target. In addition, through this activity local authority capacity will be strengthened to support implementation of ADDOs HIV/AIDS activities. RPM+ has wraparounds in malaria and child health portfolios.

M&E: A monitoring plan will be developed to document how ADDOs-HBC linkage works; MSH will closely work with FHI to develop a detailed monitoring and evaluation plan that document processes and other relevant indicators. This will entail using tools already in place or developing new ones to capture data based on NACP M&E framework and PEPFAR indicators.

SUSTAINABILITY: Initiative to link ADDOs owners to microfinance institutions for loans is aimed at improved financing business sustainability. Also, RPM+ has been working with TFDA and MOHSW to institutionalize the dispensers training and guarantee availability of qualified dispensers. Furthermore, the owner's contribution to both initial investment and maintenance costs of the ADDOs enterprise has gradually been increasing. Other ideas such as the community health fund have also been discussed.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13513

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13513	8694.08	U.S. Agency for International Development	Management Sciences for Health	6534	1441.08	SPS	\$200,000
8694	8694.07	U.S. Agency for International Development	Management Sciences for Health	4555	1441.07	RPM+	\$200,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1470.09

**Mechanism:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 9419.23553.09

**Planned Funds:** \$46,271

**Activity System ID:** 23553

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Palliative Care: Basic Health Care Management and Staffing

NEED and COMPARATIVE ADVANTAGE: USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement incountry 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 nongovernmental 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.

ACCOMPLISHMENTS: FY 2006 funds supported the in-country Palliative Home-based Care program staff to assist the Ministry of Health and Social Welfare (MOHSW) Home-based Care Unit to initiate the Basic Care preventive package program and Home-based Care counseling and testing. Technical support was provided in the zonal Home-based Care meeting and at the sub committee meetings. The staff worked with MOHSW through the Counseling and Social Services Unit (CSSU) in conducting supportive supervision and preparing scale up and expansion plans for Palliative Home-based Care activities in Tanzania.

**ACTIVITIES:**

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. In FY 2007, this funding will support the in-country Palliative Care: Basic Health Care/Support program staff at the US Centers for Disease Control (CDC). The staff will: 1) support the National AIDS Control Programme (NACP) – Counseling and Social Services Unit in their coordination 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 monitoring and information system; 6) assist with enhancement of national guidelines for palliative care; 7) conduct field visits and supportive supervision to USG sites that are implementing Home-Based Care(HBC); 8) review and compile quarterly and annual reports and oversee the HBC program mid- term review.

SUSTAINABILITY: The technical assistance (TA) and support provided by the USG through cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13626

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13626	9419.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$74,300
9419	9419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$100,620

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10123.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 16354.23554.09	<b>Planned Funds:</b> \$2,104,569
<b>Activity System ID:</b> 23554	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Care and Support for People Living with HIV/AIDS

NEED and COMPARATIVE ADVANTAGE: AIDSRelief (AR) provides HIV care and treatment in the regions of Mwanza, Mara, Manyara and Tanga, where HIV prevalence ranges from 2%-7%. To scale up effectively and provide quality services in these regions, care and treatment clinics (CTCs) require improved infrastructure and staff capacity, quality improvement interventions, strengthened supply chains, and enhanced management systems. With four regionally-based teams working closely with Regional and Council Health Management Teams (RHMT and CHMT), faith- and community-based groups, Catholic Relief Services' AIDSRelief clinical consortium has the capacity to provide technical support and material inputs necessary to increase care and support services and support ongoing quality improvement. The program supports the delivery of a comprehensive continuum of care for people living with HIV/AIDS (PLWHA) through facility- and community-based care and support.

ACCOMPLISHMENTS: By the end of FY 2008, AR was supporting over 50 sites in four regions; approximately 60,000 patients have been enrolled into care and support programs, and approximately 22,000 cumulative patients have been enrolled into treatment. Through AIDSRelief support, significant achievements include improved clinical skills of health workers; strengthened supply chain and laboratory support systems; improved strategic information skills and implementation; increased computerization of medical records and data; and improved program management.

ACTIVITIES: AIDSRelief will continue to enroll patients into care and support programs. Strategies to increase the number of patients accessing care include: 1) increasing HIV testing to bring more patients into the health system; 2) improving quality of HIV care and support; 3) decongesting and decentralizing services to lower-level health facilities; and 4) producing reliable data to inform clinical providers and increase quality of care.

IN FY 2009, AIDSRelief will collaborate with RHMTs and CHMTs to provide mentoring and preceptorship visits to assist clinical providers in the provision of quality HIV care and support; strengthen linkages and referrals between clinical units within the health institution; promote provider-initiated testing and counseling (PITC); and promote TB care and treatment through intensified case finding, isoniazid preventive therapy, and Infection control. The program will sponsor a family-centered approach to care and support in order to identify more HIV-exposed and infected infants and children. AIDSRelief will ensure that CTC staff have basic training in care, support, and treatment of People Living with HIV/AIDS (PLWHA), as per National AIDS Control Programme (NACP) guidelines, and that clinical staff are skilled in the identification and management of opportunistic infections (OIs). AIDSRelief will participate in the NACP treatment technical working group and advocate for increased opportunities for HIV testing and treatment in line with international guidelines and best practices. Finally, the program will develop organizational capacity of CTCs by improving appointment systems, triage, patient flow, and addressing other systematic challenges.

There will be increased focus on prevention with positives. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. AIDSRelief will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Depending on the appropriateness of the setting, sexually active PLWHA will be provided with condoms. PLWHA will be linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Counselors will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. AIDSRelief partners will link PLWHA with programs that distribute insecticide-treated bed nets (ITNs) and promote their correct usage.

To ensure all patients are receiving quality care and support, AIDSRelief will train and mentor health care workers on principles and practices of palliative care, including objective pain assessments and appropriate pain management. Health facility staff will be provided with support mechanisms to prevent staff burn-out, and the program will establish a clinical team of three or four people to focus primarily on palliative care for PLWHA.

In order to maximize human resources and support appropriate task shifting, AIDSRelief will provide training for CTC Nurse Coordinators and head CTC staff to clarify roles, responsibilities and management within the CTCs. The program will train and mentor nurses on triaging, HIV care, support, treatment and community-based nursing. AIDSRelief will also provide resources for nurses to become more proficient in World Health Organization staging, side effects of treatment, as well as the basics of OI diagnosis and management. To ensure comprehensive care, AR will improve linkages with other services in the health facility, especially the TB and antenatal units for prevention of mother-to-child transmission services. Finally, the program will collaborate with the Nurses Council of Tanzania to develop guidelines and curriculum for nurses to increase their role in provision of HIV care and support.

Key activities for the Community-Based Treatment Support Services (CBTSS) will focus both on facility and community outreach and will provide training for community-based organizations (CBOs), home-based care volunteers and community health workers on referrals and patient tracking mechanisms between community organizations and CTCs. The program will also train community-based service providers on treatment preparation and adherence counseling, and will work with CBOs to develop work plans for community health support programs. To ensure consistency of services, facility nurses will be integrated into the CBTSS teams. Community-based service providers will receive training on the TB Screening Tool and recognition of signs of TB and other major OIs. Under this initiative, AIDSRelief will conduct enrollment campaigns to increase participation in HIV treatment, CD4 monitoring, pediatric testing days, and HIV testing for families with an emphasis on pregnant women. AIDSRelief will also participate in the NACP community health technical working group to advocate for community-based testing of HIV for all family members and promote adherence to treatment regimens.

**Activity Narrative:** A cornerstone of the AIDSRelief model of care has been continuous quality improvement (CQI). The program has been encouraging management to use available data to influence programmatic decisions. In FY 2009, the CQI team will focus on identifying monthly and quarterly reports for health facilities to use to monitor their own achievements to inform service delivery improvements. The program will monitor select indicators, and introduce small changes following discussions with CTC and hospital management. The CQI team will document best practices and disseminate these results among partner health facilities, with the aim of replicating model practices at other partner health facilities.

In order to provide increased laboratory support, AIDSRelief will use FY 2009 funding to provide mentorships and preceptorships to establish standard operating procedures and strengthen laboratory capacity to be able to implement baseline and follow-up tests for quality care; strengthen capacity to forecast and procure lab reagents; introduce documentation on CD4 testing and other laboratory tests performed for patients under care and support; and train laboratory staff on specimen collection and transportation. The program will also provide the means necessary to transport these specimens, and hire and train a laboratory engineer to support maintenance of lab equipments. Finally, quality HIV testing is essential to successful service delivery, and the program will advocate for continuous quality assurance and control.

AIDSRelief will provide program and financial support through sub-agreements with all partners accompanied by approved work plans and budgets, supportive supervision, and quarterly meetings with all partners, including RHMTs and DHMTs; and capacity building of program staff through finance and compliance training.

In FY 2009, AIDSRelief will intensify efforts in nutritional support for PLWHA. Specifically, AIDSRelief will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations for and other appropriate measurements, such as mid-upper arm circumference (MUAC) and weight for age. AIDSRelief will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in providing dietary assessments of patients and nutrition counseling and education. In addition, AIDSRelief will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

**LINKAGES:** AIDSRelief will reinforce established relationships with regional and district authorities, including RHMTs and DHMTs, faith-based networks and community-based groups. Many of AIDSRelief's 71 current partners link to other programs in Tanzania's portfolio, including support for orphans and vulnerable children, nutritional support, home-based care, water resource development, and microenterprise.

During FY 2009, AIDSRelief will strengthen formal linkages between CTCs and groups providing home-based palliative care in supported areas, such as Tunajali. Outreach and adherence staff, using patient attendance data, will utilize these networks to follow up on missed appointments or patients lost to follow-up. PLWHA groups will assist with scale-up by performing roles as lay counselors and adherence support partners.

The program will intensify efforts to strengthen linkages between the CTCs, TB units, reproductive and child health units, outpatient and inpatient services within health facilities by engaging the facility management. In addition, AIDSRelief will strengthen referrals between local-level facilities and hospitals in order to maximize the provision within the continuum of care.

**M&E:** AIDSRelief will continue providing M&E technical assistance to 65 existing health facilities, with the addition of three community-based groups. The technical assistance will be accompanied by regional and district level personnel from the Ministry of Health and Social Welfare (MOHSW). This approach will build the capacity of facility-based staff to use existing MOHSW tools for patient monitoring and tracking as well as to enhance the ability of MOHSW staff to provide quality supportive supervision. Initial and refresher trainings in the use of revised MOHSW data collection tools will be provided to approximately 500 health care workers, including members of RHMTs and CHMTs. Physical improvements include computerization of paper-based information systems at 35 hospital facilities, further enhancing their ability to generate and use data for quality improvement, patient management, and reporting to MOHSW. Approximately 7% of project support is designated for M&E.

**SUSTAINABILITY:** To ensure sustainability of program activities, AIDSRelief will: 1) support RHMTs and CHMTs in planning, implementation and supportive supervision, and ensure that care and support activities are included in the comprehensive council health plans; 2) conduct joint supportive supervision with RHMT and CHMT members; 3) support local partners (faith-based organizations); 4) support groups of PLWHA to conduct adherence support activities; and 5) address policy issues around the use of lay counselors and task shifting among health care workers at the national level.

AIDSRelief will work with stakeholders to develop a transition plan that transfers components of the care and support program over to local partners. The plan will be designed to ensure the continuous delivery of quality HIV care and support, and the program will continue to implement all activities in close collaboration with the Government of Tanzania to ensure coordination, information sharing and long-term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and local partner treatment facilities they support; therefore, AR will strengthen the selected indigenous organizations according to their needs, while continuing to strengthen the health systems of the local health facilities. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

**New/Continuing Activity:** Continuing Activity



**Continuing Activity: 16354**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16354	16354.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$631,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Prime Partner:** Deloitte Consulting Limited

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18377.23544.09

**Activity System ID:** 23544

**Mechanism:** Fac Based/RFE

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$1,780,000

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Tunajali Facility-based Adult Care and Support

**NEED and COMPARATIVE ADVANTAGE:** The Deloitte Consulting Limited, Family Health International (FHI), and Emerging Markets Group (EMG) partnership has worked to strengthen health care systems and HIV/AIDS services in Dodoma, Iringa, Morogoro, and Singida since FY 2007 under the Tunajali (Kiswahili for "we care") Program. The 2008 Tanzania HIV/AIDS Survey reported slightly decreased prevalence rates since 2004 in Dodoma, Morogoro, and Singida (4.2%, 3.3% and 2.6% respectively), though the increase in prevalence in the Iringa region to 14.7% is alarming. The Tunajali program supports 52 Care and Treatment Clinics (CTC) in these four regions; however, these sites have only reached approximately 50% of the people living with HIV/AIDS (PLWHA) estimated to need care services. Testing results also indicate that the prevalence rate in urban and semi-urban areas is generally much higher than regional figures. The Deloitte/FHI/EMG partnership has gained respect among regional and district Government of Tanzania (GOT) authorities as a result of its emphasis on working through government systems; therefore, it is well placed to support the healthcare systems and service delivery in the aforementioned regions.

**ACCOMPLISHMENTS:** By September 30, 2008, the 52 Tunajali-supported CTC sites provided HIV/AIDS care services to an estimated cumulative total of 63,000 clients, of which approximately 57,330 are adults. Of the total number of adult clients, approximately 50% received Cotrimoxazole prophylaxis. The facility-based program also continued to work collaboratively with the Deloitte/FHI-led Tunajali home-based care (HBC) and orphans and vulnerable children support projects, resulting in more than half of all patients attending the CTC enrolled in an HBC program by the end of September 2008. Moreover, approximately 60% of CTCs involve PLWHA in the provision of care services.

Tunajali has equipped all CTC laboratories to ensure that CTCs routinely assess patients before initiation on ART and monitor responses and adverse effects of the treatment. Tunajali support to laboratories included: minor renovations; procurement of relevant equipment including CD4, automated hematology and biochemistry machines; and emergency buffer stock of reagents and other supplies to complement the often erratic supplies from GOT sources. Finally, during FY 2008, a video that demonstrates simple and efficient Permaculture gardening techniques was created for patients waiting at CTCs that will be distributed to all partners.

**ACTIVITIES:** Tunajali will provide care and support care to registered patients at CTCs, including patients who are on ART as well as those not yet eligible for treatment. Patients receive WHO staging; provision of Cotrimoxazole in accordance with national guidelines; diagnosis and management of opportunistic infections, including TB screening and referral and cryptococcal infection; nutritional assessments, counseling and referrals for nutritional support (where possible); symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprofen and paracetamol); and psychosocial support. They also receive elements of the positive prevention package, which includes: sexually transmitted infection syndrome management, condoms, access to insecticide-treated nets (ITNs) for CTC attendees, effective referral to family planning services when relevant, and prevention counseling. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual issues, as appropriate. The program also ensures that Provider-initiated Testing and Counseling occurs in various wards of the hospital.

In FY 2009, Tunajali will focus on expanding services to 73 additional health centers, while continuing to support existing services at 52 CTCs. Tunajali will work closely with the Regional Health Management Teams (RHMTs) and the Council Health Management Teams (CHMTs) to be strategic in identifying, initiating, and monitoring services at health centers in areas with higher prevalence. Tunajali will provide grants to support minor renovation; procure furniture and equipment; purchase emergency buffer stocks of lab reagents, opportunistic infection (OI) drugs and other commodities to complement the often erratic supplies from the Medical Stores Department (MSD); procure motorcycles for supportive supervision and transporting samples; and train and mentor staff in care provision, adherence counseling, and monitoring and evaluation (M&E), using the national guidelines and curriculum.

The provision of care and treatment services requires access to reliable laboratory services. Therefore, Tunajali will continue to support laboratory services in all CTCs. To avoid disruption of laboratory services, Tunajali will also support the procurement of solar panels for remote sites lacking electricity, and the regular maintenance and repair services of laboratory equipment at all sites. In addition, induction and refresher training will also be provided for lab technologists. Tunajali will provide technical assistance in laboratory services to ensure use of quality control systems and CTC collaboration with the MOHSW Diagnostic Services Department. Partnerships will continue with organizations such as the AIHA, whose ongoing support includes volunteer lab specialists at two sites. Also, collaboration with the MOHSW lab subcommittee and CDC lab support group will continue.

In FY 2009, Tunajali will intensify its efforts in nutritional support for PLWHA. Specifically, Tunajali will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. Tunajali will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, Tunajali will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, Tunajali will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services. A Permaculture gardening video shown in the CTC waiting room will demonstrate simple and efficient gardening techniques that patients can apply. Those interested in learning more will be linked with volunteers trained in the techniques.

**Activity Narrative:** Tunajali will continue to focus on improving the quality of services through regular supportive supervision, clinical mentoring, training and technical assistance. In collaboration with RHMT, CHMT, and key CTC staff, Tunajali will expand on quality improvements (QI) measures initiated in FY 2007 to monitor key facility-based indicators. Tunajali employs a participatory approach to QI, which contributes to improved morale among local health authorities and health workers. The project will also continue to work with partners, including University Research Center, PharmAccess, and the Capacity Project on the collaborative QI initiative.

Tunajali will place particular emphasis on ensuring adequate human resources at facilities, though the lack of qualified staff continues to hinder the quality of services and poses a significant barrier to scale-up in many sites, particularly those in the more remote areas. Tunajali will expand a successful pilot of using retired clinical officers to alleviate this crisis, and will explore task shifting at the CTC; nurse attendants will triage patients; lay counselors and HBC coordinators will assist in referral to and from HBC, adherence counseling, and follow-up of missed appointments; and PLWHA will work at CTCs assisting with clerical duties. Tunajali will also continue to explore ways to deploy final-year students from Allied Health Schools to rotate in CTCs using the Mufindi District Initiative as a learning model.

Tunajali will continue to conduct regular meetings with senior regional and district authorities, including the RHMT and CHMT, to orient and update them on achievements and challenges. This includes supporting district-level Continuum of Care Committees that will provide an important forum for district-level stakeholders to exchange information and strengthen linkages. In addition, Tunajali will continue to build the capacity of the RHMT/CHMT in planning, coordination, and monitoring through joint supervision visits and refresher trainings. These strategies aim to improve the capacity of government authorities to maximize resources and create ownership.

Tunajali will continue to work with PLWHA groups, volunteers, and community members to assist in escorted referrals between various units in the facility and the CTC. Tunajali will further expand the establishment of HIV-positive health worker groups to assist in promoting stigma reduction, encourage health staff to access care and assist in treatment adherence.

Despite comparable prevalence rates, males continue to be under-represented in accessing care. Tunajali will increase focus on male participation by encouraging family-centered services and promoting testing services for males. This will include designating a family day at the CTC for HIV-positive individuals and their partners. To reduce stigma, the video developed by I-TECH will be used to sensitize providers. In collaboration with the Muhimbili Health Information Center, Tunajali will start specific training of trainers in stigma reduction within healthcare settings, and cascade this training to health staff working at Tunajali-supported facilities.

An important feature of the Deloitte/FHI/EMG partnership is the financial management technical assistance provided to health facilities. This is critical as grants are provided to faith-based organizations and through regional/district health authorities to the facilities. Deloitte will continue to ensure close financial management of sub-grantees. This financial management will be achieved by strengthening financial control systems by employing regional financial management teams. These teams will encourage timely spending and liquidation. They will minimize the opportunity for fraud, abuse, and mismanagement of funds. They will monitor disbursements of grants, conduct financial assessments and periodic reviews and build capacity in fiscal accountability. These measures will also help to build transparency and sustainability, and accelerate the possibilities for graduation toward direct funding in appropriate cases.

**LINKAGES:** An important linkage is between facility-based care and support and community HBC services. This link is critical as all care and support cannot be done at the facility. Linkages between these services will strengthen two-way referrals between CTCs and the HBC program. The district-based Continuum of Care Committees, which is supported by Tunajali, chaired by the District AIDS Coordinator and includes community-based organizations providing HBC, will ensure an effective referral system in each district. In FY 2009, the program will strive to achieve the referral of all patients registered at the CTC to a community HBC program. (NOTE: total care and support targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and HBC services from either this or other USG-supported partners).

Tunajali will continue to involve PLWHA support groups to involve PLWHA as peer counselors providing psychosocial support and referrals to community services such as nutritional support, income generating activities and legal service. In addition, PLWHA support groups will actively engage communities in outreach activities and promote awareness of care services.

In addition, Tunajali will work with the Strategic Radio Communication Program (STRADCOM) and other media organizations to develop and disseminate accurate messages about care services.

Tunajali will also link with the national malaria program supported by the Presidential Malaria Initiative and the Global Fund at regional and district levels to extend provision of ITNs.

**M&E:** Tunajali will continue to collaborate with the NACP to implement the national M&E system for care and treatment, focusing on continuing efforts in transitioning from the paper-based tools to electronic versions for all CTCs. Funds will be provided to each initiating CTC to purchase a computer. Tunajali will ensure quality of data through supportive supervision by trained CHMT/RHMT members and Tunajali staff. To facilitate collection and timely submission of reports to the NACP, the program will support installation of internet or fax services and technical assistance. Tunajali will also continue to share regional data reports with the Regional AIDS Control Coordinators.

Tunajali will work with individual CTCs to assist with generation of simple additional data reports for use in planning and quality improvement at each site. Currently, all initiating CTCs are using the national Microsoft Access-based CTC2 database; however, many do not have experienced data clerks, which has led to

**Activity Narrative:** significant data entry backlogs. Tunajali will support sites to employ temporary data clerks, who will assist the newly-trained data clerks to enter patient information in a timely manner. In addition, to alleviate the frequent stock-outs of CTC2 patient forms, Tunajali will provide technical assistance to improve the supply system of paper-based tools at the CTCs. In FY 2009, Tunajali will support the training of 250 healthcare workers in M&E and electronic data management; and provide technical assistance to 125 health facilities, four regional offices, and 27 DHMT/CHMTs.

**SUSTAINABILITY:** Tunajali is committed to sustainability and will continue to work through local authorities to put the responsibility for sustainability into their hands. Training and mentoring of CTC staff, RHMTs, and CHMTs to build technical and management capacity, and to continue using national standards and guidelines will also help ensure sustainability. Authorities will be continually informed of lessons learned and innovative approaches, facilitating the adoption and updating of national norms, standards, and guidelines. Tunajali will participate in the GOT's budgeting and planning cycles at district and regional levels to ensure integration of HIV treatment services in Comprehensive Council Health Plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18377

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18377	18377.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$534,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2369.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Elizabeth Glaser Pediatric AIDS Foundation	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 16353.23556.09	<b>Planned Funds:</b> \$1,975,932
<b>Activity System ID:</b> 23556	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Adult Care and Support for People Living with HIV/AIDS

**NEED and COMPARATIVE ADVANTAGE:** There are approximately 1.4 million people living with HIV/AIDS (PLWHA) in Tanzania. The HIV prevalence is higher in urban areas (10.9%) than in rural areas (5.3%) and varies per region. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) currently operates in the regions of Kilimanjaro, Arusha, Tabora and Shinyanga. Within those regions, a cumulative total of 475,402 people are HIV-positive and in need of care and support, in addition to antiretroviral therapy (ART) services. By the end of FY 2008, it was estimated that only 11.4% of PLWHA from these regions had accessed HIV care and support. The percentage is expected to be much lower in the southern regions of Mtwara and Lindi, where EGPAF will begin to extend support in FY 2009. EGPAF strives to provide optimum accessibility to care and support services within all regions supported by the program.

**ACCOMPLISHMENTS:** As of the end of FY 2008, approximately 55,000 patients had been enrolled into HIV care, approximately 40% of whom received Cotrimoxazole prophylaxis. The program trained 500 health workers to provide comprehensive HIV care including patient monitoring. EGPAF has ensured a continuum of care in the facilities through integration with prevention of mother-to-child transmission (PMTCT). To improve the quality of services, EGPAF has provided infrastructure improvements as well as office, laboratory, and pharmacy supplies and equipment. To strengthen care and support services, the program has trained mentors at the district level to support primary health facilities.

**ACTIVITIES:** In FY 2009, EGPAF will strengthen the quality of care in the current supported regions by supporting procurement of Cotrimoxazole prophylaxis to all sites and training pharmaceutical and logistics management in all facilities. The program will ensure a continuum of care through linkages between care and treatment, PMTCT and TB services, as well as community-based organizations (CBOs). All sites supported with ART services will also offer PMTCT services. EGPAF will strengthen mechanisms for referral of HIV-positive women from PMTCT to care and treatment by promoting the use of referrals, physical escorting and patient registers. To ensure quality service within the PMTCT program, EGPAF will train health care workers to carry out clinical staging of HIV-positive mothers and partners; HIV-positive clients will be monitored at the Reproductive and Child Health (RCH) clinic and receive basic care services until they are eligible for ART.

Clinical care will include prevention and treatment of opportunistic infections and other complications related to HIV/AIDS. Pain and symptom management will be provided. There will be increased focus on prevention with positives. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. EGPAF will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. In support of this initiative, EGPAF will provide condoms and other contraceptives in facilities where religion is not a constraint. PLWHA will be linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Counselors will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. EGPAF partners will link PLWHA with programs that distribute insecticide-treated bed nets and promote their correct usage.

EGPAF will support community liaisons at each site to link enrolled patients to CBOs for supplementary care and support. Groups of PLWHA will be supported to provide peer-led adherence counseling, track clients who were lost to follow-up.

EGPAF will also support and expand provider-initiated testing and counseling to all health facilities, which will include conducting community sensitization meetings to increase demand and uptake of testing. In the newly-supported region of Lindi, the program will improve the care and treatment center (CTC) infrastructure and provide other HIV care in response to regional and district needs.

In FY 2009, EGPAF will intensify its efforts in nutritional support for PLWHA. Specifically, EGPAF will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. EGPAF will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, EGPAF will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program, and will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services. Finally, the program will provide counseling on how to maintain or improve nutritional status, prevent and manage food- and waterborne illness, manage dietary complications related to HIV/AIDS and ART, and promote safe infant and young child feeding practices.

**LINKAGES:** EGPAF will collaborate with the Council Multi Sectoral AIDS Committee to coordinate activities in EGPAF-supported regions; assist Village Multisectoral AIDS Committees in community sensitization on TB, HIV and male testing; and establish PLWHA support groups for psychosocial support, information sharing and strengthening of follow up. The program will also collaborate with home-based care providers, traditional birth attendants and healers, volunteers and PLWHA groups to strengthen participation in antenatal care, voluntary counseling and testing, PMTCT and RCH services, as well as follow-up of HIV-exposed patients. Finally, EGPAF will perform mapping of existing initiatives and collaborate with other organizations to strengthen care of PLWHA (e.g., KIWAKKUKI, Mildmay, Makoye Resources and Technologies Agency, the Tanzania Social Action Fund, and the World Food Programme).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 16353**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16353	16353.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6512	2369.08		\$200,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$592,700

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3490.09	<b>Mechanism:</b> ROADS
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 3460.23558.09	<b>Planned Funds:</b> \$650,000
<b>Activity System ID:</b> 23558	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Expanding Home-based Care in Makambako, Tunduma and Isaka

ROADS is USAID's regional platform to address HIV along the transport corridors of East/Central Africa. It is a comprehensive program focusing on the most underserved communities, extending prevention, care, and support to address gaps and add value to bilateral programs. ROADS has made progress in reaching most-at-risk populations (MARPS) including truck drivers, sex workers and others engaged in transactional sex, as well as sexually active youth. However, there is a need to scale up care and support programming given the severe impact of AIDS in project sites. ROADS has a strong comparative advantage in providing palliative care through its array of community partners in HIV transmission hotspots along Tanzanian transport corridors.

ACCOMPLISHMENTS: Through the end of FY 2008, ROADS established the SafeTStop model in two sites, linking indigenous volunteer groups and businesses through common branding. ROADS trained nearly 150 providers/caregivers to provide home- and community-based care and support, and successfully reached about 550 people living with HIV/AIDS (PLWHA) with care services.

ACTIVITIES: In Tunduma, ROADS will continue strengthening home-based care (HBC) through faith-based organizations (FBOs) and ABC Group, the lone community-based organization offering HIV support services in the community. ROADS will train additional caregivers in HBC using National AIDS Control Programme curriculum and accredited trainers. The caregiver training will include hygiene; monitoring antiretroviral therapy (ART) adherence; identifying and treating simple opportunistic infections; basic nutritional assessment and dietary counseling; referral for clinical services; and psychosocial, spiritual, social, and preventive support, including reproductive health services. The project will take a family-centered approach to care, referring family members for counseling and testing and other needed services. ROADS will train providers/caregivers in pediatric care and link HIV-positive children with essential community- and facility-based services. ROADS will provide a basic care package for use by volunteers, to include condoms, Cotimoxazole, safe water tablets, safe water vessels and insecticide-treated bed nets. The project will continue to strengthen pharmacy-based HIV counseling, support and referral, recognizing the reach of these outlets and their role as first-line provider for MARPs and other community members. The project will also develop alcohol support options for ART patients, linking closely with the Tunduma Health Centre and FBOs. ROADS will link with wraparound programs addressing economic empowerment and livelihoods for PLWHA and caregivers to enhance self-sufficiency. At the SafeTStop Resource Center, ROADS will extend primary health care services to truck drivers through the Wellness Center model developed by North Star Foundation in southern Africa. Finally, ROADS will promote a community food-banking strategy, where families will contribute food during the harvesting seasons; this food will be used to address food shortages in HIV-affected households and other vulnerable groups in the community.

In Makambako, ROADS will work to strengthen pharmacy-based HIV counseling, support, and referral. ROADS will link closely with the Tunajali program to ensure that all clients are accessing care and treatment as well as care and support. In both sites, ROADS will link with health wraparounds (e.g., family planning, TB, malaria, child survival, safe motherhood). The program will purchase basic care kits for both sites using in-country suppliers. ROADS site coordinators will work closely with the community clusters and health care staff to strengthen the reporting, feedback and referral mechanisms to ensure quality services are developed, accessed, and sustained.

LINKAGES: As a regional program, ROADS integrates with and adds value to USAID bilateral programs. This entails linking closely with USG and non-USG partners. In Tanzania, ROADS has linked with T-MARC on HIV prevention and with Tunajali on care and treatment in their sites in Makambako and Njombe. In Tunduma, ROADS has linked closely with Walter Reed Department of Defense program to ensure synergy. This activity will also be linked with other ROADS activities in prevention.

M&E: ROADS will use the National Monitoring System and support the local health management teams in adopting the system in the project area sites. Collection of qualitative and quantitative data will continue by the ROADS Site Coordinators in liaison with indigenous volunteer groups reporting to districts and ROADS. ROADS will adopt and support the roll out of the National Monitoring system for Palliative care, through provision of appropriate support to the local government and health system management teams in the districts where the project is being implemented.

SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding. As a result, project activities are highly sustainable.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13481

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13481	3460.08	U.S. Agency for International Development	Family Health International	6517	3490.08	ROADS	\$650,000
7716	3460.07	U.S. Agency for International Development	Family Health International	4538	3490.07	ROADS	\$75,000
3460	3460.06	U.S. Agency for International Development	Family Health International	2864	1219.06		\$400,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$40,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3555.09	<b>Mechanism:</b> Twinning
<b>Prime Partner:</b> American International Health Alliance	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 8715.23559.09	<b>Planned Funds:</b> \$250,000
<b>Activity System ID:</b> 23559	



**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Twinning Partnership for Palliative Care, Pare Diocese

NEED and COMPARATIVE ADVANTAGE: Palliative care as a component of Care and Support is a crucial holistic approach necessary for people living with HIV/AIDS (PLWHA); however, palliative care services are very scarce in Tanzania. The American International Health Association's (AIHA) Twinning partnership will continue to strengthen the capacity of the Evangelical Lutheran Church of Tanzania (ELCT) to provide quality palliative care training to healthcare and community volunteers care providers in the Pare Diocese of the Kilimanjaro Region.

The consortium of the Southeastern Iowa Synod of the Evangelical Lutheran Church in America (SIELCA), Iowa Health—Des Moines, and Iowa Sister States will continue to work jointly with ELCT in Pare. This partnership will build on the already existing 18-year collaborative relationship between ELCT and SIELCA.

ACCOMPLISHMENTS: A total of 196 trainees are now providing palliative care services in hospitals, dispensaries, and in the communities through home-based care (HBC) system. These trained health workers are a critical component in establishing the value of HBC and serving as the referral source for the community volunteers who make home visits to deliver palliative care. In FY 2008, Mwanga and Same District Medical Officers approved a palliative care pilot program and offered their support. Training curriculum for community volunteers was developed in Swahili and English. Six sites have been identified as pilot test sites for the palliative care sustainability program. Referral arrangements made at six pilot sites for terminally ill PLWHA to community volunteers who will provide palliative care. Sixty community palliative care workers were trained in HBC.

ACTIVITIES: With FY 2009 funding, AIHA will:

1. Expand the pilot program to deliver community-based care and support to other villages in the Pare diocese. It is anticipated that support can continue for the six current sites, as well as an additional six.
2. Select six Sustainability Trainers, one at each of the six sites. This person will receive training, based on the training of trainers (TOT) model, which will allow him/her to coordinate all community volunteer palliative care efforts. He/She will serve as a liaison with the health care facility, delegating referrals to community volunteers, overseeing recordkeeping, and, most importantly, continuing to provide training and updates to community volunteers who are delivering services to PLWHA.
3. Train sixty community volunteers and establish a referral arrangement with local health facilities, deliver services to terminally ill AIDS patients, identify a Sustainability Trainer (TOT) at each site, and maintain the mentoring program. Establish an association for these Sustainability Trainers, so they can meet with their peers to share information and help each other address challenges.
4. Continue to develop human capacity in both medical districts of the Pare Diocese by conducting training programs focused on Care and Support. Training programs will focus on health care workers and community volunteers in HBC and palliative care. Test the feasibility of using electronic methods for education, training, and communication.
5. Pilot test, in at least two of the six Year Two sites, the feasibility of low cost, high quality electronic communication using the Internet. Promising systems and products are available at the College of Public Health, University of Iowa. AIHA will test these and other methods late in Year Two and be ready for a full-scale test run during FY 2009. The program will propose the training of at least one or more person(s) in the use of the Internet and available databases in order to enhance core capacity in the Diocese. One focus of the testing will be electronic record keeping and form completion for patients with HIV/AIDS visited by community volunteers. Another will be use of databases and other clinical information to enhance local understanding and capacity in dealing with HIV/AIDS at the community level. This will help to inform other efforts in Tanzania for electronic communication to facilitate improved patient care.
6. Initiate nutrition programming. A registered dietitian will participate in an exchange and provide technical assistance and consulting to HIV/AIDS patients and their families, physicians, other healthcare workers and community volunteers who are serving terminally ill HIV/AIDS patients. The initiative will focus on providing information about nutrition that is relative and feasible for people in Tanzania. In addition, information will be developed to coordinate this training with the project growing Amaranth in the Pare Diocese. Follow-up on programming in FY 2009 will enhance these educational/training methods for the local Tanzanian faculty.

LINKAGES: This program works within the care and support guidelines established by the National AIDS Control Programme (NACP). In addition, nutrition programs will link with the Tanzanian Food and Nutrition Council and other nutrition activities underway in Tanzania.

Pare Diocese and Gonja Hospital are part of the ELCT network of 20 hospitals and 160 primary healthcare institutions, which constitutes 15% of the healthcare services in Tanzania. The Twinning partnership program will be closely coordinated with the activities of the ELCT Health Department and the Foundations for Hospice in Sub-Saharan Africa, funded through the New Partner Initiative. Furthermore, the program will establish a more formal liaison with the NACP by meeting and providing consistent correspondence related to the program. Local government officials will continue to participate in AIHA trainings, and each ward HIV/AIDS committee chairperson will be invited to the training program in his/her area. Village leaders have already been involved this year by helping select the community volunteers, a process which will continue in FY 2009. Meetings will be held in each district to coordinate activities, and will include the participation of healthcare and social welfare leaders, District Executive Directors and District Commissioners. Other district officials, such as District Medical Officers, District HIV/AIDS Coordinators and Coordinators of the Community Development Department will be invited to all meetings and trainings.

**Activity Narrative:** Partners will also continue to collaborate and liaise with palliative care stakeholders from other USG-funded programs, such as the Tanzanian Palliative Care Association, the African Palliative Care Association, Mildmay International, Family Health International, and Columbia University to ensure that efforts effectively complement the palliative care goals and objectives established by the Tanzanian Government. They will also ensure participation in the national Care and Support Subcommittee of the National Care and Treatment Steering Committee.

**M&E:** AIHA Twinning Center staff will continue to work with partners to implement a monitoring and evaluation system for the partnership, which was developed during the first work plan year. This system will need to be revised to include new partnership activities for the upcoming year. In collaboration with USG stakeholders, AIHA and partners will review the current indicators and collect appropriate PEPFAR and other relevant indicators based on activities designated in the work plan. AIHA will continue to assist partners to develop the appropriate tools and systems necessary to collect and report data, and provide technical assistance when necessary. AIHA will continue to report this data to USG teams quarterly, and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period. As the national HBC monitoring system is being developed, the AIHA partners will participate in the development and use of the national HBC system for recording, storage, retrieval, and reporting field service data to ensure standardization at all levels.

**SUSTAINABILITY:** Through peer-to-peer exchanges, mentorship and trainings, this Twinning partnership is building the capacity of ELCT to provide quality palliative care training to healthcare providers, family members and volunteers. The Sustainability Trainer addition in Year Three will also contribute to the sustainability of program. Tanzanian faculties, with technical assistance from Iowa volunteers, have been the primary providers for training for community volunteers in Year Two. In Year Three and beyond, this responsibility will be totally delegated to Tanzania faculty, primarily the Sustainability Trainers. If the electronic communications and database tests in Year Two prove to be technically and financially feasible, they will play a key role in sustainability of this palliative care program. Iowa partners will continue to provide technical assistance, communication and support to the ongoing effort to provide a quality palliative care program managed in Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13432

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13432	8715.08	HHS/Health Resources Services Administration	American International Health Alliance	6495	3555.08	Twinning	\$250,000
8715	8715.07	HHS/Health Resources Services Administration	American International Health Alliance	4517	3555.07	AIHA	\$200,000

---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$75,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

**Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3621.09

**Mechanism:** N/A

**Prime Partner:** Harvard University School of Public Health

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 17324.23560.09

**Planned Funds:** \$2,167,911

**Activity System ID:** 23560

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Support to the Provision of HIV Care and Support to Adult Population in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Out of the approximately three million people living in the Dar es Salaam region, nearly 300,000 (8.9%) are estimated to be people living with HIV/AIDS (PLWHA). Of these, an estimated 213,600 (80%) require care and support, while 53,400 (20%) are in need of antiretroviral therapy (ART). Collaboration between the Harvard School of Public Health, Dar es Salaam City Council, and Muhimbili University of Health and Allied Sciences, collectively known as MDH, has been conducting training and research for more than 15 years. This collaboration has improved the health system including space, laboratory facilities, training base, patient monitoring, and tracking loss to follow up. There is strong commitment from the local authorities to advance HIV care and treatment services.

ACCOMPLISHMENTS: By September 2008, 36 sites will be providing comprehensive HIV care services, including ART and care and support. These include 20 public and 16 private health care facilities in Dar es Salaam. A total of 36,000 PLWHA will have been enrolled in HIV care, 69% of whom will be receiving Cotrimoxazole prophylaxis. For all HIV patients enrolled in the care and support program, MDH provides routine pain assessment and management.

ACTIVITIES: In FY 2009, MDH shall:

1. Expand comprehensive care and support services from 36 to 42 sites. HIV care and support services will be expanded to six additional public dispensaries; two in each of the three districts (to be identified with the district and regional medical offices). By the end of FY 2009, 54,000 PLWHA (20% of eligible patients in Dar) will be enrolled into HIV care and support services in Dar es Salaam.

2. Provide basic care and support for all HIV patients

All PLWHA who are enrolled in HIV care and treatment will be provided with follow-up counseling, clinical and laboratory assessments, treatment of opportunistic infections, and assessment and management of pain and other illnesses, as per the national guidelines. Inpatients will receive palliative care including pain management as well as end-of-life care, as necessary. For those patients receiving care in their homes, the program will provide a continuum of care through the community-based health care (CBHC) system in the three municipalities. The CBHC volunteers have care kits for providing appropriate care in the homes. MDH will provide necessary technical support, train, mentor, and build capacity at the community level for palliative care.

3. Staffing support

MDH will recruit and hire staff within the city and district municipal systems. The initiative will create a positive work environment, and provide training and career planning to ensure job satisfaction and retention.

4. Procure and provide various non-ARV medications

MDH will support sites in procuring and managing stock of non-ARV drugs for treatment of opportunistic infections, including pediatric preparations, when they are not otherwise available through the Medical Stores Department.

5. HIV counseling and testing

For all patients under care and support, including those receiving treatment, follow-up counseling focusing on adherence is offered at all MDH-supported care and treatment centers (CTCs). MDH will strengthen this support at the current sites and expanded to the new sites.

6. Intensify efforts in nutritional support for PLWHA

Currently, MDH is providing nutritional information and counseling to all patients. In FY 2009, clients will also receive multivitamin supplements, and those with severe malnutrition will be referred for nutritional therapy at the Muhimbili National Hospital. MDH will recruit and train a nutrition coordinator and assistant, and ensure one available nutritionist at each site. New activities for nutritional support for OVC are currently being developed (e.g., food by prescription and weaning support). MDH will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. MDH will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. Finally, MDH will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

7. Increase emphasis on provision of prevention with positive services for PLWHA

PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the CHBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. MDH will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Sexually active PLWHA will be provided with condoms, which is an essential component of prevention of further HIV transmission. Coupled with condom provision, PLWHA will be linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. MDH counselors will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. MDH will link patients with programs for the distribution of insecticide-treated nets to PLWHA, and promote their correct usage. MDH will train CHBC providers on screening for TB and linking the clients to services. CHBC volunteers will also be addressing and monitoring adherence to TB treatment

8. Support the national program through the Ministry of Health and Social Welfare and the national referral

**Activity Narrative:** lab

MDH will support procurement of essential lab equipment, test kits, reagents and consumables for the 42 sites when it is not otherwise available through Government of Tanzania systems. MDH will reinforce laboratory testing activities, reporting at central and district health center laboratories in order to increase yield and efficiency. The program will establish new site laboratories to decentralize testing. MDH will support and provide Dried Blood Spot DNA polymerase chain reaction testing for early infant diagnosis in Dar es Salaam and Eastern zone sites. MDH will support human resource capacity building through hiring and laboratory trainings, and will provide supportive supervision for testing and implementation of the lab quality assurance and control program. MDH will provide regular maintenance services and repairs for lab equipments and instruments.

**9. Implement a Quality management program (QMP)**

MDH has developed a comprehensive quality of care assessment and improvement program which has indicators on all aspects of HIV prevention, treatment, care, and support, including prevention of mother-to-child transmission and TB/HIV. Data is regularly collected and used to monitor and improve the quality of patient care. QMP will cover all existing as well as new sites. All the national M&E indicators are included in the QMP.

**10. Strengthen community links**

MDH is working very closely with the CHBC system through the three municipalities to track all patients who missed regular clinic visits, as well to provide home-based care. The program will continue to develop and expand related referral and communication channels.

**11. Build capacity of MDH health care providers and District Health Management Teams (DHMTs), in provision of care and support to HIV-positive patients**

MDH will provide year-round training sessions (introductory and refresher) on the full spectrum of HIV treatment, care and support, based on the national curricula. Priorities include: onsite training and follow-up, monthly supportive supervision with DHMTs, preceptorship opportunities, systems strengthening, and logistical improvements. In consultation with the DHMTs, the program will offer further training opportunities for selected MDH staff.

**LINKAGES:** Within all MDH-supported health facilities, mechanisms are in place to identify pregnant women to be tested for HIV, and then assessed for eligibility for either prophylaxis, highly active antiretroviral therapy or other HIV care. Women found to be HIV-positive are referred or escorted to the CTCs, and are provided treatment and follow-up on clinic days reserved for HIV-positive pregnant women. MDH is putting all systems in place to be able to screen, diagnose, and initiate anti-TB treatment for HIV-positive patients as per the national guidance. The program will continue to work with partners such as PATH in HIV counseling and testing for TB patients, and initiate ART for all eligible patients. MDH will continue referring to and working with other organizations providing services at community and household levels to ensure continuity of care, including clinical, psychological, spiritual, social, preventive and palliative care. Patients will be linked with various wraparound programs to provide additional counseling and support, reproductive health, family planning, malaria control, safe water and sanitation.

**M&E:** MDH will continue collaborating with the National AIDS Control Programme (NACP) to implement the national M&E system for care and treatment. Patient records at all sites will be managed electronically using the national CTC2 database for generation of NACP and USG reports, as well as for local-level use for program planning, monitoring, and improvement. MDH will provide ongoing and regular support through training and supportive supervision to all HIV care sites to build capacity for optimal data use. The program will support training for at least 75 health care workers and data personnel in SI, and provide technical assistance to all 42 CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes and to document the lessons learned, which will be shared through various forums including conferences and publications.

**SUSTAINABILITY:** MDH is working with regional and district authorities in the day-to-day activities of the program within the existing system. Planning, implementation, and monitoring of the activities are done in collaboration with the district staff. All MDH activities will be aligned with the Council Health Plans. MDH will continue to build district capacity in infrastructure and human resource. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17324

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17324	17324.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$200,000

---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$650,300

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

**Economic Strengthening****Education****Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3745.09

**Mechanism:** N/A

**Prime Partner:** Pastoral Activities & Services  
for People with AIDS

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 12392.23562.09

**Planned Funds:** \$716,527

**Activity System ID:** 23562

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** In FY 2008, PASADA expanded its facility-based services and enrolled at least 7,100 people on ART. Services are now offered at a total of 11 satellite sites including the PASADA Upendano headquarters. This decentralization has brought services closer to those who need them, reduced indirect costs for the poor target population, reduced stigma and discrimination, and created a more supportive community environment. Strong linkages exist between the sites, community volunteers, groups and members. PASADA also continued to provide training on patient management, renovate outreach sites, and ensure pharmaceutical supplies. For clients not enrolled in ART, pain was assessed in more than 70% of adults receiving care and support. Analgesics groups of first-, second- and third-ladder World Health Organization (WHO) were available to all patients depending on the presenting pain state. In addition, the psychological, emotional, and spiritual state was assessed and responded to by an interdisciplinary intervention approach. Patients with severe pain who qualify for strong opiates (oral morphine) were provided with the appropriate treatment. Other analgesics available are Paracetamol, Diclofenac, Fastum gel, and Meloxicum (Muvera). By the end of September 2008, nearly 4,800 adult clients will be receiving Cotrimoxazole prophylaxis.

**ACTIVITIES:** As in previous years, PASADA will continue to provide care and support to registered patients at clinical sites, as well as through its home-based care (HBC) program. This narrative covers both facility-based and home-based components of PASADA's care and support program. Patients will continue receiving WHO staging, provision of Cotrimoxazole in accordance with national guidelines, and diagnosis and management of opportunistic infections (OIs). PASADA will facilitate the follow-up of patients in their homes, using PLWHA volunteers to ensure comprehensive care and linkages between the facility-based and the HBC team for bedridden patients. Patients will receive clinical, psychological, spiritual, social, and prevention services. Clinical care will include prevention and treatment of OIs and other complications of HIV/AIDS. PASADA also provides counseling and psychosocial support, linkages with income-generating activities. Also, facility counselors, who have the first contact with clients, will be provided with training and tools adopted from the national TB program to screen for active HIV-positive patients attending care and treatment centers.

PASADA will support clients who cannot afford specialized medical services offered by other facilities and which are not provided by PASADA, and strengthen referrals between these facilities; e.g., Muhimbili National Hospital and Ocean Road Cancer Institute. In addition, the program will initiate special clinics for opportunistic cancers (such as Kaposi's sarcoma surveillance among HIV patients).

The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly apparent. In FY 2009, PASADA will put more emphasis on addressing food and nutrition needs of clients receiving care and support. PASADA will conduct nutritional assessments and counseling for the clinical management of PLWHA receiving care and support. Specifically, PASADA will conduct anthropometric measurements and determine nutrition status using body mass index calculations and other age-appropriate measurements. PASADA will also provide dietary assessment, nutrition education, and nutritional counseling to maintain and improve nutritional status.

In FY 2009, USG/Tanzania will be initiating a therapeutic supplemental feeding program using ready-to-use therapeutic food products targeting eligible clients. PASADA will be a part of this program through case identification and progress monitoring following the established entry and exiting criteria. PASADA will use USG funds for procurement of necessary equipment required to carry out effective nutritional assessment (adult and pediatric weighing scales, mid upper-arm circumference tapes, etc.). In addition, PASADA will use USG funds to support the rollout of nutritional assessments; trainings will be conducted to equip health care workers, and HBC providers with necessary tools and curricula to implement these services. Linkages will be made to other USG entities and/or community services to provide patients with initiatives addressing household food security and economic strengthening. In FY 2009, there will be an increased emphasis on provision of prevention with positives (PWP) services for PLWHA. All sexually active PLWHA will be linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors.

Referrals will be made for family planning, if appropriate. Implementing partners will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. In addition, PASADA will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the community in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. PASADA will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. PASADA will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. PASADA will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water. PASADA will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

**LINKAGES:** To ensure a continuum of care in facility-based service delivery, linkages with other programs will emphasize that women attending PMTCT services are also referred to the CTC for pre-ART care; providing effective referral mechanisms between the various wards in the catchment area. There will be close coordination between PASADA's facility-based and home-based care and support services, as well as strong linkages to programs in the community, e.g., for Income Generating Activities. PASADA will continue to work closely with Parish Health Committees, Small Christian Communities, local community groups and different faith groups, including the Muslim community. **M&E:** For facility-based care M&E, PASADA will use the ART monitoring system developed and updated by the MOHSW and NACP. PASADA's main CTC and its 11 satellite facilities use the national paper-based tools to collect patient data, which are then entered into the National CTC2 database. Data entry and management and analyses is centrally located at PASADA where the electronic system generates national (NACP) and USG reports, as well as feedback reports to the CTC teams and PASADA management. For HBC, PASADA will participate in the development and implementation of the national system for monitoring HBC services.

**\*END ACTIVITY MODIFICATION\* TITLE:** Consolidation and Scale Up of Home-based Palliative Care Services in all Districts of Dar es Salaam and Four Districts of Coast Region

**NEED and COMPARATIVE ADVANTAGE:** Home-based and palliative care can relieve the burden of care currently allocated to the health system and families. Demand is rising as more people become aware of their status. Also through HBC, stigma about HIV/AIDS is reduced and the need to access the continuum of

**Activity Narrative:** care increases. PASADA's home-based care (HBC) and facility-based palliative care program started in 1994 and has evolved to include the PASADA main site and 12 satellite sites at the community level. The service operates through nurse supervisors, outreach nurses, and trained community volunteers. PASADA's strong and sustained experience in home-based and facility-based palliative care, as well as their extensive geographical accessibility, make them an ideal partner in addressing this need.

**ACCOMPLISHMENTS:** PASADA offers holistic care to both adults and children by providing spiritual and general counseling to patients and caregivers regarding treatment, nutritional support, pain control, linkage to community volunteers and support groups, and referral to and from antiretroviral therapy (ART) and TB services, as well as services for orphans and vulnerable children. The participation of trained community HBC volunteers has enabled the service to reach more people in need. In FY 2007, approximately 3,500 clients received assistance in their homes. Training of caregivers in basic nursing skills has improved the quality of HBC and continuous contact and training with communities has reduced stigma and discrimination. Many of PASADA's palliative care team have been trained at Hospice Uganda, which serves as a model of palliative care for Africa. In addition, PASADA has secured permission from the Ministry of Health and Social Welfare (MOHSW) to use oral morphine for pain control. Of note, PASADA "graduated" from sub-partner status to direct support this past year.

**ACTIVITIES:** In FY 2008, PASADA will work to increase access to both HBC and facility-based palliative care by expanding of the service to three new sites (Makoka, Kibangu, and Luhanga). They will identify and train 30 nurses to work in government and private facilities on palliative care both home-and facility-based). PASADA will hire additional trained nurses in overburdened outreach sites.

PASADA will also focus on improving the quality of HBC and palliative care services by training six nurses in palliative care using a distance-learning course from Kampala, Uganda. PASADA will provide additional training for community HBC volunteers in order to increase their knowledge and skills. Refresher courses for all nursing staff involved in the service, including upgrading of counseling skills will be organized. PASADA, operating under the auspices of the Archdiocese of Dar es Salaam, will ensure regular payment of salaries to all staff in the service, in order to retain competent, qualified, and motivated personnel. Through the provision of support (nutritional, transport costs, and motivational meetings) to trained community HBC volunteers PASADA will maintain motivation and activities. Staff will be trained in data collection and management in order to improve reporting skills. PASADA will maintain regular supervision throughout the tier system and ensure the regular and constant supply of appropriate and sufficient pharmaceutical and medical consumables. PASADA will ensure adherence to treatment and improvement in the physical condition of patients by providing nutritional support to qualified individuals using specific criteria for eligibility, duration, and quantity. PASADA will provide basic essentials including bedding, insecticide treated mosquito nets, and cooking utensils to the most needy. In addition, they will promote adherence and prevention messages with HIV positive patients. Since the project's area of service is large and patients are often located in areas with difficult access, it is vital to ensure continuity and efficiency of HBC and palliative care service by ensuring, maintaining, and fuelling the two service vehicles; providing travel reimbursement to nurses operating in outreach sites; ensuring communication through the provision of telephone facilities; and maintaining and improving referral links to ART, TB, counseling, and OVC services.

**LINKAGES:** PASADA is a member of the Tanzania Palliative Care Association. The program has a twoway referral system with PASADA's other services (e.g. ART, general medical, counseling and OVC) and a referral system with Muhimbili National Hospital, Ocean Road Cancer Hospital, Temeke District Hospital, and other facilities. The program is linked with all the satellite sites in which PMTCT is operating. The service is linked with Selian and Muheza Hospitals for exchange visits and collaborates closely with other organizations involved in palliative care, particularly those involved in facilitation in training. At the community level, the program offers training to local organizations. In addition, PASADA links with community programs that provide wraparound services, such as income generating activities, small loans, and nutritional support. PASADA also links with the National AIDS Control Programme (NACP).

**CHECK BOXES:** The program covers both sexes of all ages and through its links with other PASADA services, also the specific groups mentioned. Capacity building of local organizations and human capacity building are achieved through training activities. The HBC palliative care program is closely linked with TB program as it identifies and refers patients for TB diagnosis and treatment. It also operates as a two-way referral system for ART.

**M&E:** Community HBC volunteers submit regular reports to outreach nurses who then compile their own reports, which are submitted to the HBC palliative care supervisors. Overall reports are sent to district authorities to feed information into the national system. The program holds regular monitoring meetings to review progress, challenges, and solutions. Internal annual evaluations are carried out and the results are used for decision-making in future strategies and plans. All activities are in line with the national guidelines on palliative care. Once the new national palliative care monitoring system is available, PASADA will use this system for its own monitoring, as well as to inform the national program. FY 09 targets for community based care is 1913 and facility based care is 10291 with a de duplicated target of 10965.

**SUSTAINABILITY:** One of the priorities of the palliative care program is to support family caregivers by increasing their knowledge and skills (which also improves the quality of care in the home). Community HBC volunteers are also supported with motivational activities and psychosocial support. Both are important for sustainability, as the program could not reach such high numbers of patients without their collaboration. Regular meetings are held so that they can share experiences and challenges. The program is fully integrated into a continuum of care with general medical, ART, PMTCT, TB, and OVC services, which also enhances sustainability. Community awareness and acceptance of HBC contributes to stigma reduction and further sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13562



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13562	12392.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$378,530
12392	12392.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$50,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$214,950

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4082.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Selian Lutheran Hospital - Mto wa Mbu Hospital	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 6515.23564.09	<b>Planned Funds:</b> \$483,821
<b>Activity System ID:</b> 23564	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This narrative covers the facility-based and home-based care and support for the approximately 4,500 HIV positive individuals registered at Selian Hospital, Selian's Arusha Town Clinic, and a satellite facility (Kirurumo Health Centre at Mto wa Mbu).

**ACCOMPLISHMENTS:** Facility-based care: As of September 30 2008, Selian has enrolled approximately 4,500 patients in its three care and treatment clinics (CTCs). About 93% of those enrolled are adults. All care and support patients have been provided with treatment of opportunistic infections (OIs). Approximately 2,600 patients were receiving Cotrimoxazole prophylaxis, and 217 adults were provided with food support from the World Food Programme (WFP).

**ACTIVITIES:** As in previous years, Selian will continue to provide care and support at its three program clinical sites to registered patients, as well as through its home-based care (HBC) program. Patients will continue receiving WHO staging, provision of Cotrimoxazole and Isoniazid prophylaxis in accordance with national guidelines. Selian will facilitate the follow-up of patients in their homes, using PLWHA volunteers to ensure comprehensive care and linkages between the facility-based and the HBC team for bedridden patients. Patients will receive clinical, psychological, spiritual, social, and prevention services. Clinical care will include prevention and treatment of OIs and other complications of HIV/AIDS. Selian also provides counseling and psychosocial support, linkages with income-generating activities. Clients will be screened for TB, cryptococcal infection, and opportunistic cancers. They will also receive pain assessments and management, as well as adherence counseling to ensure patients return to the CTC regularly for monitoring. Selian will ensure continuous availability of pharmaceuticals and medical consumables for treatment of OIs. To support the clients most in need, Selian will ensure referrals to Ocean Road Cancer Institute for expert cancer management, and provide five patients with support for transport costs and meals.

The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly apparent. In FY 2009, USG/Tanzania care and support programs will put more emphasis on addressing food and nutrition needs of clients. Selian will conduct nutritional assessments and counseling in order to better inform the clinical management of PLWHA receiving care and support. Selian will use USG funding for procurement of necessary equipment required to carry out effective nutritional assessment (adult and pediatric weighing scales, stadiometers, MUAC tapes, etc.), logistics, and inventory control costs. Selian will cover all costs associated with training, supervision, M&E, and reporting. Linkages will be made with USG entities and/or community services to provide patients with other community initiatives addressing household food security and economic strengthening.

In FY 2009, there will be increased emphasis on provision of prevention with positives (PWP) services for PLWHA. Sexually active PLWHA will be provided with condoms (depending on the religious appropriateness), and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Selian staff will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, Selian will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. Selian will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Selian will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. Selian will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water.

**LINKAGES:** Selian will ensure that it continues to provide services that support a continuum of care model by providing several reproductive health and HIV-related services within its sites and through its internal referral system between facility-based care and support and HBC, TB, and prevention of mother-to-child transmission services, as well as referrals for orphans and vulnerable children.

**M&E:** Selian uses the national ART monitoring system. In FY 2009, the three CTCs will continue to use paper and electronic systems to collect, manage, and analyze HIV care and treatment data. In addition, Selian will participate in the planning for and implementation of the national system for tracking HBC services. Technical assistance for M&E will be provided for the three Selian organizations, using about 5% of the budget for M&E.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Selian Hospital Home-based Care/Palliative Care

**NEED and COMPARATIVE ADVANTAGE:** The number of chronically ill patients with HIV/AIDS in Tanzania is increasing. The available health facilities cannot provide comprehensive care to patients; hence the need for continuum of care at their homes. Home-based care (HBC) and palliative care can relieve the burden currently allocated to the health system and families. The service operates through nurse supervisors, outreach nurses, and trained community volunteers. However, as more people become aware of HBC and stigma about HIV/AIDS is reduced, the demand for access to HBC has increased. In an effort to improve the health and well-being of all Tanzanians with HIV/AIDS, Selian hospital has been providing HBC to patients in its catchment area (Arusha municipal, Monduli, Arumeru and Simanjiro districts). The care provided addresses the needs of the patient as a whole and includes physical, spiritual, emotional, and psychological support. Selian hospital has a demonstrated record of providing patients with high-quality

---

**Activity Narrative: HBC.**

**ACCOMPLISHMENTS:** Selian offers holistic care to people with HIV/AIDS and their families: spiritual and general counseling to patients and caregivers, treatment, nutritional support, pain control, linkage to community volunteers and support groups, and referral to and from antiretroviral therapy (ART), TB, and OVC services. Selian holds monthly meetings with its 196 volunteers (4 volunteers died) to offer support and supervision. Volunteers have conducted home visits to 1500 patients and provided them with medication and nursing care. Selian has provided 36 respite day-care gatherings with average attendance of 40 clients and family members per day care event. Selian has identified 1500 clients with poor nutritional status and distributed nutritional supplements to approximately 700 patients. Fifty new volunteers were trained as of July 2007; these volunteers were provided with bicycles and HBC kits which included safe water supplies, insecticide treated nets and brings the total volunteers to 200. Selian recruited staff for HBC/PC. Community mobilization has been conducted to raise awareness and reduce stigma. One staff member attended clinical pastoral education training at Kilimanjaro Christian Medical Center. One nurse and one clinical officer attended palliative care training in Uganda.

**ACTIVITIES:** Using the National AIDS Control Programme (NACP) guidelines on HBC, Selian's activities will focus on improving HBC services to clients in their target region; building the capacity of staff and volunteers to better care for people living with HIV/AIDS (PLWHA); community sensitization to decrease stigma and increase demand for HBC; and improving mechanisms for staff to share and learn from others.

Selian will scale up continuum of care services through additional HBC visits and facility-based services. Through its network of trained providers and volunteers, Selian will provide patients with a basic care package of services. This will address the physical, spiritual, emotional, and psychological well-being of clients. They will also ensure the regular and constant supply of appropriate and sufficient pharmaceutical and medical consumables. Selian will ensure adherence to treatment and improvement in the physical condition of patients by providing nutritional support to qualified individuals using specific criteria for eligibility, duration, and quantity. Selian will conduct interventions to improve prevention for positives which will include provision of insecticide treated nets (ITNs) for malaria control, condoms, water purification tablets and vessels for water safety, and cotrimoxazole for prophylaxis. Selian will provide respite day care to approximately 50 families caring for PLWHA. Effective referral networks will be developed to link patients to care and treatment services including ART, TB, counseling, and OVC services. Selian will also integrate prevention with positives messages into HBC visits. Since the project's catchment area is large and patients are often located in areas with difficult access, it is vital to ensure continuity and efficiency of HBC and palliative care service by maintaining administrative functions (office supplies, computer, and furniture) as well as fuelling vehicles.

Selian will work to increase the capacity of providers and volunteers through sending two staff for training on palliative care at Nairobi Hospice in Nairobi, Kenya and a refresher course for approximately 200 volunteers to update skills and knowledge including counseling. Selian will ensure regular payment of salaries and benefits to all staff in the service in order to retain competent, qualified, and motivated personnel. Through the provision of support (bicycles for transport, monthly honorarium, meetings, etc) to trained community HBC volunteers Selian will maintain motivation and activities. Staff will be trained in data collection and management in order to improve reporting skills. Selian will maintain regular supervision throughout the tier system.

Selian will work with communities to sensitize them to the need for and benefits of HBC in order to increase demand and reduce stigma for PLWHA. Stigma reduction interventions will be conducted in communities to enhance voluntary counseling and testing (VCT). Finally Selian will participate in meetings, seminars, conferences, and other forums, as applicable, to share experiences and learn from other similar projects. Selian will participate in a palliative care/ hospice team retreat to build organizational capacity and efficiency.

**LINKAGES:** The program has been linking and collaborating with the District AIDS Control Coordinator (DACC) for technical assistance and Council HIV/AIDS Coordinator (CHAC) for community mobilization and sensitization as well as ward, village, and religious leaders in the four districts of operation. Other linkages include community, faith, and non-governmental organizations working on HIV/AIDS and HBC, Ministry of Health and Social Welfare, Tanzania AIDS Commission (TACAIDS), USAID, World Food Program and local and international church ministries. The project links HBC with facility-based palliative care, and will also strengthen linkages with providers of prevention of mother-to-child transmission (PMTCT), TB, VCT and family planning services.

**CHECK BOXES:** The program covers both sexes of all ages and through its links with other Selian services, also the specific groups mentioned. Capacity building of local organizations and human capacity building are achieved through all the training activities. The HBC and facility-based palliative care program is closely linked with TB program. Both programs identify and refer patients for TB diagnosis and treatment. Services are particularly linked with ART services.

**M&E:** Five percent of Selian's budget will be dedicated to M&E. Monitoring and evaluation of HBC activities will be completed using HBC national forms and other forms as applicable. Volunteers will be the primary data collectors; they will send data to the supervisors for compilation. Selian will ensure that both volunteers and supervisors are well trained in data collection. Data review will be undertaken by the Selian HBC hospital team to analyze and finalize reports to be submitted to USAID, CHAC, DACC, and the social welfare office. Data will also be accessible for official use in and outside Selian hospital (e.g. in forums, meetings). The program will hold regular monitoring meetings to review progress, challenges, and solutions with volunteers/ supervisors, CHAC, DAC, and others as applicable. All M&E activities will follow the national guidelines on palliative care. For FY 09 Selian's community based targets for individuals served is 1275 and for facility based palliative care 3600. The de duplicated target is 3983.

**SUSTAINABILITY:** One of the priorities of the palliative care program is to support family care-givers by

**Activity Narrative:** increasing their knowledge and skills (which also improves the quality of care in the home). Community HBC volunteers are also supported with motivational activities and psychosocial support. Both are important for sustainability, as the program could not reach such high numbers of patients without their collaboration. Regular meetings are held so that they can share experiences and challenges. The program is fully integrated into a continuum of care with general medical, ART, PMTCT, TB, and OVC services which also enhances sustainability. Community awareness and acceptance of HBC contributes to stigma reduction and further sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13588

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13588	6515.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$325,000
7803	6515.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$220,000
6515	6515.06	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4082	4082.06		\$300,000

#### Emphasis Areas

Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

#### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

#### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$24,336

#### Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$6,400

#### Education

#### Water

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4083.09

**Mechanism:** N/A

**Prime Partner:** Mildmay International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

---

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 6516.23566.09

**Planned Funds:** \$789,940

**Activity System ID:** 23566

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

**NEED and COMPARATIVE ADVANTAGE:** Mildmay is working with the Ministry of Health and Social Welfare (MOHSW), faith-based organizations, community and local authorities, as well as organized groups of people living with HIV/AIDS (PLWHA) to roll out home-based care (HBC) in two districts in Kilimanjaro and two in Tabora Region. The model of care and support employed aims at improving the quality of life of PLWHA by strengthening the capacity of the health care system to support HIV/AIDS initiatives and empower those infected to live their lives purposefully and productively.

**ACCOMPLISHMENTS:** Mildmay has supported Tanzania's national strategy against HIV/AIDS by implementing a model of HBC that aims to improve access to quality holistic care for adults and children living with HIV/AIDS by strengthening the capacity of the healthcare system to support HIV/AIDS initiatives. Key accomplishments include:

- About 300 Mildmay-trained healthcare workers within the national healthcare system are providing care and support to PLWHA.
- Approximately 3,000 PLWHA are receiving holistic care and support.
- The quality of life of about 3,000 PLWHA, including 100 children, on antiretroviral therapy (ART) continues to improve with access to HBC kits, nutritional supplements, income generating activities (IGAs) and an improved referral system.
- Close to 50,000 people affected by HIV/AIDS have been served through improved continuum of care and support, advocacy against stigma and discrimination, improved livelihoods through IGAs and food production activities, and an environment that provides safe spaces for self-actualization.

**ACTIVITIES:** Four key strategies are used in programming: 1) skills development through training, including for senior healthcare managers, health workers in facilities, and caregivers and volunteers offering palliative care in the communities; 2) establishment of patient support centers that act as referral hubs between facility- and community-based care; 3) technical support to health workers and volunteers to scale-up and improve quality of care offered in the communities; and 4) empowerment of PLWHA and their families through greater involvement in household food production and income generation.

In FY 2009, the program will be focusing on consolidating the services initiated, ensuring quality is maintained, and increasing the range of services offered without expanding geographically.

Specifically, in FY 2009, Mildmay will:

1. Train health workers in the care and management of PLWHA.
  - Train 15 health workers from different wards, nominated by Council Health Management Teams (CHMTs), on design, setup, and management of HBC programs using the 34-day National AIDS Control Programme (NACP) curriculum. This training will be carried out by NACP-accredited trainers supported by Mildmay staff in one cohort of participants from both regions.
  - Train 300 community health workers as HBC providers. This includes ten HBC volunteers in each of the 15 service outlets in Kilimanjaro, and an additional ten volunteers from 15 wards in Tabora, to be selected by the community to complete the 21-day training using the NACP curriculum.
  - Train 12 continuing senior health workers on the 18-month Mildmay Diploma to provide much-needed management and leadership of HBC services at the district level.
2. Support the continuum of care by strengthening the link between treatment sites and communities to address gaps that exist between care provided in the community and care provided in formal treatment centers such as those offering ART and prevention of mother-to-child transmission (PMTCT).
3. Promote the continuum of care by strengthening Patient Support Centers to act as referral hubs between care in the community and ART offered at select health facilities. Provide services, including treatment of opportunistic infections (OIs), and use centers as supply points for HBC kits. Mobilize active involvement of PLWHA in the design and delivery of HBC services by providing training on public speaking skills, positive living, countering stigma and discrimination, and the formation of support groups that meet monthly.
  - Set up four new patient support centers to act as HBC kit distribution sites, facilitate refresher training and reference points for community health workers and for mobilizing PLWHA into support groups for psychosocial support.
  - Work with other agencies providing treatment to improve referrals and tracking of patients.
4. Strengthen district-level HIV/AIDS coordination mechanisms to help create a conducive environment at management level, ensuring that the trained health workers are supported in their development of the HBC programs and that HBC is integrated into existing local healthcare activities.
  - Convene district-specific semiannual updates and consultative workshops for senior managers of partner organizations to promote collaboration.
  - Work with District AIDS Coordinators and Council HIV/AIDS Coordinators in the target districts to develop work plans for supportive supervision of HBC activities in their districts.
  - Provide basic resources to enable CHMT to coordinate and report on care and support in their respective districts.
5. In FY 2009, there will be an increased emphasis on provision of prevention with positives (PWP) services for People Living with HIV/AIDS (PLWHA). All sexually active PLWHA will be provided with condoms and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Implementing partners will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, Mildmay will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve

**Activity Narrative:** access to safe water and hygiene practices. Mildmay will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Mildmay will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. Mildmay will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water. Mildmay will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

6. The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly more apparent. In FY 2009, USG/Tanzania programs will put more emphasis on addressing food and nutrition needs of clients receiving care and support. In home visits, Mildmay volunteers will conduct nutritional counseling and refer patients to the facility for nutritional assessments, which will help to inform the clinical management of PLWHA, pregnant women under PMTCT programs, as well as HIV-exposed infants and children receiving care and support.

7. Scale up Greater Involvement of People Living with HIV/AIDS (GIPA). Mildmay recognizes the important contribution that PLWHA can make in the response to the epidemic.

- Mobilize PLWHA to form support groups to boost PLWHA numerical strength to stimulate the creation of supportive political, legal, psychological and social environments and reducing stigma and discrimination. Men will particularly be encouraged to join a support groups.
- Train PLWHA to be advocates against stigma and create awareness of vulnerable groups' rights and entitlements. The training will be provided through quarterly meetings that will also act as a forum for monitoring the performance of other project inputs. Using a seven-module training curricula, PLWHA will be trained on important skills/issues including communication, disclosure, gender, GIPA, stigma and discrimination, advocacy, inheritance and writing a will.

8. Provide trainings to reduce stigma, encourage families to develop memory books, and write wills to protect their families' inheritance and ownership rights from extended family members.

- Promote community sensitization and advocacy against stigma and discrimination. Through engagement with community members and targeted sensitization in schools, colleges, churches and social gatherings, as well as participation in events such as World AIDS Day and "Mbio za Mwenge" (National Torch Relay), this project intends to increase understanding of HIV/AIDS, correct myths and misconceptions and reduce stigma attached to the disease.
- Empower PLWHA through skills development, and training on food production and IGAs in order to address food security issues and lack of funds for transport to treatment sites.

9. Provide training in basic animal husbandry, poultry and fish farming, and crop farming to 200 PLWHA who are members of support groups. Local experts living within the target communities and who are already using these vital skills will perform the trainings, as well as local authorities' extension services. In addition, Mildmay will provide small business management skills such as bookkeeping and accounting for small businesses, with an emphasis on agricultural production for household food production and sale. Trainings will be followed with provision of small seed funding as startup capital.

10. Consolidate care and support services in Kilimanjaro and Tabora. Through routine home visits, community health workers identify patients who need referrals for care and treatment of OIs and/or ART and PMTCT; track patients who miss their appointments; train on adherence, nutrition and general health care; and provide hope and comfort through good quality and appropriate care. In conjunction with CHMTs, provide continuous supportive supervision to all health workers supervising HBC activities. Mildmay will also provide financial and technical support, including but not limited to: quality control tools, work-based training and technical updates to health workers to improve services. In addition, Mildmay will provide community health workers with tools for their work including transport and HBC kits.

**LINKAGES:** Mildmay has established strong partnerships in Kilimanjaro, starting with a Memorandum of Understanding with the Kilimanjaro Regional Medical Office. Partnership has also been established with KIWAKKUKI, the principle non-governmental organization in Kilimanjaro providing HBC and support for PLWHA in training and resource mobilization. Mildmay also collaborates with the Lutheran and Catholic churches and their charitable arms. Their health workers benefit from Mildmay training and technical expertise in designing and delivering HBC.

The Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF) continues to be a key collaborator in facilitating continuum of care. EGPAF supports treatment through care and treatment and PMTCT clinics, and Mildmay provides the community linkage through the patient support centers and HBC. Mildmay will strengthen referrals between the two agencies to ensure that clients do not fall through the system cracks.

Mildmay is seeking a collaborative agreement at the national level with the MOHSW, while forging partnerships with agencies identified in the situation analysis in Tabora.

**M&E:** Mildmay has developed monitoring tools for use by the community health workers and facility-based health workers who supervise HBC services in their catchment areas. Mildmay uses the aggregated information for organization, decision-making, donor reporting and feeding into the national reporting system. The data, generated monthly, is plotted against targets to monitor performance and inform program policy. Targets for program delivery have been set in agreement with the USG and will be monitored on a monthly basis and reported to the USG and Regional AIDS Control Coordinators quarterly. Once the NACP HBC monitoring system is available, it will be fully integrated in the existing M&E system. Quantitative information is generated from training reports, meetings attendance sheets, records of services delivered at the Patient Support Centers and project records. Qualitative information is generated during PLWHA meetings and interaction with project staff, HBC providers and health workers at Patient Support Centers, as well as visits to PLWHA project sites.

Mildmay has developed a quality control tool to assess the quality of home HBC services provided by those

**Activity Narrative:** trained and supported by the program. This is been applied by the program technical staff on supportive supervision on a pilot basis and will be rolled out to health workers during this project period. To measure program outcomes, especially the improvement in the quality of life of PLWHA, the Palliative Outcome Scale will be used. Five percent of the budget is dedicated to M&E.

**SUSTAINABILITY:** Mildmay activities aim at strengthening the health care system through capacity development and establishing care and support models that are replicable and self-sustaining. Patient Support Centers are established within existing health care systems and activities initiated by Mildmay-trained health workers become part of their institutional activities. By involving community-based organizations, support groups of PLWHA and volunteers, HBC services are integrated within communities that require minimal input after the initial training and resource allocation. PLWHA support groups often grow to be community-based organizations with legal status, and can access funding and other support independent of Mildmay.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13521

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13521	6516.08	U.S. Agency for International Development	Mildmay International	6538	4083.08		\$750,000
7753	6516.07	U.S. Agency for International Development	Mildmay International	4559	4083.07		\$350,000
6516	6516.06	U.S. Agency for International Development	Mildmay International	4083	4083.06		\$450,000

**Emphasis Areas**

Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

Health-related Wraparound Programs

- \* Family Planning
- \* Malaria (PMI)

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,000

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$60,000

**Education**

**Water**



**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4781.09

**Prime Partner:** Ministry of Health and Social  
Welfare, Tanzania - Zanzibar  
AIDS Control Program

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 8695.23567.09

**Activity System ID:** 23567

**Mechanism:** ZACP

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$100,000

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Strengthening and Scale-up of Home-based Care (HBC)

NEED and COMPARATIVE ADVANTAGE: Home-based care (HBC) services for HIV/AIDS began in Zanzibar in 1988. Since then, HBC services have been established in eight out of ten districts. There is a need for HBC to expand into all ten districts as well as offer a platform of services to people living with HIV/AIDS (PLWHA) to ensure a continuum of care. Additionally, there is a need to strengthen the management of HBC systems, expand access and integrated service networks including prevention, and increase community awareness and support. The Zanzibar AIDS Control Programme (ZACP) is the lead government agency leading care and treatment in Zanzibar.

ACCOMPLISHMENTS: Nearly 1000 people are accessing HBC services in Zanzibar. Approximately 170 health care workers (HCW) and 100 community HBC providers have been trained in HBC. Seventeen facility-based and 27 community-based HBC kits have been distributed. Supportive supervision has been conducted on both Unguja and Pemba islands. The Zanzibar AIDS Control Programme (ZACP) has adapted and printed HBC guidelines; developed and distributed information, education, and communication (IEC) materials to promote HBC services; and developed mass media and faith-based campaigns.

ACTIVITIES: With FY 2008 funding, ZACP will expand their HBC services, as well as coordinate services on the archipelago more effectively. ZACP will strengthen their role as the central body for setting standards, developing curricula, and monitoring quality of services. In addition, they will identify ways to enhance the quality, comprehensiveness, and coverage in Zanzibar. Key activities for FY 2008 will be to:

1. Scale up HBC services in the remaining two districts. ZACP will update and print palliative care training manuals, expanding HBC to a broader, holistic palliative care model. They will train approximately 60 facility-based palliative care providers, primarily for HBC, as well as 60 additional community-based lay HBC providers. ZACP will conduct coordination meetings with HBC implementers and district health management teams (DHMT).
2. Strengthen HBC management information systems, participating also in the development of the mainland's monitoring system development. ZACP will print the revised monitoring tools. They will work to build organizational capacity through a five-day supervision training for DHMT and conduct supportive supervision on HBC implementing districts. Facility HBC coordinators and DHMT will supervise activities by community HBC volunteers using a HBC supervision check list. The supportive supervision will include technical advice to address any emerging issues. Coordinators will also conduct monthly meetings with providers to respond to gaps. They will train community HBC providers on basic HBC reporting and conduct quarterly zonal HBC stakeholders meeting.
3. Expand access and integrated service networks of PLWHA to the continuum of care and comprehensive HIV/AIDS services as well as preventive care. ZACP will train NGOs and FBOs on HBC services. These organizations will then train community-based lay health workers as described above. ZACP will support NGOs, FBOs, and community volunteers to conduct home visiting. Clients will be provided with a basic preventive package including insecticide treated nets, water treatment, IEC materials, condoms, family planning and cotrimoxazole.
4. Increase community awareness on HBC services. This will be accomplished through a sensitization meeting for the Sheha AIDS Coordinating Committee on HBC services and also meetings with family care givers on nutrition and basic hygiene.
5. Advocacy for HBC services. ZACP will update different types of IEC materials on HBC services and stigma reduction. They will also conduct radio and TV programs on HBC services and stigma reduction.
6. Strengthen unit to coordinate HBC services. Procure one laptop and LCD machine. Conduct study tour in Uganda for HBC coordinators to share experiences and learn from others about providing a basic care package to PLWHA through HBC.

LINKAGES: ZACP has linkages with various services including voluntary counseling and testing and provider-initiated testing and counseling, care and treatment clinics, prevention of mother-to-child transmission services, Zanzibar Association of People Living with HIV/AIDS (ZAPHA+) as well as other HBC implementers. ZACP works with CDC and other implementing partners including Clinton HIV/AIDS Initiative, Global Fund, WHO and World Bank, Family Health International, and Africare (which represents Tunajali in Zanzibar). Also, the President's Malaria Initiative (PMI) is very active in Zanzibar, and this program would like with the PMI to ensure that PLWHA receive insecticide treated mosquito nets.

CHECK BOXES: Increased human and organizational capacity building will ensure high-quality services and sustainability. Wraparound program will ensure comprehensive care for PLWHA.

M&E: The HBC unit, in collaboration with the strategic information unit of ZACP, have revised and updated different monitoring tools for facility and community-based providers to capture information concerning HBC services. The new tools provide ZACP with the information it needs to monitor, plan, and share results on the progress of HBC in Zanzibar. Progress reports will be submitted regularly following the same procedure as other USG supported interventions. Supervision is conducted in all HBC implementing health facilities in collaboration with DHMTs.

SUSTAINABILITY: Through high-quality training, ZACP will continue to build the technical capacity of HCWs and NGOs to provide HBC services. To ensure sustainability of HBC services, ZACP will support the DHMT in the roll-out of HBC services by training of DHMTs in supervision and management of HBC services and also leading regular coordinating meetings.

**Activity Narrative:** MAJOR ACTIVITIES:

1. Scale up HBC services to remaining two districts.
2. Support HBC management information system.
3. Expand access and integrated service networks of PLWHA to the continuum of care and comprehensive HIV/AIDS services as well as preventive care.
4. Increase HBC awareness to the community.
5. Advocate for HBC services using IEC tools.
6. Maintain and support the HBC unit to coordinate HBC services on Zanzibar.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13530

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13530	8695.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$115,000
8695	8695.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	4781	4781.07	ZACP	\$100,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4900.09

**Mechanism:** N/A

**Prime Partner:** Jane Goodall Institute

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 9501.23568.09

**Planned Funds:** \$0

**Activity System ID:** 23568

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008. No FY 2009 funding due to procurement end date in FY09. FY09 targets will be achieved with FY08 funds. USG will continue to support wrap-around activities with NRM/EG through a TBD mechanism (see TBD/NRM Wrap-Around narrative in HBHC).

**TITLE** Jane Goodall Home Based Care Program Kigoma

**NEED and COMPARATIVE ADVANTAGE:** There are few community services for people living with HIV/AIDS (PLWHA) in the remote areas of Kigoma. TACARE is the community-based development branch of the Jane Goodall Institute (JGI), serving Kigoma Rural District. It was founded 13 years ago; its health section in 1997 (family planning, HIV, and child survival). It has excellent relationships in the community, based on its "Roots and Shoots" natural resources management program. The JGI has been involved in the implementation of the community-centered conservation project for the last 12 years. The JGI, through its TACARE project, generated valuable experiences and relationships through working with the local community. The project demonstrates a holistic approach to community centered conservation that integrates sustainable agriculture, population, HIV/AIDS, social infrastructure, education, water, sanitation, and youth-to-youth education.

**ACCOMPLISHMENTS:** TACARE received Emergency Plan funds from the USG in 2005 to integrate HIV/AIDS interventions into several components of its ongoing projects. The HIV/AIDS education care and support for the rural community of Kigoma district included mobile Voluntary Counseling and Testing services, home-based care (HBC), services for orphans and vulnerable children (OVC) abstinence/faithfulness, and education for youth. 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, including HIV/AIDS. The HBC providers conduct home visits and support family nursing services. Members of the family area also educated on nutrition and locally available foods that are necessary for the patient, in addition to hygiene measures that are necessary when nursing the patient to avoid further infections. Stigma reduction support is also provided through care provider visits.

**ACTIVITIES:** The project covers 24 villages within a rural district of Kigoma region where HIV/AIDS pandemic prevails below 5% with town centers being more affected than rural settings. Kigoma has a porous boarder with Burundi and Congo DRC countries, where HIV/AIDS prevalence exceeds 10%. The recurrent refugee influx into the region puts Kigoma at a high risk for an increase of prevalence. The prevalence of HIV/AIDS among the local communities has affected the lives of extended families in Kigoma, resulting in an increase in death toll, OVC, and widows.

Despite 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 signs and symptoms of the disease and can roughly identify PLWHA, though the signs are easily confused with other chronic illnesses. Also, many symptoms of HIV/AIDS are associated with witchcraft; therefore, improper traditional treatments are used.

The demand for HBC services is still high. Out of 157 CBDA, over 80% received first phase training on how to provide HBC services to people with prolonged illnesses. With FY 2008 funds, the second phase training will be done so they can be fully functioning and reach more people.

JGI-TACARE project is requesting funds for FY 2008 to continue with its existing HBC intervention on HIV/AIDS in rural Kigoma. These HBC funds will be used to complete training of HBC service providers to ensure maximum effectiveness and successful in reaching a target of 256 patients in their communities. To ensure higher quality of care, at least two caregivers 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. Identified PLWHA who are still strong will be facilitated to join micro-credit programs established by the TACARE project in villages to facilitate their involvement in economic production. This will help integration of PLWHA into the community at large, and will generate income to meet their daily needs for food and other items. USG programs that procure home-based care kits, vouchers for insecticide treated bed nets, and nutritional supplementation will be accessed.

A project coordinator and support staff will be employed for an entire year in order to carry out the activity. Office supplies, equipments, furniture, and a vehicle will be procured and used to facilitate office and field work respectively. A baseline survey will be carried out to assess attitude of the people towards HIV/AIDS and issues that accompany those attitudes in order to have baseline information. Results of the survey will be communicated and discussed with the district management health team (DHMT) to help both parties improve collaboration for current and future services. Field and in-country travel will also be covered as necessary.

**LINKAGES:** This program will link with the DHMT to integrate other critical components of HBC into the comprehensive package of services. The activity will link with other USG programs in natural resources management, and the TACARE programs in prevention and counseling/testing. This integrated approach of activities has proven to be effective in producing better results than single standing activities.

**SUSTAINABILITY:** Efforts to strengthen sustainability are focused on the fact that the project is implemented in close collaboration with local government personnel from different departments. The sense of project ownership created among the district managerial levels will help ensure adequate supervision of the project. Training improves their skills in different competencies. Also, the communities' own people serve as Community HBC providers, including in and out-of-school youth. Improvement and use of the village social infrastructure provides long-term support to families and patients.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 13500**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13500	9501.08	U.S. Agency for International Development	Jane Goodall Institute	6527	4900.08	TACARE Project	\$50,000
9501	9501.07	U.S. Agency for International Development	Jane Goodall Institute	4900	4900.07	TACARE Project	\$50,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 5328.23569.09

**Planned Funds:** \$17,600

**Activity System ID:** 23569

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Palliative Care: Basic Health Care Management and Staffing

NEED and COMPARATIVE ADVANTAGE: 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 nongovernmental 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.

ACCOMPLISHMENTS: FY 2006 funds supported the in-country Palliative Home-based Care program staff to assist the Ministry of Health and Social Welfare (MOHSW) Home-based Care Unit to initiate the Basic Care preventive package program and Home-based Care counseling and testing. Technical support was provided in the zonal Home-based Care meeting and at the sub committee meetings. The staff worked with MOHSW through the Counseling and Social Services Unit (CSSU) in conducting supportive supervision and preparing scale up and expansion plans for Palliative Home-based Care activities in Tanzania.

**ACTIVITIES:**

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. In FY 2007, this funding will support the in-country Palliative Care: Basic Health Care/Support program staff at the US Centers for Disease Control (CDC). The staff will: 1) support the National AIDS Control Programme (NACP) – Counseling and Social Services Unit in their coordination 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 monitoring and information system; 6) assist with enhancement of national guidelines for palliative care; 7) conduct field visits and supportive supervision to USG sites that are implementing Home-Based Care(HBC); 8) review and compile quarterly and annual reports and oversee the HBC program mid- term review.

SUSTAINABILITY: The technical assistance (TA) and support provided by the USG through cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13646

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13646	5328.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAJ	\$17,700
7839	5328.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$13,500
5328	5328.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$130,831

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 5241.09

**Mechanism:** N/A

**Prime Partner:** Mennonite Economic Development Associates

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 9635.23570.09

**Planned Funds:** \$100,000

**Activity System ID:** 23570

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Provision of Insecticide Treated Nets

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, malaria and HIV co-infection is common. Because of high prevalence and increasing evidence of interactions between the two diseases, there is a compelling need for program interface. Mosquito nets, if properly used and maintained, can provide a physical barrier to mosquitoes and the potential for malaria. If treated with insecticide, the effectiveness of nets is greatly improved, generating a chemical halo that extends beyond the mosquito net itself. This tends to repel or deter mosquitoes from biting or shorten the mosquito's life span so that she cannot transmit malaria infection. Trials of insecticide-treated nets (ITNs) in the 1980s and 1990s showed that ITNs reduced deaths in young children by an average of 20%." Since 2004, the USG has worked with the Mennonite Economic Development Associates in operating a voucher scheme for ITNs for the President's Malaria Initiative (PMI), as well as the Global Fund Malaria Program.

**ACCOMPLISHMENTS:** The voucher scheme has proven highly successful, and to date over 4.5 million vouchers have been distributed to pregnant women and another one million for infants. Recently, the program launched an "Equity" voucher for those who will not be expected to make a co-payment at the time the voucher is redeemed. Over 5,000 wholesalers and 230 retailers are involved in the voucher system.

**ACTIVITIES:** USAID will build on funding set aside in FY 2007 to buy into the voucher scheme. This additional investment will provide for the purchase of vouchers for another 75,000 nets. Generally, two nets are provided per household, resulting in 37,500 households served with this funding. Arrangements will be made with MEDA to support the voucher scheme, including the Equity Voucher, so that there is no cost to PLWHA or their households for an ITN. The volunteers who work with the PLWHA will provide basic knowledge on the use of the nets, and ensuring that the nets are used. Since the beneficiaries are also being served by palliative care providers, there are no targets set with this entry.

**LINKAGES:** This voucher system will link with all of the palliative care implementing partners so that vouchers can be distributed either at facility-based programs or through volunteers at the household.

**CHECK BOXES:** The program will complement home- and facility-based palliative care services for people of all ages, living in households of PLWHA.

**M&E:** MEDA will contribute additional service to the ongoing palliative care implementing services, and they will be responsible for tracking the use of the ITNs for reporting to the Emergency Plan.

**SUSTAINABILITY:** MEDA will continue to work with the palliative care implementing partners to complement the services they provide and ensure comprehensive support. The voucher scheme also helps to contribute to the private sector by stimulating local markets throughout the country, where the nets are procured with vouchers through local vendors.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13520	9635.08	U.S. Agency for International Development	Mennonite Economic Development Associates	6537	5241.08	MEDA	\$500,000
9635	9635.07	U.S. Agency for International Development	Mennonite Economic Development Associates	5241	5241.07	MEDA	\$1,250,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 5413.09

**Mechanism:** N/A

**Prime Partner:** African Palliative Care Association

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 8704.23571.09

**Planned Funds:** \$350,000

**Activity System ID:** 23571

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

**TITLE:** Scaling-up Palliative Care Services in Tanzania through the Tanzanian Palliative Care Association (TPCA)

**NEED and COMPARATIVE ADVANTAGE:** Palliative care in Tanzania has need for updating of guidelines, enhancement of services, and strengthening of providers, the Tanzanian Palliative Care Association (TPCA) is a national organization for all palliative care providers and will be strategically placed to spearhead palliative care development in Tanzania. However, TPCA is a relatively new organization; thus, it is important that they collaborate with the African Palliative Care Association (APCA) to support their organizational development and to leverage APCA's expertise. APCA is a multi-national and well-established organization that has a wealth of experience from which they can provide technical assistance to TPCA and the National AIDS Control Programme (NACP) to build their capacity and expand the provision of high-quality palliative care in Tanzania.

**ACCOMPLISHMENTS:** APCA has completed the establishment of the TPCA secretariat; a review of existing palliative care and home-based care (HBC) standards with recommendations on how these can be strengthened; development of a national framework for palliative care standards across the care continuum; and the development of care standards and guidelines that address the needs of children for discussion with NACP.

**ACTIVITIES:** The major activities for FY 2009 will include updating and implementation of the national Palliative Care Guidelines. This will involve stakeholders' meetings with the NACP at the Ministry of Health and Social Welfare (MOHSW), the National AIDS Council, and other key stakeholders in Tanzania. APCA will also work to develop pediatric palliative care programs. APCA will work with NACP to implement the TPCA national palliative care strategic plan. The strategic plan, developed in FY 2006/07, is based on the World Health Organization palliative care core foundation measures: education development, drug availability, public policy and public awareness, and implementation. The strategic plan will also review and refine existing basic care packages (including prevention care packages, access to clean water, cotrimoxazole prophylaxis, basic hygiene and insecticide treated nets). APCA will work closely with TPCA to develop a program of work under the key areas of education and training and public policy. APCA will train a core group of trainers (approximately 35 people) to build on the achievements of FY 2008. This will involve clinical placements both across and outside Tanzania to ensure that the trainers have clinical experience. APCA will support TPCA to continue to develop the action plans developed at Entebbe, Uganda by the country drug availability team. Specifically, APCA will provide technical assistance to TPCA to develop opioid guidelines and advocacy skills to influence government-level policy changes that favor drug availability. There will also be series of national workshops and a national palliative care conference to increase public awareness of palliative care.

APCA will help NACP develop palliative care standards based on the APCA African Palliative Outcome Scale. They will also draft national guidelines for monitoring and evaluation, including a public health evaluation of palliative care in Tanzania. Materials will be translated into local languages for dissemination. APCA will work with the NACP to integrate palliative care into existing HBC networks through a pilot project. APCA will draw lessons from its current work in Namibia to develop a protocol for integrating palliative care into HBC across the country and to develop tool kits to facilitate this process. APCA will work with training institutions to integrate palliative care into the curriculum of nurses and doctors across Tanzania to increase the skills base for palliative care. They will develop a national task force for palliative care to ensure local support for TPCA and long-term sustainability after APCA has departed.

**LINKAGES:** Key linkages will include TPCA, MOHSW, and NACP, to support integration of palliative into the national HBC guidelines. With Family Health International and Pathfinder International, the project will link to and integrate palliative care with HBC networks. APCA will also link with the Foundation for Hospices in Sub-Saharan Africa's New Partner Initiative program working with the Evangelical Lutheran Church of Tanzania in Arusha, Tanzania so that lessons learned can be shared widely and the project can utilize the trainers trained under this program to increase the delivery of training of trainers services.

**CHECK BOXES:** APCA will work at the national level in collaboration with TPCA, a national body representing palliative care providers in Tanzania. APCA will target mainly people living with HIV/AIDS across both gender and age categories. However, given that children are routinely neglected in palliative care, APCA will work with NACP to develop appropriate programs for children based on pediatric palliative care guidelines.

**M&E:** APCA will work with TPCA to develop national M&E frameworks and protocols for palliative care service development. APCA/TPCA will participate with other palliative care providers and NACP in the development of a national monitoring system for palliative care. These protocols and the national monitoring system will be linked to existing national guidelines and PEPFAR indicator protocols, and will build on the work achieved in FY 2008. The program will also develop minimum data sets for data collection from partners. APCA will support TPCA in developing data analysis procedures, storage and retrieval systems, and reporting templates for disseminating M&E information. Further development of the M&E frameworks will also include information acquired from the public health evaluation, anticipated to take place in FY 2009. The M&E work will also incorporate feedback mechanisms for stakeholders so that collected data can be used as a quality improvement tool for services.

**SUSTAINABILITY:** APCA will build the human and organizational capacity of TPCA through an organizational development program. This will help strengthen TPCA into an effective organization which is able to attract donor funding and has the capacity to deliver palliative care expertise within Tanzania. To achieve this, APCA will support TPCA in developing organizational policies, providing a board development program, and hosting a fundraising/donor relations skills development program. More importantly, APCA will link TPCA with international partners, so as to ensure continuous support for their work.



**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13428

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13428	8704.08	U.S. Agency for International Development	African Palliative Care Association	6491	5413.08		\$400,000
8704	8704.07	U.S. Agency for International Development	African Palliative Care Association	5413	5413.07	APCA	\$400,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7569.09

**Mechanism:** STRADCOM

**Prime Partner:** Strategic Radio Communication for Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 17015.23573.09

**Planned Funds:** \$200,000

**Activity System ID:** 23573

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** During the first 18 months of the project, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages supporting the range of PEPFAR activities in a flexible and mutually supporting manner. STRADCOM has developed a radio serial drama (RSD) with various story lines that include one on HBC. The 30-minute RSD, Wahapahapa ("The People from Right Here") is broadcast once a week on a national network. The programs are re-broadcast on nine local stations located in high prevalence regions of the country. STRADCOM also supports 15 radio stations' production of weekly magazine-format radio programs on HIV and AIDS.

**ACTIVITIES:** STRADCOM is commissioning and producing songs by well-known musicians that promote the care of people living with AIDS. STRADCOM is also producing local radio health programs that promote and describe local services and the work of volunteers. The program will continue to work closely with home-based care and support partners to develop further high priority messages. STRADCOM will produce and distribute weekly magazine programs on AIDS on at least 15 stations/networks. The typical format of these programs is two regular radio diary segments by persons living with AIDS (a woman and a man), a pre-recorded news story, a phone-in session and an optional guest. STRADCOM will also support the production of 780 of these weekly programs over 52 weeks; it is planned that 20% of the topics be related to issues related to care and support of people living with HIV/AIDS. STRADCOM will also commission a song on an issue related to care and support, e.g., adherence, disclosure, prevention for positives, etc.

All these activities include training and mentoring radio station production staff; working with key partners to review core messages, technical aspects and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations. STRADCOM has developed working relations with various radio stations including all the national stations and a number of local stations in strategic locations.

\*END ACTIVITY MODIFICATION\*

**TITLE:** STRADCOM Promoting and Supporting Palliative Care

**NEED and COMPARATIVE ADVANTAGE:** Both facility-based and home-based care (HBC) is a critical service for persons with HIV/AIDS (PLWHA) and is part of the continuum of prevention and care. However, there are many misconceptions about palliative care, including the role of community-based and faith-based organizations (CBOs/FBOs). STRADCOM is well positioned to convey appropriate information about palliative care and the role of CBOs/FBOs. This will promote a greater understanding of palliative care, easing some of the burden on USG partners working in this program area. The Center for Communication Programs (CCP), the prime recipient for the STRADCOM project, has been implementing treatment communication interventions since 2002.

**ACCOMPLISHMENTS:** During the first six months of the project, using pre FY 2007 funding, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages in a flexible and mutually supporting manner. STRADCOM has already funded the production and broadcast of a radio serial drama on Radio Tanzania Dar es Salaam (RTD). Two storylines address treatment adherence and stigma. STRADCOM is also developing another radio serial drama for an urban audience. STRADCOM has conducted several workshops with writers and radio producers, including one that focused on their communication strategy. STRADCOM has produced and broadcast a number of public service announcements (PSAs) on abstinence/faithfulness, other prevention, and promotion of counseling and testing, which support USG partners' activities.

**ACTIVITIES:** STRADCOM will develop specific palliative care messages that will promote a greater understanding of facility-based and home-based care and the role of patients, healthcare providers, CBOs/FBOs, family members, and neighbors. STRADCOM will also address the stigma associated with PLWHA. On their own, these messages will convey necessary information to influence knowledge and attitudes but in combination with complementary messages delivered at the community outreach level, it becomes possible to influence the necessary corresponding behavior change to seek care. These messages will be conveyed through STRADCOM's established radio programs described below:

1. Weekly magazine programs on HIV/AIDS on at least 12 stations/networks. The typical format of these programs include a regular radio diary segment by a person living with AIDS, a pre-recorded news story, a phone in session, and an optional guest. A total of 220 of these programs over 52 weeks will present core messages on palliative care. Most stations airing these programs are based in the community, giving the stories and diaries greater relevance to listeners. Therefore, this program format will be given greater emphasis for this program area.
2. A weekly 52-episode radio serial drama with one storyline on HBC.
3. Approximately five PSAs that promote facility-based care and treatment services inserted a minimum of 500 times on the most appropriate radio stations. The final media schedule will be based on target audiences and radio listener demographics, number of exposures estimates, geographic locations, and other STRADCOM radio programs.

These activities include training and mentoring of radio station production staff; working with key partners to review core messages, technical aspects, national protocols, broadcast, monitoring for content and technical quality, and distribution of programs to other cooperating stations. STRADCOM has developed working relationships with various radio stations including all the national stations and some local stations. Each of these stations has already broadcast programs on HIV/AIDS, which will be strengthened with training and equipment. STRADCOM will co-produce the diaries and documentaries to be used on these existing magazine programs. Each of the pre-recorded segments average five minutes, allowing them to be easily integrated into existing programs. The pre-recorded regular weekly segments will act as catalysts for

**Activity Narrative:** participation by studio guests or listeners who offer their perspective through phone, mail, or SMS communication.

**LINKAGES:** STRADCOM collaborates with the National AIDS Control Programme (NACP), Tanzanian AIDS Commission (TACAIDS), and USG-funded implementing partners to ensure messages are appropriate, support policies, and are linked to services. STRADCOM intends to work closely with homebased care partners including Family Health International and Pathfinder International. They will play a key role on the design team to identify areas needing communication support and developing core messages. As of July 2007, potential radio partners include Abood FM, Morogoro; Clouds FM, Dar es Salaam and region; Ebony FM, Iringa; Kili FM, Kilimanjaro; Mbeya FM, Mbeya; Radio One, National; Radio Ukweli, Morogoro; RFA, Mwanza and National; and RTD, National. Radio partners are expected to expand to at least 12 stations by 2008. Finally, STRADCOM is working in the program areas of abstinence, faithfulness and other prevention, testing, ARV treatment, and PMTCT ensuring a consistent behavior change communications across the continuum of care.

**CHECK BOXES:** Local capacity development: STRADCOM will train and mentor radio station staff to produce high-quality programs on HBC and HIV/AIDS.

**M&E:** PSAs, drama pilots, selected diaries, and documentary episodes will be pre-tested with focus groups. Technical content will be reviewed by STRADCOM's design team. Selected magazine programs will be translated into English for review. The Performance Monitoring Plan will be updated and will include a midterm population-based evaluation to measure impact.

**SUSTAINABILITY:** STRADCOM's strategy is to work closely with partner radio stations to help improve their existing programs on HIV/AIDS. STRADCOM's involvement is co-production rather than paying for airtime. Through training and support of their staff to produce high quality, informative, and engaging programming, STRADCOM will demonstrate that this will increase listeners and in turn increase station's revenue from advertising in order to ensure long-term sustainability. STRADCOM also collaborates with local production companies to improve their production, post-production, and behavior communication skills and capacity. As a result, these companies will be more effective and more competitive. STRADCOM has a cost-share provision in its cooperative agreement that encourages sustainability by requiring radio stations to support our productions. For example, in one of our first partnerships with RTD, their "in-kind" contribution amounted to about half the cost of the radio series "Twende na Wakati" (Kiswahili for "Let's change with the time").

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17015

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17015	17015.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$300,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7570.09 **Mechanism:** N/A  
**Prime Partner:** Mbeya HIV Network Tanzania **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Care: Adult Care and Support  
**Budget Code:** HBHC **Program Budget Code:** 08  
**Activity ID:** 17014.23574.09 **Planned Funds:** \$1,099,573  
**Activity System ID:** 23574

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, activities initiated in previous years will continue, but there will be an increased emphasis in provision of positive prevention to PLWHA. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the Home-based Care (HBC) system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and access safe water and improved hygiene practices. Mbeya HIV Network Tanzania (MHNT) will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. All sexually-active PLWHA will be provided with condoms, which is an essential component of prevention of further HIV transmission. PLWHA will be referred for family planning, if relevant. Coupled with condom provision, PLWHA will be linked with sexually transmitted infection treatment services and high-risk behavioral counseling. MHNT will discuss specific strategies with PLWHA for disclosing one's HIV status to sexual partners and offer confidential HIV testing to the partners of and children born to all PLWHA in coverage areas. Several specific activities will be implemented to provide positive prevention services. These include: procurement and/or distribution of Insecticide Treated Nets to PLWHA and promotion on correct usage; cotrimoxazole prophylaxis for prevention of opportunistic infections; and water treatment tablets and water vessels in order to provide safe drinking water. In addition, MHNT will train HBC providers on screening for TB and linking clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

**SUSTAINABILITY:** In FY 2009, MHNT will enter the last year of a three-year process to transition responsibility from sub-partners in Mbeya.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Mbeya HIV Network Tanzania (MHNT) Community Home-based Care Supporting Health and Self Sufficiency

**NEED and COMPARATIVE ADVANTAGE:** As one of the highest prevalence regions in the country (13%), Mbeya is in great need of services addressing the spectrum of requirements for people living with HIV/AIDS (PLWHA). Several organizations have attempted to address this need over the past several years, but many have lacked proper skills in providing quality services. In addition, the lack of coordination has resulted in large areas of the region lacking services. In 2005, 13 of these organizations initiated collaboration to address this problem and have since formed the Mbeya HIV Network Tanzania (MHNT). Through the network, they have substantial combined expertise, 30 years of cumulative service delivery experience, a history of successful collaboration, and established relationships within their respective communities. As part of a TBD in FY 2007, this organization is now a primary partner under USG funding.

**ACCOMPLISHMENTS:** Community home-based care (HBC) providers have supported over 2,700 clients with palliative care, including nutrition counseling and assistance, psychosocial/spiritual support, opportunistic infection (OI) and pain management, cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, training in income generating activities (IGA), legal and human rights education, and ART adherence counseling. More than 112 community members received community HBC comprehensive training from KIHUMBE, a prime partner under a separate submission. Pamela please update

**ACTIVITIES:** Members of MHNT, KIHUMBE, SONGONET, and RODI (see other submissions for these partners) will collaborate to ensure similar packages of services are available for clients in the Mbeya, Rukwa, and Ruvuma regions. In addition, implementation of services has been standardized across these partners while allowing for some flexibility in focus/approach depending on regional conditions.

1. Expand provision of community HBC to clients in the Mbeya region. 1a. Supply nutrition evaluation and counseling as well as food (to those who qualify) and vitamin supplements to clients during their first six months of ART. 1b. Link clients to Peace Corps agriculture activities in the region for training in home gardens for both personal food production and as an income-generating activity (IGA). 1c. Link to USG procurement programs for distribution of insecticide treated nets (ITN) and water purification supplies to clients. 1d. Provide training and support for IGAs for caregivers and able PLWHA, and help to develop sustainable associations for income generation. 1e. Assist with short-term nutrition for malnourished children of HIV-positive clients unable to work. 1f. Identify and refer pediatric and adult cases of TB, malaria, and/or HIV to health care providers.
2. Convene monthly education and support group meetings for community HBC clients. 2a. Establish and inform community HBC clients of regular client meeting times. 2b. Develop a schedule of presentations and activities to augment support group meetings, addressing issues such as nutrition and other topics of interest identified by participants. 2c. Inform clients of IGA opportunities and trainings.
3. Train clients' caregivers in basic palliative care to increase community capacity and enable HBC providers to prioritize clients with the most need. These efforts will foster community responsibility as well as expand program capacity to reach more PLWHA. 3a. Community HBC providers will provide ongoing training to caregivers as part of regular visits, creating a plan for reducing visits to longer intervals and, as appropriate, ceasing visits except as needed/requested by the caregiver. 3b. Identify and address special training needs for elderly caregivers with literacy, health, or other barriers.
4. Incorporate prevention for positives and partner/child VCT referral into community HBC visits wherever appropriate. 4a. Ensure receipt of training for community HBC providers to discuss HIV prevention with clients. Modify the existing community HBC curriculum in prevention for positives approached based on USG findings in FY 2007. 4b. Include prevention for positives and partner VCT referral as part of all visits as appropriate. 4c. Discuss themes, successes, and challenges of community HBC prevention efforts as part of organizations' regular community HBC provider meetings to evaluate and improve services on an

**Activity Narrative:** ongoing basis.

5. Pilot using solar-powered handheld electronic devices to connect community and facility levels for palliative care referrals, linkages, and back-up support. In remote areas, this will allow data on patients to be transferred more effectively.

**LINKAGES:** Community HBC services are provided by 13 MHNT member NGOs, which refer clients to one another based upon clients' areas of residence, need, and specific area of expertise of a member organization. The MHNT convenes community HBC provider meetings to exchange ideas and support. The MHNT also links with: KIHUMBE; ward leaders and other local government officials; Peace Corps and NGOs providing training and access to IGAs; faith groups and other counseling service providers; VCT sites and dispensaries; water safety projects and water purification commodities; and district and/or regional hospitals for treatment and provision of cotrimoxizole and morphine as necessary for care on a case by case basis. The program will link with the USG program for accessing vouchers for ITNs and food supplementation.

**CHECK BOXES:** HBC allows for an integrated approach to the health and well-being of the patient and his/her entire family, addressing malaria, TB, child survival, and family planning in addition to HIV/AIDS. IGAs promote women's access to income, as well as foster economic strengthening and food security. Training is a key component of the community HBC program area, through coordination with KIHUMBE, as volunteers constitute the primary human resources delivering community HBC services.

**M&E:** MHNT has been actively collecting and preparing data for improvement of HBC services for an extensive period of time. It continues to have one individual staff member dedicated to monitoring, compiling, and evaluating all data collected by member organizations in collaboration with the data system to be rolled out in the future by NACP. Henry Jackson Foundation Medical Research International (HJFMRI) will spot check the present tools for collecting detailed data on service delivery to assure transparency and completeness of HBC services. These tools, developed by MHNT, will serve as a visit checklist, which includes a menu of services for each patient based on individual need. Use of the tools will ensure documentation of services provided for patient and program management. Compiling data from the sub-partners will allow for identification of major service needs and gaps within community HBC services. These data will be shared with local leaders to highlight needs and enlist community support in meeting these needs. Refresher courses will be provided to all new and present HBC providers in order to ensure efficient transmission of data from the paper based system to an electronic system. This system will thus measure successful linkages with care and treatment clinics, TB, counseling and testing, PMTCT, prevention, safe water, nutritional programs, and livelihood programs in addition to highlighting innovative program linkages.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to MHNT. This local network has successfully implemented community activities since 2005, registered as an NGO, and has refined its structure and operations to manage member activities. Since FY 2007, DOD has worked with MNHT to establish appropriate administrative mechanisms, coordinate training, provide technical assistance through other USG partners, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, MNHT will determine awards and ensure regional coverage, proper fiscal management, and oversight of sub-partner service implementation. MNHT will be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17014

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17014	17014.08	Department of Defense	Mbeya HIV Network Tanzania	7570	7570.08		\$954,354

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Health-related Wraparound Programs

- \* Family Planning
- \* Malaria (PMI)
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$274,900

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$93,400

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7571.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Resource Oriented Development Initiatives	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 18276.23575.09	<b>Planned Funds:</b> \$419,991
<b>Activity System ID:</b> 23575	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITIES: In FY 2009 there will be an increased emphasis in provision of prevention with positives services for PLWHA. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve safe water usage and hygiene practices. RODI will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. All sexually active PLWHA will be provided with condoms, which is an essential component of prevention of further HIV transmission. Coupled with condoms provision, PLWHA will be linked with sexually transmitted infections treatment services and high-risk behavioral counseling. RODI will discuss specific strategies with PLWHA for disclosing one's HIV status to sexual partners and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. The following specific activities will be implemented by RODI in providing preventive package services: Procurement and/or distribution of insecticide treated bed nets (ITNs) to PLWHA and promotion on correct usage of ITNs; ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections; provide water treating tablets and water vessels in provision of safe drinking water. Implementing partners will also train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly more apparent. In FY 2009, USG/Tanzania will put more emphasis on addressing food and nutrition needs of clients receiving care and support. In home visits, RODI partners will conduct nutritional counseling and refer patients to the facility for nutritional assessments, which will help to inform the clinical management of PLWHA, pregnant women under PMTCT programs, as well as HIV-exposed infants and children receiving care and support.

FY 2007 funding supported initiation of PEPFAR-funded HBC services in Rukwa region for PLWHA. Under this funding, RODI conducted a thorough needs assessment of HBC capacity in early 2008, and is currently working to identify appropriate sub-partners in Rukwa districts where eight NGOs have been identified. The findings of the needs assessment have helped to shape service provision and capacity building efforts in the region.

\*END ACTIVITY MODIFICATION\*

TITLE: Rukwa Community Home-based Care to Support Health and Self-sufficiency

NEED and COMPARATIVE ADVANTAGE: Care and Treatment Clinics (CTCs) were established in the Rukwa region beginning in late 2005/early 2006. The general infrastructure in Rukwa is poor; the region has no paved roads, and during the rainy season, many are impassable. There are few established non-governmental organizations (NGOs) providing HIV services in Rukwa, and fewer still are able to manage regional service provision. RODI, registered in 2004, has exhibited a strong track record of capacity building and training for a variety of Rukwa projects in a short period of time. As a sub-grantee under a DOD umbrella organization in 2007, RODI has shown the capacity necessary to coordinate service provision by a network of non-governmental organizations (NGOs) in Rukwa and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2007 funding supported initiation of PEPFAR-funded home-based care (HBC) services in Rukwa region for people living with HIV/AIDS (PLWHA). Under this funding, RODI conducted a thorough needs assessment of HBC capacity in early 2007, and is currently working to identify appropriate sub-partners in Rukwa districts where NGOs have yet to be identified. The findings of the needs assessment will help to shape service provision and capacity building efforts in the region.

ACTIVITIES: Working in a coordinated and cooperative manner, members of RODI, the Mbeya HIV Network Tanzania (MHNT), KIHUMBE, and SONGONET (see other submissions for these partners) will ensure similar packages of services are available for clients in the Mbeya, Rukwa and Ruvuma Regions. In addition, implementation of services has been standardized across these partners, though allowing for some flexibility in focus/approach depending on regional conditions. With FY 2008 funding, RODI will:

1. Expand provision of community HBC to additional in the Rukwa Region to include nutrition counseling and assistance, psychosocial/spiritual support, opportunistic infection (OI) and pain management, cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, training in income generating activities (IGAs), legal and human rights education and ART adherence counseling. 1a. Supply nutrition evaluation and counseling as well as food (to those who qualify) and vitamin supplements to clients during their first six months of ART. 1b. Link clients to agriculture activities where available in the region for training in home gardens for both personal food production and as an income generating opportunity. 1c. Link to USG procurement programs for distribution of insecticide treated nets (ITN) and water purification supplies to clients. 1d. Provide training and support for IGAs for caregivers and able PLWHA, and help to develop sustainable associations for income generation. 1e. Assist with short-term nutrition for malnourished children of HIV-positive clients unable to work. 1f. Identify and refer pediatric and adult cases of TB, malaria, and/or HIV to health care providers.
2. Convene monthly education and support group meetings for CHBC clients. 2a. Establish and inform community HBC clients of regular client meeting times. 2b. Develop a schedule of presentations and activities to augment support group meetings, addressing issues such as nutrition and other topics of interest identified by participants. 2c. Inform clients of IGA opportunities and trainings.
3. Train clients' caregivers in basic palliative care to increase community capacity and enable community HBC providers to prioritize clients with the most need. These efforts will foster community responsibility as well as expand program capacity to reach more PLWHA. 3a. Community HBC providers will provide ongoing training to caregivers as part of regular visits, creating a plan for reducing visits to longer intervals

**Activity Narrative:** and, as appropriate, ceasing visits except as needed/requested by the caregiver. 3b. Identify and address special training needs for elderly caregivers with literacy, health, or other barriers.

4. Incorporate prevention for positives and partner/child VCT referral into community HBC visits wherever appropriate. 4a. Ensure community HBC providers are trained to discuss HIV prevention with clients. Modify the existing HBC curriculum in prevention for positives approaches based on USG findings in FY 2007. 4b. Include prevention for positives and partner VCT referral as part of in all visits as appropriate. 4c. Discuss themes, successes, and challenges of HBC prevention efforts as part of organizations' regular HBC provider meetings to evaluate and improve services on an ongoing basis.

5. Pilot using solar-powered handheld electronic devices to connect community and facility levels for palliative care referrals, linkages, and back-up support. In remote areas, this will allow data on patients to be transferred more effectively.

**LINKAGES:** Community HBC services are provided by five sub-partner NGOs, using the national HBC guidelines. The NGOs refer clients to one another based upon clients' areas of residence, need, and specific area of expertise of a member organization. RODI convenes community HBC provider meetings to exchange ideas and support. RODI will also coordinate with other HBC providers in other regions of the country to work under the guidelines set by the National AIDS Control Programme (NACP).

RODI and its sub-partners link with: KIHUMBE; ward leaders and other local government officials; NGOs providing training and access to income-generating activities; faith groups and other counseling service providers; VCT sites and dispensaries; water safety projects and water purification commodities; and district and/or regional hospitals for treatment and provision of cotrimoxazole and morphine as necessary for care on a case by case basis.

**CHECK BOXES:** Home-based care allows for an integrated approach to the health and well-being of the patient and his/her entire family, addressing malaria and TB, child survival, and family planning in addition to HIV/AIDS. IGAs will promote women's access to income, as well as foster economic strengthening and food security. Training is a key component of the community HBC program area, through coordination with KIHUMBE, as volunteers constitute the primary human resources delivering community HBC services.

**M&E:** RODI has considerable M&E expertise, having supported a number of projects in efforts to improve M&E practices. RODI will have a staff member dedicated to monitoring and compiling all data collected by member organizations in collaboration with the data system to be rolled out in the future by NACP. The Henry Jackson Foundation Medical Research International (HJFMRI) will spot check the present tools for collecting detailed data on service delivery to assure transparency and completeness of HBC services. These tools, developed by the MHNT (separate submission), will serve as a visit checklist which includes a menu of services to be provided to each patient based on individual need. Use of the tools will ensure documentation of which services are provided for patient and program management. Compiling data from sub-partners will allow for identification of major service needs and gaps within community HBC services. All new and active HBC providers will be provided refresher courses regarding this paper based system so it may efficiently be transmitted to an electronic system. This system will thus measure successful linkages with care and treatment clinics, TB, counseling and testing, PMTCT, prevention, safe water, nutritional programs and livelihood programs and highlight innovative program linkages. These data will be shared with local leaders to highlight needs and enlist community support in meeting these needs. Once the national palliative care monitoring system is ready for implementation, RODI will switch to this system for program monitoring.

**SUSTAINABILITY:** RODI is a local, grassroots Tanzanian-run NGO that has cultivated capacity-building expertise in the health, environmental, and agricultural arenas. Its holistic approach to health addresses HIV, malaria, and water-borne disease. RODI has expanded activities slowly within the Southern Highlands Zone, so as not to exceed current capacity and therefore compromise quality of service. Few local entities in Rukwa have experience managing service delivery on a regional scale, yet RODI has the background and skill base for this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage, and fiscal oversight of sub-partners, but will also lend needed administrative capacity to Rukwa. RODI and its sub-partners will become increasingly well-positioned to apply for and administer additional funding for this under-served region.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18276

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18276	18276.08	Department of Defense	Resource Oriented Development Initiatives	7571	7571.08		\$324,970



## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$125,000

## Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,000

## Economic Strengthening

## Education

Estimated amount of funding that is planned for Education \$5,000

## Water

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7576.09

**Prime Partner:** Axios Partnerships in Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 17013.23576.09

**Activity System ID:** 23576

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$300,000

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

**TITLE:** Community-Based Palliative Care for People Living with HIV/AIDS (PLWHA) in Lindi and Mbeya Regions

**NEED and COMPARATIVE ADVANTAGE:** Many PLWHA in Tanzania have limited access to quality palliative care services in their communities. This is due to a limited numbers of skilled health workers, poor linkages to treatment and other services, stigma, and lack of knowledge for prevention of opportunistic infections. Innovative community-based care programs that increase access to drugs, prevention and counseling services are required to improve the quality of care for PLWHA.

Axios' extensive work in the past seven years has been in the area of community-based prevention and care for HIV/AIDS and strengthening the capacity of health facilities and management teams to manage and maintain services. Lessons learned in these areas are strengths that are essential to improve access to care and resources in poor settings, and would be applicable and useful in future programs.

**ACCOMPLISHMENTS:** Axios has been working on HIV/AIDS programs in Tanzania for the past seven years. This work initiated in two districts of the Mbeya region (Rungwe and Mbeya City), and has since scaled-up to 16 regions. The past work included an innovative community-based program for orphans and vulnerable children (OVC), with a human rights component through establishment of paralegal centers for orphans and widows; an outreach community-based prevention of mother-to-child transmission (PMTCT) program in all health facilities in two districts; and integrated voluntary counseling and testing (VCT) services established in 92 health facilities. Clients found to be HIV-positive were linked to care and support services through home-based care (HBC) and referral networks. A strong community care component impacted stigma, resulting in a high uptake of testing services. Strengthening and capacity building of Regional and Council Health Management Teams (RHMT and CHMT), ward-level structures, and health facility management boards was part of the program from design to implementation, in order to ensure smooth transition of responsibilities to the local authorities at the end of implementation.

Axios received PEPFAR funds in FY 2008 to establish palliative care services in the Lindi region in southern Tanzania. Lindi is a region in which the Clinton HIV/AIDS Initiative is the provider for facility-based care and treatment services, and there was a gap in community care services for PLWHA. In July 2008, Axios conducted a situation analysis in ten wards of three districts in Lindi to establish a baseline for palliative care program needs.

A total of seven wards have been selected for the project implementation. Axios has already conducted community meetings with local government leadership in the selected sites. In addition, about 16 health facilities in the catchment area were involved in the discussion to ensure linkages in services. Palliative care management teams have been established in seven wards to ensure continuity and improved management of services.

**ACTIVITIES:** In FY 2009, Axios will continue the activities planned for the seven wards in Lindi. However, instead of continued expansion in Lindi and neighboring Mtwara (both of which have relatively low prevalence), the USG has directed Axios to change its plans for expansion to ensure a more strategic approach. The decision to move Axios' focus to higher prevalence areas in Mbeya was based on HIV prevalence information and an estimation of potential clients using population data.

In FY 2009, there will be more focus on increasing comprehensiveness of services and improving the coverage of programs in the selected districts and wards. Axios will promote the establishment of PLWHA support groups to facilitate increased access to services, and to facilitate linkages to other wraparound programs addressing livelihood and household food security.

In FY 2009, there will be an increased emphasis on provision of prevention with positives (PWP) services for PLWHA. All sexually active PLWHA will be provided with condoms and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Implementing partners will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, Axios will strengthen the basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. Axios will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Axios will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. Axios will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water. Axios will also train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

In Lindi (Kilwa and Lindi town council), the program will be strengthened, focusing on providing quality palliative care as stipulated in the National AIDS Control Programme (NACP) guidelines. Axios will also ensure that the selected wards are fully permeated so as to improve access to services. Axios will work with health facilities to strengthen referrals, access to services, and supportive supervision. Axios will engage the community leaders and other community groups (women, youths, PLWHA support groups) in addressing stigma, uptake of services, and to support community HBC volunteers. Axios will work with and strengthen the ward AIDS committees and Community Development staff to be part of management teams, and assist mobilization for identification of clients in the communities, especially HIV-exposed children under five years. There will be quarterly coordination meetings of community-based volunteers and health

**Activity Narrative:** facility staff at the district level to share best practices and challenges. District coordination meetings will be a part of strengthening the roles of district HBC coordinators (or their designated equivalent).

Following PEPFAR/Tanzania's review of need based census and prevalence data, Axios will be redeployed to assist in Mbeya Region (Rungwe and Mbozi district). Mbeya is the region with the second highest prevalence of HIV/AIDS in Tanzania. Presently the US Department of Defense (DOD) is the major agency implementing a range of services from prevention to care and treatment. To accelerate the scale up of services, Axios will collaborate with DOD. Axios has a history of implementing HIV/AIDS programs in Mbeya through Abbott funding, working with VCT and PMTCT in Rungwe and Mbeya Urban districts. Established relationships in Rungwe will facilitate faster onset of activities and achievements in this district. The provision of quality HBC services depends on well-trained volunteers, so emphasis will be on identifying and training healthcare workers and HBC volunteers, providing refresher trainings when necessary. Axios will also strengthen referrals, M&E systems, and identification of HIV-exposed children. Axios will encourage the use of PLWHA as HBC volunteers as a measure to reduce stigma and to ensure that their needs are well-addressed through meaningful involvement of PLWHA.

The other proposed district in Mbeya is Mbozi. In FY 2009, Axios will conduct a situation analysis and obtain baseline information on the scope of the program and available support. This will be followed by intensive community mobilization for involvement and revising the activity plan. Axios will strengthen district, ward, and village leader capacity for improved planning and program support during the planning phase of the program.

If SCMS is unable to supply commodities through the Tanzanian Medical Stores Department for HBC, Axios will purchase HBC kits, including essential OI drugs, and supply project sites. Through the linkages formed with CHMTs, Axios will participate in planning meetings to leverage community support and ensure activities are absorbed in Comprehensive Council (district) Health Plans. Axios will strengthen local organizations and health facility boards to ensure HBC programs access commodities available through health facilities, and also to strengthen fiscal and programmatic accountability.

**LINKAGES:** To improve the quality of services, linkages will be established at district levels with NGOs that provide services for condom promotion, malaria prevention through ITNs, safe drinking water, nutritional support, income generating activities, and other prevention and care activities such as PMTCT and OVC support. At the local level, Axios will work together with other PEPFAR partners and stakeholders, specifically DOD, with a close collaboration with RHMT and CHMT to ensure sustainability. Ward and village executive teams and multi-sectoral AIDS committees will be strengthened and involved in planning. At the national level, linkages with USG and NACP will ensure implementing guidelines are adequately applied, monitoring tools are used, and core indicators captured.

**M&E:** Axios' M&E Senior Program Manager will be responsible for retrieving and disseminating revised HBC guidelines, monitoring indicators and tools to ensure clear understanding of national and PEPFAR monitoring indicators. Orientation meetings with RHMTs and CHMTs will be organized, as well as meetings with all health facility staff and HBC volunteers in project wards. HBC trainers will be targeted to ensure dissemination of M&E tools during training sessions. Copies of guidelines and monitoring tools will be made available at all levels, from regional to district and in health facilities at village and ward levels. Follow-up will ensure accurate reporting from ward to district level.

Axios will adopt and support the rollout of the national monitoring system for palliative care, through provision of appropriate support to the local government and health system management teams. Activity supervision will be organized monthly for HBC volunteers by health facility staff within the ward, and quarterly by district teams in collaboration with the Axios Program Manager. The districts will manage reporting to NACP and Axios with a follow-up by the Axios Program Manager. Data management and analysis will be conducted by Axios and shared with Ministry of Health and Social Welfare, donors, and other stakeholders.

**SUSTAINABILITY:** Community involvement, from the planning stage through implementation of activities, creates program ownership and sustainability. Initial planning of project activities will include consultation with the CHMT to ensure some activities are absorbed within the Comprehensive Council Health Plan. A completed plan will be shared with the District Executive Director and members of the Council Social Services Committee to solicit some funds and program support. Past work experience shows health facility boards to be an important structure that can be strengthened for sustainability. These boards will be strengthened and involved in planning at ward levels to leverage community support for affected families and Community HBC volunteers. For continuous support, Axios will establish and strengthen ward palliative care management teams (three members in each ward) comprised of the Ward Community Development Officer, health center staff in charge, and ward HBC supervisor.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17013

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17013	17013.08	U.S. Agency for International Development	Axios Partnerships in Tanzania	7576	7576.08		\$300,000

---

**Emphasis Areas**

Health-related Wraparound Programs

\* Malaria (PMI)

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Estimated amount of funding that is planned for Water \$40,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7578.09

**Mechanism:** N/A

**Prime Partner:** Population Services  
International

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 17045.23577.09

**Planned Funds:** \$600,000

**Activity System ID:** 23577

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Providing Access to Safe Water

NEED and COMPARATIVE ADVANTAGE: A recent study in Africa has demonstrated that diarrhea is four times more common among children with HIV and seven times more common among adults with HIV than HIV negative household members (Mermin et al, 2004). The provision of a plastic water vessel with a spigot and a supply of chlorine tablets for water purification was associated with a reduction in microbial contamination of household water and less diarrhea and dysentery among persons with HIV. This intervention has been demonstrated as a cost-effective method of providing safe drinking water, according to the World Health Organization.

ACCOMPLISHMENTS: FY 2007 funds were requested for an initial purchase of water vessels and tablets, to be distributed through a social marketing program linked with USG implementing partners. The activity will soon be contracted.

Procurement is planned with the FY 2007 to make water vessels and water purification tablets to households of people who are being provided with home-based care for HIV/AIDS. The vessels and tablets will be included in the basic preventive care package for persons living with HIV (PLWHA), as part of a broader social marketing program that distributes the vessels and water purification tablets.

ACTIVITIES: With FY 2008 funds, additional water vessels and water purification tablets would be made available without cost to households of people who are being provided with home-based care, probably through a voucher system. These water vessels and the chlorine will be provided to all PLWHA receiving palliative care as a part of a basic preventive care package for persons with HIV. The vouchers would be distributed by the palliative care provider.

FY 2008 funds would provide for an additional 45,000 water containers and tablets to support 45,000 households.

LINKAGES: This program would link with all palliative care providers, both facility-based and home-based services. Because the beneficiaries are not unduplicated, no targets are indicated. The program would also coordinate with the Counseling and Social Services Unit at the National AIDS Control Programme (NACP), especially for planning and evaluating lessons learned.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17045

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17045	17045.08	U.S. Agency for International Development	Population Services International	7578	7578.08		\$600,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Estimated amount of funding that is planned for Water \$600,000

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7579.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> ACDI/VOCA	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 17011.23578.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23578	

**Activity Narrative:** ACTIVITY WILL BE DISCONTINUED IN FY 2009

TITLE: Improving Economic Opportunities for People Living with HIV/AIDS in the Horticulture Industry in Tanzania

NEED and COMPARATIVE ADVANTAGE: High value horticulture is a suitable income-generating activity (IGA) for people living with HIV/AIDS (PLWHA) because such crops are hand-cultivated in a small area that can be close to one's home. Consequently, PLWHA can be involved in part-time labor and family members can provide support. Horticulture also results in significantly higher returns to labor than field crops such as maize. ACDI/VOCA (AV) has extensive experience in developing successful economic programs around the world and is prepared to collaborate with the PEPFAR project. AV's Horticulture Competitiveness of Tanzania (HCTZ) project will assist PLWHA to increase income through sales of high value horticultural crops and enriching the dietary base for targeted households. AV will use its comparative advantage to promote improved nutrition and nutrient-rich food preparation among workers with HIV. AV is also the lead of the horticulture producer association, providing broad reach for its approach.

ACCOMPLISHMENTS: AV is a long-time USAID economic growth partner.

ACTIVITIES: The program will build the capacity of producer associations to provide services for PLWHA related to income generation, improved nutrition, and reduced stigma. High value horticulture is an excellent source of income for families with infected members, as well as providing an avenue for providing advice and support for PLWHA who can generate income by working in horticulture near the home.

Using the relationship that AV has with the horticulture producer associations, the Tanzanian Horticulture Association (TAHA), AV will promote economic opportunity among PLWHA. It will encourage PLWHA to remain healthy contributors to their household income, and provide referrals for community home-based care (HBC) and to treatment services. To strengthen the ability of PLWHA to remain in good health and contribute to income generation for their families, AV will use existing materials developed by HBC programs to promote improved nutrition education and consumption among PLWHA beneficiaries. Understanding nutritional value of various horticulture products and how they can be most efficiently prepared to ensure the necessary balance of vitamins and minerals will improve general health status. The program will promote urban gardens for PLWHA to improve nutrition and economic opportunity. Training sessions designed around health and nutrition needs for PLWHA will be organized and provided. It will also organize village-based cooking and nutrition demonstrations to encourage the healthy preparation of food while incorporating available vegetables from the horticultural programs.

Because AV is the lead organization in TAHA, it will also work with industry stakeholders to ensure that PLWHA are not marginalized in industry activities, rather, they will benefit from them. Horticulture is a key economic industry in Tanzania focused around the northern parts of the country (Arusha and Lushoto). Though HIV/AIDS is widespread in this part of Tanzania, few industry stakeholders actively address the disease and its impact on the community. TAHA will ensure widespread dissemination of information while ensuring sustainability of activities beyond the life of the project. An assessment of constraints faced by PLWHA in participating in the horticulture industry will be conducted in order for TAHA to develop strategies to reach PLWHA among rural vegetable producers. Interventions designed for PLWHA will be highlighted at industry events and regional/national horticultural fairs (e.g., Nane Nane and Farmers' Day), in collaboration with industry stakeholders to promote the improved income, nutrition, and health benefits of horticulture.

LINKAGES: AV will leverage the economic growth horticulture activity recently awarded by USAID for work in the Arusha, Kilimanjaro, Moshi, and Tanga regions. AV will link with existing palliative care partners in those regions to provide quality wraparound programming for income generation and nutrition, and to ensure that participants receive quality training and information. These partners include Pathfinder International, Selian, Foundations for Hospice in Sub-Saharan Africa, the American International Health Alliance, and Mildmay. In addition, the project will link with local nutritionists to develop engaging and relevant workshop sessions on healthy living, as well as with theater groups such as Arusha Living Positive with HIV/AIDS (ALPHA). It will also link with the Peace Corps-initiated permaculture program to incorporate successful practices of that program into other parts of the country. It will incorporate the government, community health, and extension agents as partners in the planning, implementation and evaluation of the health promotion activity. Lastly, it will partner with local non-governmental organizations (NGOs), Rural Urban Development Initiatives (RUDI), and technical trainers to incorporate HIV/AIDS care and treatment services in association information, capacity building, and training. Partnership with TAHA and RUDI has already been secured through a letter of agreement. Because this is a wraparound activity, no direct targets are indicated.

CHECK BOXES: These areas of emphasis were selected because approximately 11% of blood donors in the target area are HIV-positive. Horticulture is a prominently female activity, with female membership in horticulture producer associations typically reaching 60%. Youth are also included because children who are not enrolled in school in rural areas are generally engaged in their family farms. The business community is included through industry activities, and through the fact that the program is focused in the workplace of the horticulture industry actors. AV's business-oriented approach to development will ensure that PEPFAR funding will have a positive impact on economic strengthening.

M&E: AV will track the number of beneficiaries receiving enhanced palliative care services through improved nutrition and income generating activities from project interventions. Village and association based training and education provide easy venues to track progress over the two-year project period. AV will explore additional qualitative indicators reflecting the availability and quality of palliative care among beneficiaries and include them in the project's M&E system. In addition, the project will analyze the specific constraints faced by PLWHA in the high-value horticulture sector and report on findings and recommendations.

SUSTAINABILITY: Through producer associations and partnerships between public and private sector

**Activity Narrative:** stakeholders, AV will promote collaboration between multiple agencies in order to develop local and community ownership of the interventions to ensure sustainability beyond the life of the project, including through cost-sharing of activities. AV's horticulture competitiveness project uses the value chain approach to ensure sustainability, as target populations will engage in commercially sustainable income-generating activities. The study analyzing the constraints of PLWHA and their caregivers in the horticulture sector will also assist TAHA and other industry players to address constraints and incorporate such programming in their activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17011

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17011	17011.08	U.S. Agency for International Development	ACDI/VOCA	7579	7579.08		\$0

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 7580.09

**Mechanism:** N/A

**Prime Partner:** SONGONET-HIV Ruvuma

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 17012.23579.09

**Planned Funds:** \$457,249

**Activity System ID:** 23579



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITIES: In FY 2009, previous activities will continue, though there will be an increased emphasis in provision of prevention with positives services for PLWHA. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevention of common illnesses, safe water usage and improved hygiene practices. SONGONET will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. All sexually active PLWHA will be provided with condoms, which is an essential component of prevention of further HIV transmission. Coupled with condoms provision, PLWHA will be linked with sexually transmitted infection treatment services and high-risk behavioral counseling. SONGONET will discuss with PLWHA on specific strategies for disclosing one's HIV status to sexual partners and link them to confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas. The following specific activities will be implemented by SONGONET in providing preventive package services: Procurement and/or distribution of insecticide treated bed nets (ITNs) to PLWHA, and promotion on correct usage of ITNs. SONGONET will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will be provided with water treating tablets and water vessels in provision of safe drinking water. SONGONET will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

There will also be increased attention to nutrition and nutritional status. SONGONET will assess nutritional status and refer patients for supplementation or counseling and nutritional education. In addition, SONGONET will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

SONGONET goals for FY 2008 were to expand to seven NGOs and this was achieved. Currently eight partners are operating in Ruvuma. Plans for FY 2009 are to serve about 1,200 clients, and train an additional 125 providers. FY 2009, DOD will begin the last year of a three-year process to transition responsibility for sub-partner oversight to SONGONET.

\*END ACTIVITY MODIFICATION\*

TITLE: Ruvuma Community Home-based Care to Support Health and Self-sufficiency

NEED and COMPARATIVE ADVANTAGE: As the number of HIV-positive individuals, who know their serostatus increases, so does the need for palliative care and for support in adhering to antiretroviral therapy

(ART). The non-governmental organizations (NGOs) comprising SONGONET-HIV, serving the Ruvuma region, were selected for funding from multiple applicants, based upon their service delivery experience, existing organizational infrastructure, and established linkages to hospitals in their communities. As a sub-grantee under a DOD umbrella organization in 2006 and 2007, this organization has shown the capacity necessary to coordinate service provision by a network of NGOs in Ruvuma and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2006 funding supported initiation of PEPFAR-funded home-based care (HBC) services in Ruvuma region. The community home-based care HBC providers of three NGOs have supported approximately 550 clients, providing palliative care that includes nutrition counseling and assistance, psychosocial/spiritual support, opportunistic infection (OI) and pain management. In addition, HBC providers address cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, training in income generating activities (IGAs), legal and human rights education, and ART adherence counseling. More than 93 community members received community HBC comprehensive training from KIHUMBE, a prime partner under a separate submission. Though FY 2007 funds have not yet been received, goals for the coming year are to expand to seven NGOs, serving nearly 1,200 clients, and training an additional 125 providers.

ACTIVITIES: Members of SONGONET, the Mbeya HIV Network Tanzania (MHNT), KIHUMBE, and RODI (see other submissions for these partners) will collaborate to ensure similar packages of services are available for clients in the Mbeya, Rukwa, and Ruvuma regions. In addition, implementation of services has been standardized across these partners while allowing for some flexibility in focus/approach depending on regional conditions. The program aims to:

1. Expand provision of community HBC to additional people living with HIV/AIDS (PLWHA) in the Ruvuma region to include nutrition counseling and assistance, psychosocial/spiritual support, OI and pain management, cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, training in IGAs, legal and human rights education and ART adherence counseling.
  - 1a. Supply nutrition evaluation and counseling as well as food (to those who qualify) and vitamin supplements to clients during their first six months of ART.
  - 1b. Link clients to agriculture activities where available in the region for training in home gardens for both personal food production and as an IGA.
  - 1c. Link to USG procurement programs for distribution of insecticide treated nets (ITN) and water purification supplies to clients.
  - 1d. Provide training and support for IGAs for caregivers and able PLWHA, and help to develop sustainable associations for income generation.
  - 1e. Assist with short-term nutrition for malnourished children of HIV-positive clients unable to work.
  - 1f. Identify and refer pediatric and adult cases of TB, malaria, and/or HIV/AIDS to health care providers.
2. Convene monthly education and support group meetings for CHBC clients.
  - 2a. Establish and inform community HBC clients of regular client meeting times.
  - 2b. Develop a schedule of presentations and activities to augment support group meetings, addressing issues such as nutrition, and other topics of interest identified by participants.
  - 2c. Inform clients of IGA opportunities and trainings.

**Activity Narrative:** 3. Train clients' caregivers in basic palliative care to increase community capacity and enable community HBC providers to prioritize clients with the most need. These efforts will foster community responsibility as well as expand program capacity to reach more PLWHA. 3a. Community HBC providers will provide ongoing training to caregivers as part of regular visits, creating a plan for reducing visits to longer intervals and, as appropriate, ceasing visits except as needed/requested by the caregiver. 3b. Identify and address special training needs for elderly caregivers with literacy, health, or other barriers.

4. Incorporate prevention with positives and partner/child counseling and testing (VCT) referral into community HBC visits wherever appropriate. 4a. Ensure that community HBC providers receive training to discuss HIV prevention with clients. Modify the existing community HBC curriculum in prevention with positives approaches based on USG findings in FY 2007. 4b. Include prevention with positives and partner VCT referral as part of all visits as appropriate. 4c. Discuss themes, successes, and challenges of community HBC prevention efforts as part of organizations' regular provider meetings to evaluate and improve services on an ongoing basis.

5. Pilot the use of solar-powered handheld electronic devices to connect community and facility levels for palliative care referrals, linkages, and back-up support. In remote areas, this will allow data on patients to be transferred more effectively.

**LINKAGES:** Community HBC services are provided by seven sub-partner NGOs, using the national HBC guidelines. The NGOs refer clients to one another based upon clients' areas of residence, need, and specific area of expertise of a member organization. SONGONET convenes community HBC provider meetings to exchange ideas and support.

SONGONET and its sub-partners collaborate with KIHUMBE; ward leaders and other local government officials; NGOs providing training and access to IGAs; faith groups and other counseling service providers; VCT sites and dispensaries; water safety projects and water purification commodities; and district and/or regional hospitals for treatment and provision of cotrimoxazole and morphine as necessary for care on a case by case basis.

**CHECK BOXES:** HBC allows for an integrated approach to the health and well-being of the patient and his/her entire family, addressing malaria, TB, child survival, and family planning in addition to HIV/AIDS. IGAs promote women's access to income, as well as foster economic strengthening and food security. Training is a key component of the community HBC program area, through coordination with KIHUMBE, as volunteers constitute the primary human resources delivering CHBC services.

**M&E:** SONGONET-HIV implements various efforts to improve M&E practices. SONGONET-HIV will devote a staff member to monitoring, compiling, and evaluating all data collected by member organizations in collaboration with the data system to be rolled out in the future by NACP. Henry Jackson Foundation Medical Research International (HJFMRI) will spot check the present tools for collecting detailed data on service delivery to assure transparency and completeness of HBC services. These tools, developed by MHNT (separate submission), will serve as a visit checklist which includes a menu of services for each patient based on individual need. Use of tools will ensure documentation of services provided for patient and program management. Compiling data from sub-partners will allow for identification of major service needs and gaps within community HBC services. These data will be shared with local leaders to highlight needs and enlist community support in meeting these needs. Refresher courses will be conducted for new and active HBC providers regarding the paper-based system to ensure efficient transmission to an electronic system. This system will measure successful linkages with care and treatment clinics, TB, counseling and testing, PMTCT, prevention, safe water, nutritional programs, livelihood programs, and highlight innovative program linkages. These data will be shared with local leaders to highlight needs and enlist community support in meeting these needs. Once the national palliative care monitoring system is ready for implementation, SONGONET will switch to this system for program monitoring.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to SONGONET. This local network is an HIV-specific subset of a larger group of Ruvuma NGOs. DOD will work with SONGONET to establish appropriate administrative mechanisms, coordinate training, provide technical assistance, and implement a transition plan to shift all administrative functions to the network. Once the transition is complete, SONGONET will determine awards, ensure regional coverage, and assure proper fiscal management and oversight of sub-partner service implementation. Additionally, the group is well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17012

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17012	17012.08	Department of Defense	SONGONET-HIV Ruvuma	7580	7580.08		\$331,636

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$137,037

## Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8023.09	<b>Mechanism:</b> PPP Solar Power
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 18273.23580.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 23580	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: PPP Solar Energy Infrastructure for Improved Health Care Delivery and Linkages in Rural Areas

NEED and COMPARATIVE ADVANTAGE: A key strategy in FY 2008 is the expansion of HIV/AIDS services to over 500 health centres. One key barrier to the provision of medical services at health facilities is the lack of adequate and reliable energy. Energy is needed to run diagnostic equipment, power refrigerators, pump clean water and power up for transfer data via computer/fax, phone, or other electronic devices. Energy is also vital in linking patients to higher levels of services and community-based services, and aids in the timeliness and accuracy of monitoring services.

ACTIVITIES: This activity will target approximately 20 small health facilities. The focus is on health systems with low energy requirements (5 – 10 kWh/day) that are located in remote settings with limited services and small staff ( 0-60 beds). Electric power is usually required for lighting facilities during evening hours, supporting limited surgical procedures, maintaining cold chain for vaccines, blood, and other medical supplies, and utilizing basic lab equipment. Data is usually in paper registers and transferred via paper summary forms via local transport. Patients linked to higher facilities are done so with paper-based referral forms.

The project will do a rapid assessment of facilities that lack adequate and reliable energy in consultation with the Government of Tanzania (GoT) and implementing partners. Priority would be given to facilities where care and treatment is being rolled out and where weak linkages exist between the facilities and the community home-based care services/providers.

Each facility will be required (with technical support) to a) determine typical energy usage of facilities; and b) evaluate the energy technologies available (photovoltaic, winder, reciprocating engines, hybrid systems, and grid extensions). For example, solar photovoltaic system with batteries is estimated to cost at \$15,000 – 20,000 per facility and \$500 per year in maintenance.

A private partner will be sought to offset the costs of each system and the health facility, and its respective district health authority will be responsible the future maintenance and security.

LINKAGES: This proposal will link with a private partner TBD, with technical assistance through USAID Washington on electrification options, and the basic care and support pilot that will link with palliative care services. Peace Corps volunteers living in areas where facilities are located will also be involved. Linkages will also be made with treatment referral centers, as well as HBC implementing partners (who will test the use of phones/hand-held electronic devices to transfer data to link facilities and community-based palliative care services, focusing on monitoring visits, referrals, and patients lost to follow-up).

SUSTAINABILITY: Health facilities and district health authorities will be asked to contribute to maintenance and upkeep including security of the systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18273

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18273	18273.08	U.S. Agency for International Development	To Be Determined	8023	8023.08	PPP Solar Power	████████

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 8024.09

**Mechanism:** PPP-Lake Zone

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 18301.23581.09

**Planned Funds:** ██████████

**Activity System ID:** 23581

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been reconsidered and restructured since the COP 2008 entry. USG Tanzania will form a Public-Private Partnership (PPP) with a mining company in Shinyanga Region in the Lake Zone to address food and nutrition needs in care and treatment settings. Shinyanga is one of the arid regions in Tanzania experiencing prolonged droughts which affects household food availability and security. In FY 2009, USG will be piloting a food by prescription project in Shinyanga. This PPP will expand the nutrition services availability for eligible People Living with HIV/AIDS, Prevention of Mother-to-Child Prevention clients, and orphans and vulnerable children. Through this partnership, the mining company's resources will be leveraged to procure food for distribution in additional four care and treatment facilities in the region. Linkages will be made with the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), the implementing partner providing PMTCT and ART services in Shinyanga, as well as Pathfinder international, the partner providing community-based care and support to harmonize plans and trainings for service providers and defining service packages.

ACCOMPLISHMENTS: This is a new activity.

\*END ACTIVITY MODIFICATION\*

TITLE: Palliative Care Public-Private Partnership Workplace Program

Many workers, well enough to return to work, need to be monitored or treated for opportunistic infections, or referred to a Care and Treatment Clinic when necessary. These activities could easily be taken care of in the workplace. Indeed, there are organizations in Tanzania who have developed workplace programs, where the employer has existing relationships with community-based organizations as well as with local government authorities. Some of the gold mines in Tanzania, for example, have a longstanding working relationship with the African Medical Research Education Foundation (AMREF), which provides voluntary counseling and testing programs, as well as palliative care programs throughout the country. There are other programs that could be a natural link with an effective workplace program for HIV/AIDS, e.g., Tanzania Marketing and Communication Company (T-MARC) and Population Services International (PSI). Both of these organizations could focus attention of prevention with positives initiatives in the workplace.

The basic principle of the funding arrangements with a TBD public-private partnership for a workplace HIV/AIDS program will be "cost-sharing." In addition to staff input, the TBD partner would provide office space to host the projects in the respective districts and where and when possible, allocate vehicles to travel into the project area. In some of the models already used by the mines in Tanzania, others in the catchment area can also access services at the workplace site, and they have an operational budget for community development interventions in the communities around the mine sites that can be dedicated to project activities.

Funding provided by the USG would be leveraged with the cost-sharing described. Further funding for the interventions will be sought from large funding institutions and foundations, multilateral agencies and bilateral development partners complemented with funding from the commercial sector. The aim is to achieve a broad financial base with funding from multiple partners from both the public and private sector. Resource mobilization will be done with support of the Global Business Coalition on HIV/AIDS, TB and Malaria (GBC).

ACCOMPLISHMENTS:  
This is a new, TBD activity

ACTIVITIES:  
The program would follow an evidence-based, coherent and consistent approach to health interventions, founded on international best practice and consistent with Tanzanian health policy and guidelines.

The long-term goal of the program is improved health status, especially of people living with HIV/AIDS, in a large catchment area of Tanzania.

The main objectives are:

1. To create increased awareness among employees and others in the community about HIV/AIDS, TB, and malaria, and to focus on preventive behaviors such as family planning and condom use
2. To improve access to services and products to prevent transmission of HIV/AIDS, TB, and malaria, and ensure that PLWHA can be treated easily with facility-based palliative care.
3. To improve health service delivery in the communities

A key cross-cutting objective is to create sustainable partnerships with local government, community-based organizations, and commercial sector in the implementation and management of the program and in the mobilization of additional resources.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18301

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18301	18301.08	U.S. Agency for International Development	To Be Determined	8024	8024.08	PPP-Lake Zone	

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8030.09	<b>Mechanism:</b> Community Services
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 8706.23582.09	<b>Planned Funds:</b> \$5,188,647
<b>Activity System ID:</b> 23582	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, Tunajali identified and trained over 1,200 new community volunteers, making an established network of over 3,418 trained community volunteers who are providing quality HBC services to over 51,000 PLWHA. Effective referral networks have been developed, with 63% of patients linked to care and treatment services and receiving facility-based palliative care. Over 300 PLWHA support groups with over 6,500 members were formed and strengthened. Local government officials have been sensitized to support Tunajali activities to enhance sustainability. Thirty District Continuum of Care Coordinating Committees (DCoCCCs) have been established in the mainland and two in Zanzibar. These DCoCCCs are supported by Tunajali to meet quarterly to review progress and plan ways in which to enhance and monitor program performance. The program is starting to reap evidence of sustainability, with three district councils allocating about \$25,000 to Tunajali for HBC services, and about seven more have promised to do the same. Service outlets have increased from 398 to over 500 wards in the mainland and ten districts in Zanzibar.

In FY 2009, there will be increased emphasis on provision of prevention with positives (PWP) services for People Living with HIV/AIDS (PLWHA). All sexually active PLWHA will be provided with condoms and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Service providers will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, Tunajali will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. Tunajali will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. Tunajali will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. Tunajali will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water. Tunajali will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly more apparent. In FY 2009, USG/Tanzania will put more emphasis on addressing food and nutrition needs of clients receiving care and support. In home visits, Tunajali will conduct nutritional counseling and refer patients to the CTC facility for nutritional assessments, which will help to inform the clinical management of PLWHA, pregnant women under PMTCT programs, as well as HIV-exposed infants and children receiving care and support.

M&E: Tunajali will roll out the newly developed paper-based national HBC reporting and recording system. All Tunajali regional and sub-grantee staff and volunteers will be trained on the system, as well as the HBC electronic data management system. To disentangle the overlap of HBC and facility-based care patients, the new recording and reporting system will enable tracking the records of those HBC clients served at CTCs. Tunajali will provide technical support to sub-grantees in data assurance through trainings and supportive supervision. Reports will be shared quarterly with other HBC stakeholders including the MOHSW authorities to inform future plans.

\*END ACTIVITY MODIFICATION\*

TITLE: Scaling-up Quality Home-based Palliative Care Services in Six Regions

NEED and COMPARATIVE ADVANTAGE: By September 2008, Tunajali (Kiswahili for "we care") will have reached 35,000 people living with HIV/AIDS (4.5%) of the estimated 782,783 in need of palliative care with home-based care (HBC) services in their six assigned regions. There remains a huge unmet need requiring targeted expansion of services. Deloitte Consulting and their technical partners, Family Health International (FHI), are best positioned to respond quickly to this enormous challenge because of their established partnerships with government structures in the regions they serve with HBC services. Deloitte/FHI is also the treatment partners for most of those regions. Tunajali has staff in all the regions to provide timely technical assistance and supportive supervision. Tunajali already supports 28 local sub-grantees and 32 district councils to plan, implement, and monitor quality HBC interventions. Tunajali's collective strengths include a thorough understanding of the local healthcare environment, and a sound and practical technical approach.

ACCOMPLISHMENTS: Tunajali has established a network of over 2,200 trained community volunteers who are providing quality HBC services to about 30,000 PLWHA as of June 2007. Effective referral networks have been developed, with nearly 40% of these patients linked to care and treatment services, who are also receiving facility-based palliative care. The basic package of services being expanded includes insecticide-treated bed nets (ITNs) for malaria protection, and the use of cotrimoxazole. In addition, Tunajali is implementing a pilot to develop a community-based positive prevention package with support from the FHI system strengthening project. Tools developed for quality improvement and supportive supervision are now in use.

ACTIVITIES: The primary purpose of the Tunajali program is to increase the number of HIV-positive adults and children on palliative care in Dodoma, Iringa, Morogoro, Coast, and Mwanza regions. Coverage will be increased in all districts, including expansion into a new region, Singida (three new districts). Service outlets will be increased from the current 398 wards to 731 wards. About 19,000 new PLWHA will be identified and supported to reach a cumulative total of 54,000 patients on palliative care. Efforts will be made to include more children under care through linkages with care and treatment centers (CTCs), and

**Activity Narrative:** improve case finding for HIV-exposed children in the homes of PLWHA. An additional 1,267 volunteers will be identified, trained, and motivated (bicycles/recognition) to provide community palliative care and support. Grants will be provided to 28 existing sub-grantees, and four new sub-grantees will be identified in the new districts. The program will conduct stigma reduction interventions in all communities to enhance voluntary counseling and testing.

During FY 2009, Tunajali will focus on improving the quality of palliative care provided to PLWHA. Tunajali's core package of care aims to address healthcare, nutritional, spiritual, psychological and socioeconomic support, and legal rights from the time one is confirmed HIV-positive through all stages of disease progression to end of life. All new volunteers will undergo comprehensive training courses in HBC, using the Ministry of Health and Social Welfare (MOHSW) curriculum, and will understand the referral process for orphans and vulnerable children (OVC). Ongoing volunteers will undergo a one-week refresher training. Sub-grantee and district HBC staff will be trained in supportive supervision skills and updates of palliative care, including the expansion of the preventive care package (provision of ITNs for malaria control, Waterguard for water safety, and cotrimoxazole prophylaxis). In addition, a plan for introducing prevention with positives measures will be introduced: adherence counseling, encouragement for disclosure, availability of family planning, counseling, referrals, condoms, etc. Regular supportive supervision will be conducted by Tunajali central and regional staff, sub-grantee supervisors and the MOHSW District HBC Coordinators. Tools for assessing nutritional status will be adopted and used by volunteers to assess and refer malnourished patients. HBC kits will be procured and distributed for management of pain and other symptoms. Tunajali will identify, document, and disseminate best practices for replication and informing future policy and technical guidance. Tunajali has also received permission to pilot the use of lay counselors and testers in the household to improve case finding.

Tunajali will build the capacity of local civil society organizations and district public units to effectively network and coordinate the provision of comprehensive care for PLWHA. The program will regularly monitor and review referral systems at community/district levels. It will also conduct regular mapping and updates of organizations providing essential services and wraparound programs to enhance comprehensive care in the areas of prevention, nursing and medical care, spiritual and psychological support, food and nutrition, income generation, and legal and human rights. Tunajali will build the capacity of PLWHA support groups to play an active role in interventions at the household, community, and health facility levels. A critical role Tunajali will play is to help support district coordination teams to meet, plan, and monitor the provision of comprehensive services across a continuum of care at community/district levels.

A critical aspect of the Tunajali program is to increase the technical and organizational capacity of civil society organizations (CSOs) to deliver comprehensive care and support to PLWHA. Deloitte will focus on fiscal accountability, ensuring that financial controls and reporting are in place. In addition, Deloitte and FHI will assist with program accountability so that the services to be provided are provided with high quality and consistency.

**LINKAGES:** To address the variety of needs related to palliative care and HBC services, Tunajali will assist CSOs and districts to identify institutions that can support priority PLWHA needs such as food and income generation. Tunajali shall advocate for creation of local food reserves for the sick through contributions by villagers as a strategy to enhance the traditional "caring" spirit. Tunajali will link with the US Peace Corps to scale-up Permaculture gardening initiatives, training core CSO staff and ward agricultural extension workers as trainers who will train HBC volunteers. The volunteers will develop demonstration vegetable gardens to be replicated by members of households served. Tunajali shall link with Management Sciences for Health to increase accessibility of HBC kits through Accredited Drugs Dispensing Outlets in the Morogoro region. In addition, Tunajali will link with STRADCOM for to build demand for HBC services. In the regionalization process, Deloitte/FHI's palliative care and related OVC initiatives are linked with another Deloitte/FHI mechanism for anti-retroviral treatment and prevention of mother-to-child transmission. At the national level, it is also linked with all other palliative care providers who fall under the coordination of the National AIDS Control Programme. Tunajali will make a bulk purchase of HBC kits to be distributed through the Medical Stores Department to all implementing partners requesting them.

**CHECK BOXES:** Volunteers will be trained to provide quality palliative care services, with attention paid to retention issues (through non-cash incentives). Tunajali will train at least two members per household to provide palliative care. CSOs will be strengthened to enable them to scale-up sustainable quality palliative care. PLWHA are the main focus of this program, though it will work in a holistic way with the household, both finding potentially HIV-exposed family members. It will link adolescent boys to male circumcision interventions in order to reduce HIV transmission.

**M&E:** Tunajali will participate in the development and use of the national HBC systems for recording, storage, retrieval, and reporting field service data to ensure standardization at all levels. Data will be collected by trained volunteers, who will submit monthly reports to their CSOs, who will review and aggregate data before it is sent to regional offices through the district channels. At each level the data will be verified using data quality checklists to ensure reliability. Tunajali will routinely improve the capacity of CSOs to manage data. To disentangle the overlap of HBC and facility-based care patients, Tunajali will keep records of those HBC who are served at CTCs. Reports will be shared quarterly with MOHSW authorities to inform future plans.

**SUSTAINABILITY:** Tunajali will play a facilitative role to ensure the incorporation of CSO work plans, budgets and reports in the district response plans as a sustainability measure. At the household level family members will be mentored to adopt caring roles. With the support of district and community leaders, strategies will be developed to leverage local food production to create community reserves for the sick. Community members will be encouraged to contribute to a "community food reserve" earmarked for the chronically sick. Tunajali-supported CSOs will be offered training in project proposal development so as to open other grant opportunities.

**New/Continuing Activity:** Continuing Activity



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13462	8706.08	U.S. Agency for International Development	Deloitte Consulting Limited	8030	8030.08	Community Services	\$4,570,000
8706	8706.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$4,225,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8117.09	<b>Mechanism:</b> IEC Materials
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 16425.23583.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 23583	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

**TITLE:** Centralized Preparation for Palliative Care Printed Materials

**NEED and COMPARATIVE ADVANTAGE:** Non-government organizations (NGOs) and implementing partners often use printed materials to distribute information regarding home-based or facility-based palliative care. Employing one central organization (to avoid duplication) to identify, develop, print, and distribute an accurate arsenal of printed materials (in collaboration with the National AIDS Control Programme (NACP) and key stakeholders) would create a cost-effective national infrastructure to disseminate accurate information. This would alleviate each organization having to develop materials, differing information circulating the nation, and enable all palliative care providers to have access to information for all patients. Anti-stigma messages would also be developed and distributed in order to address applicable barriers to care and treatment.

**ACCOMPLISHMENTS:** No accomplishments as of yet

**ACTIVITIES:** Initially, a primary assessment of existing materials pertaining to home-based palliative care, facility-based palliative care, and prevention with positives would be conducted in order to review quality and content. Further steps would include identifying materials that would be applicable for utilization at the national level.

Upon completion of the assessment, in order to bolster and supplement existing information, the agency TBD will develop additional accurate and salient messages for palliative care in addition to anti-stigma messages for national distribution.

In addition to developing printed materials, TBD will be responsible for printing and distributing home-based and facility-based palliative care information in addition to literature pertaining to prevention with positives.

In order to ensure consistently accurate and salient information, the organization, TBD, will conduct monitoring and evaluation (M&E) of the printed materials in accordance with Government of Tanzania (GoT) guidelines, current empirical scientific information, and culturally sensitive methods of disseminating information.

**LINKAGES:** The organization undertaking the major activities will ensure communication and collaboration with NACP and all key stakeholders and implementing partners involved with conducting and providing palliative care in Tanzania. There are no targets indicated because the recipients are not unduplicated.

Printed materials would be prepared for a full spectrum of users, both literate and non-literate. Pictures and alternative methods of information sharing would apply to the entire population of Tanzania. Development of anti-stigma messages would ensure distribution of socially responsible content, in addition to necessary care and treatment information nationwide.

**M&E:** Printed material will be reviewed by the implementing partner and NACP on a continual basis to ensure accuracy and comprehensiveness. Measures will be adopted to plan for ongoing review of the materials for accuracy and relevance to the nation of Tanzania.

**SUSTAINABILITY:** The NACP will be intimately involved with the monitoring and evaluation of these palliative care printed materials. Enlisting buy-in from the GoT is instrumental in assuring sustainability. Consistent partnerships with the GoT and USG partners will result in sustainable programs with regard to printed material.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16425

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16425	16425.08	U.S. Agency for International Development	To Be Determined	8117	8117.08	IEC Materials	

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1135.09 **Mechanism:** N/A  
**Prime Partner:** Mbeya Regional Medical Office **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Care: Adult Care and Support  
**Budget Code:** HBHC **Program Budget Code:** 08

---

**Activity ID:** 16530.23540.09

**Planned Funds:** \$700,000

**Activity System ID:** 23540

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008 COP.

TITLE: Expanding care and support in Mbeya Region

NEED and COMPARATIVE ADVANTAGE: Mbeya is one of the regions with the high prevalence (7.9%). It is estimated that there are 300,000 HIV-positive people in need of services in this region, 20% of whom should qualify for treatment. Over 10,000 have been initiated on ART to date through out the region and at the Mbeya Referral Hospital (MRH) (separate entry). Even with these achievements, there are still an estimated 46,000 in need of care and treatment.

As part of Tanzania's decentralized healthcare approach, the Mbeya Regional Medical Office (MRMO) is the highest ranked local Ministry of Health and Social Welfare representative in this region. Through its Regional AIDS Control Programme and strong working relationship with District Medical Officers, the MRMO leads planning and execution of health services for its region.

ACCOMPLISHMENTS: In FY 2008, the MRMO is supporting treatment services in 18 established care and treatment centers (CTCs). Under this same funding, MRMO will train an additional 100 healthcare workers on ART provision, bringing the total trained in the region to 300. By September 30, 2008, the MRMO has enrolled over 18,000 in facility-based care and support.

ACTIVITIES: All hospitals in the Mbeya region now support ART and pre-ART care and support, though the majority of patients are still identified through the MRH. Here they undergo their initial evaluation after which they are referred down to the regional and district hospital for management. It is believed this is due to the higher quality of services and better infrastructure at MRH, including its large inpatient wards.

As part of FY 2008 and FY 2009 activities, the Department of Defense (DOD) will continue working with the MRMO in developing strategies beyond provider-initiated testing and counseling (PITC) to decentralize identification and enrollment of patients to increase up take of services. This will be a key component of the overall improvement of services at the district level, including expansion to health centers.

In FY 2009, ART will be expanded to 20 more health centres focusing on high density areas along trade routes but also identifying isolated rural communities in which the health centre provides the only source of regular medical services. This expansion will bring the total number of ART sites supported in the region to 54 by September 2010; ensuring services are available in over 77% of all facilities and to more than 95% of the population. Specifically, MRMO will:

1. Expand services and support to a total of 20 primary health care facilities in the region covering all eight districts. Work with the District Health Management Teams (DHMT) and facility directors in developing facility-based work plans and implementation of these plans. Assist in the acquisition of reagents, medications and clinical supplies through local distributors when not available through central mechanisms.
2. Continue to improve the quality of care. Strengthen and reinforce implementation of standard operating procedures for laboratory monitoring and maintenance of patient records. Expand mentoring and supportive supervision beyond the district level facilities through regional medical teams. Improve patient record and data collection, working with DOD, DHMT and facility staff to analyze data to inform improvement of services.
3. Reinforce and expand PITC to all facilities. Train 60 staff in inpatient wards and outpatient clinics in CTCs, actively promoting PITC for all patient contact points. Continue to sensitize hospital staff and clients in care and treatment as a regular part of all out patient services, including the TB clinic.
4. Expand services and support to a total of three hospitals and 20 primary health care facilities in the region, covering all four districts. This will be at a rate of three to four health centres per district. Work with the DHMT and facility directors in developing facility-based work plans and implementation of these plans. Assist in the acquisition of reagents, medications, and clinical supplies through local distributors when not available through central mechanisms. Work with facility pharmacists in improving capacity in forecasting, stock management, and ordering.
5. Increase enrollment of HIV-positive adults in care and support services. Promote routine counseling and testing at all contact points. Continue to strengthen pre-ART within the CTC for evaluation and follow-up for treatment. Ensure all TB/HIV co-infected patients are initiated on cotrimoxazole prophylaxis, as appropriate.
6. Increase emphasis in provision of positive prevention to PLWHA. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the Home-based Care (HBC) system. There will be increased involvement of PLWHA in providing information about ways they can protect their own health, prevent common illnesses, and access safe water and improved hygiene practices. MRMO will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. All sexually active PLWHA will be provided with condoms, which is an essential component of prevention of further HIV transmission. PLWHA will be referred for family planning, if relevant. Coupled with condom provision, PLWHA will be linked with sexually transmitted infection treatment services and high-risk behavioral counseling. MRMO will discuss specific strategies with PLWHA for disclosing one's HIV status to sexual partners and offer confidential HIV testing to the partners of and children born to all PLWHA in coverage areas. Several specific activities will be implemented by sites to provide positive prevention services. These include: procurement and/or distribution of Insecticide Treated Nets to PLWHA and promotion on correct usage; cotrimoxazole prophylaxis for prevention of opportunistic infections; and water treatment tablets and water vessels in order to provide safe drinking water.
7. Intensify efforts in nutritional support for PLWHA. Specifically, MRMO will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations

**Activity Narrative:** for and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. Tunajali will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, MRMO will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

8. Reinforce comprehensive nature of clinical services. Strengthen and formalize referrals to and from community-based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations serving patients in their communities through facility social workers.

**LINKAGES:** This activity is linked to activities under this partner in prevention of mother-to-child transmission (PMTCT), TB/HIV, and palliative care as well as those of the other regions in this zone (Rukwa and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The MRMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGOs, CBOs and home-based care providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact for the community organizations.

**M&E:** Quality assurance and control of clinical services are conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the MRMO are supported by technical assistance from the DOD SI team based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system and transported to the DOD data center located at Mbeya Referral Hospital for synthesis, generation of National AIDS Control Programme and USG reports as well as to provide feedback to CTC teams for use in patient management.

**SUSTAINABILITY:** The MRMO is ensuring sustainability through capacity building of healthcare facilities and staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as the improved capacity of DHMT, the regional supportive supervisory team, and the zonal weekly ART meetings as part of already existing zonal support and routine MRMO functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16530

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16530	16530.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$175,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities      \$15,500

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1136.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 16426.23542.09	<b>Planned Funds:</b> \$505,000
<b>Activity System ID:</b> 23542	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to activities described in the FY 2008 narrative, PharmAccess International (PAI) will expand services to put additional emphasis on nutritional support and prevention for positives.

The importance of nutrition in determining clinical outcomes for people on ART is becoming increasingly more apparent. In FY 2009, USG/Tanzania will put more emphasis on addressing food and nutrition needs of clients receiving care and support. In home visits, PAI will conduct nutritional counseling and refer patients to the CTC facility for nutritional assessments, which will help to inform the clinical management of PLWHA.

In FY 2009, there will be an increased emphasis on provision of prevention with positives (PWP) services for People Living with HIV/AIDS (PLWHA). All sexually active PLWHA will be provided with condoms and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Implementing partners will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, PAI will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. PAI will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. PAI will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. PAI will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. PLWHA will also be provided with water treating tablets and water vessels in provision of safe drinking water. PAI will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

\*END ACTIVITY MODIFICATION\*

TITLE: Providing comprehensive adult care and support services at TPDF health facilities

NEED and COMPARATIVE ADVANTAGE: The Tanzanian Peoples Defense Forces (TPDF) has a network of military hospitals, health centers and dispensaries throughout the country, supporting a total of over 30,000 enlisted personnel and estimated 60-90,000 dependants. Eighty percent of patients at these hospitals are civilians living in its direct vicinity. The eight TPDF hospitals offer district level services with the largest hospital Lugalo, located in Dar es Salaam, serving as a national referral center for military medical services. PharmAccess International (PAI) has been working with the TPDF on health issues since 2003.

ACCOMPLISHMENTS: TPDF initiated Care and Treatment services including ART at Lugalo Hospital, Dar es Salaam. Under FY04-FY07 ART services have been expanded to eight military hospitals and nine satellite sites. The target for FY08 is that 15 new health centers / satellite sites and four mobile centers provide VCT and Care and Treatment Services, to a total of 36 sites. For FY09 the number will increase to 38 sites. Focus of the FY09 program will be on quality improvement of the Care and Treatment services. As of July 2008, cumulative of 5,140 adult HIV+ persons have been initiated on Care and Treatment. A draft HIV/AIDS Policy that will make HIV testing mandatory has been written by a TPDF Task Force. The Policy is to be approved by the Parliament before it becomes effective. In FY08 provider-initiated HIV testing and counseling will be offered as part of the annual medical check-up. It is anticipated that this will lead to the identification of a large numbers of army personnel requiring care and treatment in addition to those regularly identified through VCT and through other medical services. The military hospitals, health centers and mobile centers need to be prepared for a stark increase in patient load.

ACTIVITIES:

- 1) Increase the number of health facilities under the TPDF to a total of eight hospitals and 26 health centers and four mobile centers.
  - 1a) Renovate counseling rooms at 2 new satellite sites/health centers
  - 1b) Conduct initial and refresher Care and Support training of 48 medical staff from the military hospitals, 84 from the satellite sites and mobile centers
  - 1c) Train 200 volunteers, mostly women living in the barracks in home-base care and home-visits
  - 1d) Involve NGOs and community support groups, especially women groups from the barracks near the health facilities and camps, to provide care and support, including nutritional support
  - 1d) Conduct community education and mobilization through "Open House" days at each facility to increase access to services and partner testing
  - 1e) Strengthen the referral system between the TPDF health facilities and District and Regional hospitals for ANC services and adult and infant diagnosis, ART and TB/HIV at CTC
- 2) Provide Care and Treatment Services to a total of 9,700 adults through TPDF facilities. (Plus 800 children = 10,500)
  - 2a) Reinforce provider initiated counseling and testing (PITC) as part of all out-patient services
  - 2b) Procure OI drugs when not available through central mechanism
  - 2c) Evaluate patients for malnutrition and offer nutritional counseling and support; involve women groups from the barracks in identification, selection and supporting patients
  - 2d) Continue to improve patient record/data collection, working with TPDF HQ and facility staff to collect, record and analyze data
  - 2e) Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and Lugalo Hospital as well as through quarterly TPDF meetings (attended by all chief ART staff)
- 3) Ensure that proper lab capacity to monitor infants on ART is developed at eight hospitals and ensure

**Activity Narrative:** that this capacity is available at the referral hospitals for children attending the TPDF health centers,  
 3a) Provide CD4 equipment to two TPDF hospitals  
 3b) Train and re-train laboratory technicians of the eight TPDF hospitals in TB and HIV diagnosis (adults and infants), hematology and biochemistry analysis

**LINKAGES:** All HIV-infected patients will be referred for further evaluation and qualification for TB treatment within each facility. Linkages will be strengthened with Prevention activities under the TPDF Program. Referrals from the health centers to TPDF hospitals or public regional and district hospitals for CD4, TB testing and treatment of complicated cases will be established. PAI will ensure linkages with organizations of women living in the barracks for home-based support and adherence counseling. Linkages will be developed with existing local NGOs operating in those communities to ensure a continuum of care, not only for military personnel but also for civilians living near the military hospitals. PAI will continue to collaborate with Regional and District Health Management teams and with USG treatment partners for supportive supervision purposes, and technical assistance.

**M&E:** Data will be collected electronically and by paper-based tools. All sites will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, TPDF HQ team, NACP and the district and regional management teams.

**SUSTAINABILITY:** In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. Health facilities of the Military Forces are under the administration of the Ministry of Defense, not under the Ministry of Health. PAI will encourage the Office of the Director Medical Services to integrate treatment activities in military Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI will work with military authorities to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16426

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16426	16426.08	Department of Defense	PharmAccess	6551	1136.08		\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$126,750

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Mechanism:** Fac Based/RFE

**Prime Partner:** Deloitte Consulting Limited

**USG Agency:** U.S. Agency for International Development



---

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 8707.23546.09

**Activity System ID:** 23546

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$200,000

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: The Rapid Funding Envelope for HIV/AIDS (RFE) in Tanzania

**NEED AND COMPARATIVE ADVANTAGE:** To increase participation of civil society, ten donors and the Tanzanian Commission for AIDS (TACAIDS) cooperated in creating a "Rapid Funding Envelope (RFE) for HIV/AIDS" to assist with the HIV/AIDS response in mainland Tanzania and Zanzibar. The RFE is a competitive mechanism to support not-for-profit civil society institutions, academic institutions, and partnerships on projects up to a maximum of 12 months. The RFE allows Civil Society Organizations (CSOs) to implement projects, build capacity, and improve project coordination and management skills, while gaining experience and lessons learned on HIV/AIDS interventions. Projects funded by the RFE are required to comply with national policy and the strategic framework for HIV/AIDS as set by TACAIDS and the Zanzibar AIDS Commission (ZAC), with goals of contributing to longer-term objectives of the national response and encouraging projects that promote institutional partnerships and have potential for scale up.

**ACCOMPLISHMENTS:** To date, the RFE has conducted seven rounds of grant making and approved \$11.2 million for 78 projects. In FY 2007, the RFE successfully held a fourth round, providing awards worth \$3.5 million to 23 CSOs; monitored and managed existing sub-grantees; created a reliable base for donors to reference without duplicating efforts; continued to strengthen CSOs, financially and technically, thus laying a solid foundation for further funding; and facilitated increased resources for CSOs via disbursement of significant funding in a short timeframe. Generally, funding leveraged from other donors cover the cost of the grants, and the USG funds are used for management of the funds. Ongoing activities for FY 2008 will include:

1. Grants and financial management of existing sub-grantees including disbursements of grants, liquidation reviews of sub-grantee financial reports, and M&E of projects.
2. Technical monitoring and management of existing sub-grantees, including a review of project work plans and progress reports, review of project deliverables, and M&E of projects.
3. Completion of the fifth open round of funding including conducting pre-award assessments and sub contracting to about 40 CSOs,
4. Financial administration of the RFE fund (USG and multi-donor accounts) including management of donor receipts, preparation of financial reports, and engaging project audits.
5. Grants and project administration including external RFE communications/correspondence, convening of donor meetings, and preparation of (ad-hoc) reports.

This component of the funding for the RFE will support management of palliative care activities. The management funds are maintained in a non-pooled account, which will leverage an approximately additional \$2 million of funding through multi-donor support of palliative care projects.

**LINKAGES:** In keeping with previous arrangements, Deloitte Consulting Limited is the prime partner and the lead for grants and finance management. They will link with Management Sciences for Health (MSH) as the lead technical partner for supporting the RFE, and Emerging Markets Group (EMG) for initiating capacity-building initiatives to CSOs. The RFE will work closely with the TACAIDS and ZAC in all aspects of work; ensuring that they champion decisions made, including the path that each RFE round makes. RFE will also develop formal linkages with large funding mechanisms including Foundation for Civil Society and Regional Facilitating Agencies (World Bank T-MAP funding agents) to develop information networks and a common database of funded CSOs to avoid duplication of efforts. In efforts to encourage organizational development, RFE will share funding experiences with each donor to ensure that the right level of funding and capacity support is provided to the CSO. With a special round under the proposed PPP initiative, linkages will be formed with private organizations and workplaces to create partnerships in support of workplace facilities providing HIV-related services to local communities.

**CHECK BOXES:** The RFE will fund organizations that support OVC within the national guidelines, specifically targeting young girls, to provide them access to income-generating opportunities. The RFE will support capacity building through various steps including the pre-award assessment that highlights key areas of weakness to be strengthened in the capacity plan, technical assistance/training on programmatic (HIV) issues and finances, and ongoing coaching from the grant manager and technical advisor.

**M&E:** The RFE will develop annual work plans, which will include built-in M&E for which the relevant RFE staff member takes responsibility. RFE management will continue to conduct the following M&E activities: regular update of project through participation in activities; quarterly reviews of technical reports for performance against work plan; monitoring through field visits; collection of data; preparation of site visit reports; and progress reports. The progress reports will be shared with concerned CSOs and donors, to enable improvement and development of these organizations. Best lessons learned will be captured and shared, publicized on the RFE website, and processed in a database according to the plans of TACAIDS and ZAC. They will also be shared through the OVC Implementing Partners Group.

**SUSTAINABILITY:** RFE will encourage CSOs to foster local community networks that will assist in continued operations of the project once RFE funding has ended. RFE requires projects to consider the issues of sustainability during the proposal development and ensures that a realistic plan has been developed to integrate the project into existing programs. RFE supported CSOs will also be provided institutional capacity-building support enabling them to graduate to direct funding and/or increase the level of funding from other donors post RFE funding. A new management structure will be proposed to the donors to better manage the function of the RFE, whose mandate has changed from its original form due to the number and size of projects funded.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13463

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13463	8707.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$300,000
8707	8707.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$275,000

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1219.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 16304.23547.09	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 23547	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

**TITLE:** Technical Assistance to the National AIDS Control Programme for Strengthening Palliative Care and Developing/Implementing a National Palliative Care Monitoring/Evaluation System for HIV/AIDS

**NEED and COMPARATIVE ADVANTAGE:** The National AIDS Control Programme (NACP) has been successful in rolling out the care and treatment program. However, in order to reach the majority of those who need care and treatment effectively, there must be stronger coordination and integration of available services, and strengthening of planning and monitoring for program scale up and quality enhancement. The Counseling and Social Services Unit (CSSU) of NACP, charged with the responsibility for palliative care, is severely understaffed. This has contributed to inadequate guidance, coordination, and monitoring. Service providers' noncompliance to set operating procedures continues to be a problem, resulting in poor quality of services. FHI has played a systems strengthening role with NACP for several years, and is well positioned to be a catalyst to strengthen the vulnerabilities in this program, and help orchestrate the scale up of services throughout the country. FHI has considerable expertise in the Tanzanian health system, which has been shown to build trust, technical reliability, and respect with the NACP, regional, and district-level authorities, and with other USG partners. This also positions FHI to help "raise the bar" on expectations at the NACP.

**ACCOMPLISHMENTS:** FHI successfully assisted the Ministry of Health and Social Welfare (MOHSW) to: develop home-based palliative care guidelines and training materials for NACP and Zanzibar AIDS Control Programme (ZACP), and standard operating procedures (SOP) for care and treatment; and effectively regionalize services and decentralize supportive supervision. FHI provided extensive technical assistance to the Health Sector Strategy for HIV/AIDS (2008-2012) development focusing on care, treatment, and support. FHI was instrumental in updating national guidance with regard to d4T toxicities, and will be leading the community pilot for prevention for positives interventions. In addition, FHI has developed the monitoring system for OVC, with many lessons learned for the development/implementation of a palliative care monitoring system.

**ACTIVITIES:** The program will focus on strengthening quality of services and the CSSU at NACP in four key ways:

1. FHI will work closely with other USG-funded programs that will contribute to the quality of palliative care services, such as the African and Tanzanian Palliative Care Associations and Ocean Road Cancer Institute. In addition, there is a New Partner Initiative program with the Foundations for Hospice in Sub-Saharan Africa (working with the Evangelical Lutheran Church—ELCT), and a twinning partnership with the Iowa Synod of the ELCT. These programs all pledge to bring additional expertise to the table for the review/update of the national guidelines for palliative care, including the strengthening of pain management and end-of-life care. These guidelines will feed into the soon-to-be-initiated accreditation process for service providers.
2. FHI will assist the CSSU in developing a coordinating mechanism, since palliative care has been an area without strong direction and leadership from NACP in the past. FHI will contract a qualified health-planning expert to the care and treatment unit (CTU) to plan the expansion of care and treatment activities. The planner will help the CSSU plan and operationalize the rollout of the HIV/AIDS care component of the Health Sector Strategy for HIV/AIDS (2008-2012). FHI will facilitate the regionalization of home-based care (HBC) providers, and help to strengthen the linkages with Care and Treatment Clinics (CTC), PMTCT, and TB/HIV activities.
3. There will be a component of the program to enhance the package of services available for patients, including the basic preventive package initiated in FY 2007. In addition, FHI aims to promote integration of prevention messaging and interventions, adherence counseling, and home counseling and testing. The home counseling and testing by lay providers will require advocacy for policy change. Because FHI will assist in adapting the CDC/WHO operational guidelines to implement care and treatment at health centre/dispensary level, they will help to integrate the local health center into the palliative care services provided to PLWHA.
4. FHI will convene all stakeholders to develop and plan the implementation of a palliative care monitoring system to include standardized reporting tools and data management system. This system is regarded as a tool on at the national level, as well as at the local level for planning, budgeting, management, and decision making. A key component will be to pilot the system and its application, and to organize a phased implementation plan to involve all palliative care partners to catalyze the process. FHI will develop training materials and conduct training of trainers in anticipation of the rollout. A data manager will be contracted to the CSSU to manage the database and rollout of HBC monitoring. FHI will also organize a team of systems implementation specialists for an effective and smooth rollout.

Because the accomplishments in this activity will be to strengthen the system and provide appropriate tools, standards, and systems for palliative care, there are no targets associated with the work. There should be over 100 individuals trained in and five organizations provided with institutional capacity building in the system strengthening area at time of reporting.

**LINKAGES:** FHI works closely with NACP, specifically with the CTU, the CSSU, and the technical subcommittees. It is a member of the national advisory committee and the following subcommittees: clinical care; training and human resource; and care and support services. Through membership in these committees, FHI is able to collaborate with key partners and decision-makers in the MOHSW and national health institutions. It also works with treatment partners directly to ensure synergy in activities; national level work is informed by on-the-ground experience; and compliance to national guidelines. In updating the guidelines/curricula, FHI will work with the African and Tanzanian Palliative Care Associations, Mildmay, the Foundations for Hospice in Sub-Saharan Africa, the AIHA Iowa Synod partnership, Columbia University/Ocean Road Cancer Institute, and all palliative care implementing partners. Similarly, the conceptualization and development of a monitoring system will arise from collaborative efforts for

**Activity Narrative:** improvement in palliative care. In addition, FHI will collaborate with the I-TECH, and Capacity Project programs, as well as medical officers, assistant medical officers, clinical officers, and nursing training schools to enhance pre-service training. FHI partners with regional and district health authorities, department of training in the MOHSW, Muhimbili University College of Health Sciences School of Public Health, Department of Social Welfare, and the private medical sector to advance the concept of comprehensive care across a continuum.

**CHECK BOXES:** Project activities focus on strengthening capacity with NACP, especially the CSSU, and pre-service training institutions. NACP staff will be trained in continuous quality improvement, planning, coordination, and monitoring of standards for care and treatment. Pre-service practical training at care and treatment clinics will be implemented nationwide. FHI will also emphasize piloting and rollout of innovative task-shifting and retention strategies. The project targets the NACP staff members, particularly the CTU and CSSU staff, and pre-service training institutions. Support also extends to implementing organizations.

**M&E:** A key need is to develop a national monitoring system that can provide more data about palliative care services, the quality of those services, and the impact of those services. The system will ensure that quality and completeness of data can be assessed through regular data audits and feedback from staff. FHI will also develop standardized monitoring tools to capture data and report routinely on progress and quality of proposed national level activities. In order to facilitate effective program monitoring, and develop M&E capacity for full scale up, a variety of methods will be used to build NACP M&E capacity, including training and on-the-job mentoring.

**SUSTAINABILITY:** FHI's technical support to NACP is designed to build human and institutional capacity leading to the sustainability of national level coordination, monitoring, and standards development. FHI will work as a partner with NACP to provide training, mentoring, and building capacity for systemic planning.

The focus is on innovative mechanisms to increase and retain qualified staff at all levels. Emphasizing decentralization and sourcing out of activity areas will free time for NACP to focus on normative functions.

In addition, FHI will enhance local capacity and encourage sustainable, quality services by ensuring that implementing partners work within existing public and private systems, and use national guidelines, standards, and monitoring system instead of creating a parallel system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16304

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16304	16304.08	U.S. Agency for International Development	Family Health International	6516	1219.08		\$400,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1221.09 **Mechanism:** N/A  
**Prime Partner:** Columbia University **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Care: Adult Care and Support  
**Budget Code:** HBHC **Program Budget Code:** 08  
**Activity ID:** 16352.23548.09 **Planned Funds:** \$2,105,000  
**Activity System ID:** 23548

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Scaling-up Availability of Palliative Care and Pain Management Services in Tanzania

NEED and COMPARATIVE ADVANTAGE: Approximately 1.4 million people in Tanzania are HIV-positive, and require some form of care and support. Columbia University (CU) provides facility-based care and support to patients through the Care and Treatment clinics they support in Kagera, Kigoma, Coast, and Zanzibar. In addition to these facility-based services, CU works with Ocean Road Cancer Institute (ORCI), designated leader in the delivery of palliative care to HIV/AIDS patients in Tanzania. ORCI works closely with the Ministry of Health and Social Welfare (MOHSW) on expanding palliative care for HIV/AIDS to include more comprehensive pain management, initially through zonal centers. This is an important need, as, 80% of HIV patients presenting at stage three or four have pain as a symptom and few receive pain management and symptom control services. Lack of access to services is directly related to lack of skilled providers in assessment and management of pain in a broad sense, and lack of access and skill to use pain medications, including morphine. Currently 95% of morphine in the country remains unused, and only six facilities nationally actively dispense to HIV/AIDS clients. Columbia University (CU) will further expand these services in FY 2009 to link with partners working in regional hospitals and select faith-based facilities. Assessment of palliative care activities at the four zonal hospitals has already been done, followed by training of palliative care teams to 30 healthcare workers from the four zonal hospitals under initial funding of FY 2008. Multi-disciplinary teams serve as trainers of teachers to selected regional hospitals in each zonal referral hospital to facilitate the delivery of palliative care services and pain management.

ACCOMPLISHMENTS: In FY 2008, CU provided facility-based palliative care to over 21,000 people by in Kagera, Kigoma, Coast, and Zanzibar at the Care and Treatment Clinics (CTCs). Also, through ORCI, CU supported facility-based services to an additional 700 PLWHA. In addition, pain management activities have begun through ORCI and four zonal centers in July 2008.

ACTIVITIES: With FY 2009 funding, CU will:

1. Deliver facility-based palliative care services in Kigoma, Kagera, and Pwani regions. Focus on facility-based and outreach services to ensure all PLWHA identified through routine counseling and testing have immediate access to Cotrimoxazole, treatment for opportunistic infections (OIs, psychosocial support, adherence counseling, and linkages for other key services in the community (e.g., bed nets and safe water) Emphasis will be given to prevention for positives interventions (patient disclosure; access to condoms; referral for family planning, if appropriate; behavioral counseling for reduction of risk for transmission; referral for sexually transmitted infections; etc.. CU will also strengthen linkages with Home-based Care (HBC) programs in Kagera and Kigoma, where currently few services for basic care are provided by HBC workers. Ensure availability of holistic palliative care including pain management and symptom control is available at initiating sites.
2. Focus additional attention on food and nutrition needs of clients receiving care and support, given that the importance of nutrition in determining clinical outcomes for people on antiretroviral treatment is becoming increasingly more apparent. CU will conduct nutritional assessment and counseling, to inform the clinical management of PLWHA. Specifically, CU will conduct anthropometric measurements and determine nutrition status using body mass index calculations and other age appropriate measurements, provide dietary assessments and nutrition education and counseling to maintain or improve nutritional status.

In FY 2009, USG Tanzania will be initiating a therapeutic supplemental feeding program, using ready-to-use therapeutic food products targeting eligible clients. CU will be a part of this program through case identification and progress monitoring following the set entry and exiting criteria. CU will use FY 2009 for procurement of necessary equipment required to carry out effective nutritional assessment (adult and pediatric weighing scales, stadiometers, mid upper-arm circumference tapes, etc.); procurement, logistics and inventory control costs. In addition, CU will use FY 2009 funds to support the rollout of nutritional assessments; trainings will be conducted to equip health care workers and HBC providers with necessary tools and curricula to implement these services. Linkages will be made to other USG entities and/or community services to provide patients with other community initiatives addressing household food security and economic strengthening.

3. Expand palliative care and pain management in all four zones and selected regional hospitals. Continue to build palliative care teams for HIV at Kilimanjaro Christian Medical Centre, Bugando Medical Centre, Mbeya Referral Hospital, and Muhimbili National Hospital, and select an additional six sites to launch. Procure equipment and help set up palliative care teams. Ensure availability of oral morphine for pain management at sites. Train 250 healthcare workers in pain management and symptom control services using the national curriculum developed by ORCI. Facilitate site certification for morphine dispensing. Finalize and disseminate the Kaposi Sarcoma and pain management protocols. Work with Tanzania Food and Drug Administration and Medical Stores Department (MSD) to ensure that pain relief and symptom control medications are available at the implementing sites. Provide onsite mentoring and technical assistance. Develop an M&E system for management of pain services, hold a national palliative care meeting to agree on guidelines, and develop training materials and supports.

LINKAGES: Forge linkages with Balm in Gilead and other HBC providers. Work with African and Tanzanian Palliative Care Associations (in which ORCI is the chair), to expand services and bring USG care and treatment partners into networks to ensure smooth implementation, as well as Family Health International in their systems strengthening role. In regions where CU is primarily responsible for treatment and PMTCT, CU will work closely with authorities of Coast, Kagera, and Kigoma to provide palliative care services; facility-based and home outreach. Supplies of Cotrimoxazole and other OI drugs will be assured through Diflucan partnership, with MSD, Abbott, and CU. CU will work with the USG, T-MARC, Population Services International, and MSD/Supply Chain Management System to ensure an adequate supply of condoms, family planning methods, bed nets, and safe water. CU will link with non-governmental organizations (NGOs) involved in the provision of HBC services.

**Activity Narrative:** M&E: CU will collaborate with the NACP/MOHSW and sites to track palliative care service provision and utilization; participate in the planning and development of a national monitoring system for palliative care and its implementation, once completed; support the use of electronic patient data in data in program M&E; and conduct technical support visits at least quarterly to conduct data quality assurance.

**SUSTAINABILITY:** CU will continue to build ORCI's capacity as the institution is envisioned to become a premier regional training institution for palliative care, and will expand its ability to offer training services to other institutions and Government of Tanzania staff at a fee. In the regions, CU will ensure sustainability of these services by engaging local authorities in all decision-making processes, and by working closely with leaders to integrate palliative care into existing healthcare services. CU will continue to build the technical capacity of the healthcare workers at health facilities and that of the local government authorities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16352	16352.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$750,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Family Planning
- \* Malaria (PMI)
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$630,500

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1026.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08

---

**Activity ID: 5007.23537.09**

**Planned Funds: \$370,700**

**Activity System ID: 23537**



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Peace Corps Tanzania Community Based 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. All of the 133 Volunteers in Tanzania are expected to work on HIV/AIDS activities. PC/T has three projects, the Education Project, that brings PCVs to Tanzania to teach mathematics, hard sciences or information and communication technology (ICT) 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.

NEED and COMPARATIVE ADVANTAGE: PC/T has used the experiences gained in its Environment Project and experience with natural resources management to improve the nutritional status of people living with HIV/AIDS (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. The main aim is to improve quantity and quality of food available to PLWHAs and their caretakers, in close proximity to their homestead so they do not have to walk so far to get food.

ACCOMPLISHMENTS: In FY 2006, PC/T provided general HIV-related palliative care (excluding TB treatment and prophylaxis) to 456 males and 725 female beneficiaries. During the same time Peace Corps trained 109 individuals to provide HIV-related palliative care for HIV-infected individuals. In FY 2007, PC/T provided general HIV-related palliative care (excluding TB treatment and prophylaxis) to 1,111 male and 1,338 female beneficiaries. During the same timeframe, Peace Corps trained 390 individuals to provide HIV-related palliative care for HIV-infected individuals.

ACTIVITIES: With FY08 funds, PC/T will scale up existing interventions with PLWHAs and their caretakers. PC/T will continue to conduct permaculture workshops with Environment and Health Education PCVs and their Host Country National (HCN) counterparts to give them the capacity needed to conduct these nutrition education and permaculture activities in their communities. This was a successful activity in FY 2007 and the plan is to continue on this track in FY 2008. PC/T will set aside monies to pay for a technical expert to conduct these trainings for PCVs and their counterparts. A fruit drying workshop will be introduced, as well. PC/T will set aside some EP funds to be obtained by PCVs 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 also plans to use FY 2008 palliative care funds to facilitate income generating activities (IGA) targeted at PLWHAs and their caretakers. PC/T will promote vocational skills using community available resource people. PC/T will facilitate these resource people with various skills to mentor groups of PLWHAs to enable the beneficiaries to acquire these skills. By giving PLWHAs these skills, they should be capable of providing enough income for themselves, enabling them to afford bus fare to access other services without relying on continual handouts and support from other people. This training will also enable beneficiaries to come out of the dependency cycle; i.e., those relying on handouts for sustenance. 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 strategy will be to identify and organize PLWHA groups and facilitate community trainings for various skills through mentoring people with those skills. The expectation is that the 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 FY 2008 funds, PC/T will bring 10 additional EP fully-funded PCVs, plus two extendees to work primarily on HIV/AIDS related work. PC/T will use FY 2008 HBHC funds to pay for the costs of five of these ten EP funded PCVs. This will increase PC/T's numbers of PCVs who work primarily on HIV to over 45, which will have a greater impact in reaching more PLWHAs and their caretakers with HBHC funds. Other PCVs will continue to work on PC/T's HIV program as a stipulated in their project framework. In addition, PC/T will use some of the FY 2008 funds to pay for two third-year extension PCVs. Palliative care funds will be used to pay for one of these two extending PCVs.

LINKAGES: PC/T seeks to cultivate partnerships with grassroots non-governmental organizations (NGOs), community-based organizations (CBOs), civil society organizations (CSOs) and faith-based organizations (FBOs), which enhance its community development focus in the communities where PCVs are placed. In addition PC/T will foster linkages with UGS-funded implementing partners working with families affected by HIV/AIDS to complement their interventions so as to provide a more comprehensive service package to the beneficiaries. PC/T will share the good practices and lessons learned through its permaculture interventions with other partners.

CHECK BOXES: PC/T interventions in this area will target women to increase their access to income. Some PCVs are working with organized groups of women in their communities in these groups some of the women are widows or taking care of sick spouses and relatives at home; e.g., a PCV in Njombe district has given training on jam making to a group of women and managed to link these women to the market in Dar Es Salaam to sell their products. PC/T will continue to support such activities targeting women. PCVs routinely work with CBOs, CSOs, and FBOs, including support groups for PLWHA. PCVs have been supporting these organizations with planning, grants writing, monitoring / reporting, organizational and systems support. PC/T will continue to support PCVs working with local CBOs. In addition, PC/T will continue to provide wraparound services, such as economical strengthening through IGA training and initiation of small scale community projects, to improve the livelihood of beneficiaries. In particular, PC/T will continue with the promotion of the permaculture activities as the one certain way to address the food security challenge in the community.

M&E: In FY 2008 PCVs and their HCN counterparts will expand their work to reach 2,000 PLWHAs and provide them with nutrition education and/or training in income-generating activities. The food that is

**Activity Narrative:** 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. In FY 2008, PCVs will train 1,000 caretakers on how to provide care for PLWHAs, specifically on how nutrition impacts the quality of care. The hope is that through these community mobilization activities caretakers and community members will be motivated to take action on addressing the challenges PLWHAs face in communities.

**SUSTAINABILITY:** Permaculture and IGA activities are already well integrated in to PC/T's project plans and core programming that will ensure sustainability. In addition PCVs involve the local government leadership in the planning of their activities. Communities are encouraged to contribute for the projects which gives a sense of ownership for the projects. In addition, a few PCVs have managed to have their activities incorporated into the District Council plans, which helps to ensure sustainability of those activities, even after the PCVs have completed their service.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13678

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13678	5007.08	Peace Corps	US Peace Corps	6571	1026.08		\$370,700
7851	5007.07	Peace Corps	US Peace Corps	4606	1026.07		\$250,000
5007	5007.06	Peace Corps	US Peace Corps	2891	1026.06		\$75,000

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1028.09

**Mechanism:** N/A

**Prime Partner:** Kikundi Huduma Majumbani

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 3375.23538.09

**Planned Funds:** \$222,200

**Activity System ID:** 23538

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: KIHUMBE Community Home-based Care in the Mbeya Region

**NEED and COMPARATIVE ADVANTAGE:** As the number of HIV-positive individuals who know their serostatus increases, so does the need for palliative care and for support adhering to antiretroviral therapy (ART). Between clinic visits, people living with HIV/AIDS (PLWHA) need assistance to treat symptoms, receive appropriate opportunistic infection (OI) prophylaxis, and ensure proper nutrition and support to maximize treatment effectiveness. Clients with improved health need support in earning an income, and those with failing health require end-of-life care. KIHUMBE pioneered community home-based care (HBC) in the Mbeya region, providing HIV/AIDS services in HBC, counseling and testing, prevention, and support to OVC since 1991 and has been a prime partner under PEPFAR since 2004. As additional NGOs begin to provide community HBC to expand coverage of these services in Mbeya, KIHUMBE also provides initial and refresher training to these providers.

**ACCOMPLISHMENTS:** KIHUMBE has supported 900 clients with palliative care, including nutrition counseling and assistance, psychosocial/spiritual support, OI and pain management, cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, training in income generating activities (IGA), legal and human rights education, and ART adherence counseling. In addition, KIHUMBE continued to serve as the provider of training for community HBC providers, training more than 350 community members to care for PLWHA.

**ACTIVITIES:**

KIHUMBE collaborates with members of the Mbeya HIV Network Tanzania (MHNT), SONGONET, and RODI (see other submissions for these partners) in order to ensure that consistent packages of services are available for clients in Mbeya, Rukwa, and Ruvuma regions. In addition, implementation of services has been standardized across these partners while allowing for some flexibility in focus/approach depending on regional conditions. In FY 2008, KIHUMBE will:

1. Continue to provide community HBC training for service providers in accordance with national guidelines, curriculum, and standards. 1a. Train new providers for other MHNT, SONGONET, and RODI member organizations in basic palliative care services described above. 1b. Provide refresher training for providers in all three regions.
2. Expand provision of community HBC to additional clients in the Mbeya region. 2a. Supply nutrition evaluation and counseling as well as food (to those who qualify) and vitamin supplements to clients during their first six months of ART. 2b. Link clients to Peace Corps agriculture activities in the region for training in home gardens for both personal food production and as an income-generating opportunity. 2c. Link to USG procurement programs for distribution of insecticide-treated nets (ITN) and water purification supplies to clients. 2d. Provide training and support for IGAs for caregivers and able PLWHA, and help to develop sustainable associations for income generation. 2e. Assist with short-term nutrition for malnourished children of HIV-positive clients unable to work. 2f. Identify and refer pediatric and adult cases of TB, malaria, and/or HIV/AIDS to healthcare providers.
3. Convene monthly education and support group meetings for community HBC clients. 3a. Establish and inform community HBC clients of regular client meeting times. 3b. Develop a schedule of presentations and activities to augment support group meetings, addressing issues such as nutrition and other topics of interest identified by participants. 3c. Inform clients of IGA opportunities and trainings.
4. Train clients' caregivers in basic palliative care to increase community capacity and enable community HBC providers to prioritize clients with the most need. These efforts will foster community responsibility as well as expand program capacity to reach more PLWHA. 4a. Community HBC providers will provide ongoing training to caregivers as part of regular visits, creating a plan for reducing visits to longer intervals and, as appropriate, ceasing visits except as needed/requested by the caregiver. 4b. Identify and address special training needs for elderly caregivers with literacy, health, or other barriers.
5. Incorporate prevention for positives and partner/child VCT referral into community HBC visits wherever appropriate. 5a. Ensure community HBC providers are trained to discuss HIV prevention with clients. Modify the existing community HBC curriculum in prevention for positives approached based on USG findings in FY 2007. 5b. Include prevention for positives and partner VCT referral as part of all visits as appropriate. 5c. Discuss themes, successes, and challenges of community HBC prevention efforts as part of KIHUMBE's regular community HBC provider meetings to evaluate and improve services on an ongoing basis.

**LINKAGES:** KIHUMBE is a founding member of MHNT, a coalition of 13 non-governmental organizations/faith-based organizations (NGOs/FBOs) serving Mbeya region. These NGOs refer clients to one another based upon clients' areas of residence, need, and specific area of expertise of a member organization. The MHNT convenes community HBC provider meetings to exchange ideas and support. KIHUMBE follows national guidelines for HBC.

KIHUMBE also links with SONGONET; RODI; ward leaders, and other local government officials; Peace Corps and NGOs providing training and access to income-generating activities; faith groups and other counseling service providers; VCT sites and dispensaries; water safety projects and water purification commodities; district and/or regional hospitals for treatment and provision of cotrimoxazole and morphine as necessary for care on a case by case basis; and NACP to facilitate TOT participation in certified HBC provider courses. They will also link with the national voucher scheme organized for insecticide-treated nets and nutritional supplementation.

**CHECK BOXES:** HBC allows for an integrated approach to the health and well-being of the patient and his/her entire family, addressing malaria and TB, child survival and family planning, in addition to HIV/AIDS.

**Activity Narrative:** IGAs promote women's access to income, as well as foster economic strengthening and food security. Training is a key component of the community HBC program area, as volunteers constitute the primary human resources delivering services.

M&E: KIHUMBE employs various programs in efforts to improve their M&E practices. KIHUMBE will dedicate a staff member to monitoring, compiling, and evaluating all data collected by its HBC providers in collaboration with the data system to be rolled out in the future by NACP. Henry Jackson Foundation Medical Research International (HJFMRI) will spot check the present tools for collecting data on service delivery to assure transparency and completeness of HBC services. These tools, developed by the MHNT, will serve as a visit checklist, which includes a menu of services to for each patient based on individual need. Use of the tools will ensure documentation of which services are provided for patient and program management. Compiling data from sub-partners will allow for identification of major service needs and gaps within HBC services. These data will be shared with local leaders to highlight needs and enlist community support in meeting these needs. All new and active HBC providers will be provided refresher courses regarding this paper based system in order to ensure efficient transmission to an electronic system. This system will thus measure successful linkages with care and treatment clinics, TB, counseling and testing, PMTCT, prevention, safe water, nutritional programs, and livelihood programs in addition to highlighting innovative program linkages.

SUSTAINABILITY: KIHUMBE is a local, grassroots Tanzanian-run NGO that was established in 1991 and has flourished under strong leadership. Along with maintaining and expanding its original site in the Mbeya municipal area, KIHUMBE has established service outlets in Mbalizi, Tukuyu, and Chunya. DOD is one of KIHUMBE's multiple funding sources. In addition to its record of service delivery, KIHUMBE's organizational capacity to collect and manage data and secure funding is very strong. Capacity building and other training opportunities will remain available to KIHUMBE through access to other USG partners/programs under PEPFAR.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13506

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13506	3375.08	Department of Defense	Kikundi Huduma Majumbani	6530	1028.08		\$222,200
7735	3375.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$215,000
3375	3375.06	Department of Defense	Kikundi Huduma Majumbani	2834	1028.06		\$110,000

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$56,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$18,800

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1056.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National AIDS Control Program Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 8692.23539.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 23539	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Scaling-up Community Home-based Care/ Palliative Care in Tanzania

**NEED and COMPARATIVE ADVANTAGE:**

The Tanzania Health Sector Strategy on HIV/AIDS includes community home-based care (HBC) as one of the interventions under care, treatment, and support. HBC refers to a broad spectrum of palliative care and has been recognized as one of the most effective ways of mitigating the physical, mental, emotional, spiritual, and economic difficulties for people living with HIV/AIDS (PLWHA) and their families. These services are provided by both healthcare workers and trained volunteers, both within facilities and in the community. The Ministry of Health and Social Welfare (MOHSW) established HBC services in nine districts in 1996. As of December 2006, the services reached 70 out of 127 districts across Tanzania. With expansion of care and treatment, the need for facility-based palliative care increases as well. While there are guidelines and standard training materials, implementation of palliative care is still fragmented and uncoordinated. MOHSW, through the National AIDS Control Programme (NACP), is responsible for coordinating services as well as ensuring that the services are accessible and of high quality. NACP's Counseling and Social Support Unit (CSSU) sets standards, oversees and coordinates implementation of the training of community HBC workers, and monitors and evaluates the implementation of palliative care services provided to PLWHA.

**ACCOMPLISHMENTS:** FY 2007 was the first year that the USG requested Emergency Plan funding for the CSSU of NACP. Those funds have only just been awarded; though NACP is proceeding with many important aspects of coordinating palliative care services, strengthening the preventive care package, improving quality of services and initiating an accreditation system for programs, and revising palliative care guidelines. This upcoming support will also be very important for the initiation of work on a national monitoring system of palliative care services that can be used as a management tool at both the national and local level, and thereby proceeding with stronger coordination and quality efforts.

**ACTIVITIES:** FY 2008 will be an important year for exerting stronger leadership and significant expansion in the area of palliative care. The CSSU has organized a care and support sub-committee of the National Care and Treatment Task Force. This formal body will foster better partner coordination and implementation under NACP's leadership. This initiative will focus on the quality and comprehensiveness of palliative care. Several organizations will collaborate with NACP: Family Health International (FHI) for organizational strengthening, the African and Tanzanian Palliative Care Associations, Mildmay, the Foundations for Hospice in Sub-Saharan Africa, Columbia University/Ocean Road Cancer Institute, and a twinning partnership with the Iowa Synod. Each of these organizations has expertise and innovative ideas to help facilitate the expansion and improvement of standards of care, guidelines, and training curriculum.

The CSSU will ensure that providers of palliative care, especially HBC, convene regularly to discuss quality issues, approaches, program content, and supervision. Attention will be paid to ensuring that implementers create, in collaboration with NACP, a standard service package including nutrition counseling and assistance, psychosocial/spiritual support, opportunistic infection (OI) and pain management, cotrimoxazole/malaria prevention, referrals for malaria and TB diagnosis and treatment, access to safer water, ART adherence counseling, and referrals to services in the community, such as income generating activities (IGA), legal and human rights education, etc. Nutritional assessments will also be included as appropriate. In addition, a prevention with positives package will be considered to reduce risky behavior, provide access to family planning and condoms, and support disclosure.

To ensure compliance with quality standards, and verification that coordination reaches the community level, the CSSU will organize biannual national level meetings and zonal biannual meetings. In addition, the CSSU will conduct supportive supervision visits throughout the year.

In FY 2008, the MOHSW CSSU Unit and the Monitoring and Evaluation Unit at NACP will work with FHI also develop and implement a national monitoring system for palliative care. The system will be developed under the direction of NACP with input from stakeholders. The rollout of the system in FY 2008 will involve training of HBC providers in the new system, and implementation will be accomplished with a project management team. Supportive supervision will be built into the training to ensure quality data is collected and that district level personnel understand how to use data for program planning, budgeted, managing, and decision-making.

A key role that the CSSU of NACP plays is to coordinate the trainings and allocate trainers, while the council health management teams (CHMT) will identify the facilities from which the health facility HBC providers will be trained. This is particularly important where there is no USG partner working at this time. These trained health workers will sensitize their respective communities to select additional resource people (using the criteria set in the national guidelines) to be trained as HBC volunteers. Key components of the training include community sensitization on HIV prevention, nursing care of PLWHA and other chronically ill patients, management of OIs including pain management, basic counseling skills, adherence support, referral, networking, and recording and reporting data. Trainings will be conducted in the districts with support from national and district HBC trainers.

Funds will support copies of "Integrated Management of Adolescent and Adult Illnesses" caregiver booklets and patients' flipcharts, to be provided as references and working tools for the HBC providers. In FY 2008, the CSSU of NACP will be involved with USG partners in the review of publications to identify a collection that are usable by all partners and other small organizations that provide HBC. These will be printed and made available to all partners.

In order to address the service and coordination gap, NACP, in collaboration with the CHMT, will undertake several additional activities. Approximately 160 district HBC trainers will be re-trained on palliative home-based care, community directly observed therapy-short course (DOTS) for TB, monitoring and evaluation, and preventive care. Fifteen new health center and dispensary level HBC providers will be trained in each

**Activity Narrative:** of the proposed districts. Thirty lay volunteers will be trained in each of the proposed districts.

The FY 2008 funding will support two direct-hired HBC program officers at NACP to address the workload described above. One only needs to envision an hourglass to understand the impact of too few staff to significantly scale up services.

**LINKAGES:** As the coordinating body for all HBC services, NACP will play a key role in facilitating linkages with other services such as care and treatment. NACP will develop and implement referral systems that will be used to link counseling and testing patients to HBC and will include this in the monitoring system. Since comprehensive care and support requires networking and referrals to link services and needs of PLWHA and their families, linkages with care and treatment centers (CTCs), reproductive health clinics, TB, and other community-based services will be established. HBC providers will be oriented to these services during training, as appropriate.

In addition, this activity will have a critical linkage with all the palliative care programs: those involved in systems strengthening, those developing innovations, and those on the ground with significant caseloads.

**CHECK BOXES:** NACP's work will develop human capacity through in-service training of the clinical nurses who will supervise the community HBC volunteers in the community. NACP will also promote task shifting of HBC from trained nurses to non-medical personnel in the community.

**M&E:** NACP CSSU will work in collaboration with the NACP M&E unit, as well as with Family Health International and all implementing partners, to develop and implement a database and related tools to provide NACP with information to monitor, plan, and share results on progress of HBC in Tanzania. Reports will be channeled monthly from the dispensaries and health centers to the districts and compiled to be submitted quarterly to MOHSW. NACP will use data from the new system for program planning and feedback to partners and the government on the progress and challenges of HBC in Tanzania. The data will also be made available to local government authorities and the relevant NGOs so that data can be used for planning, management, budgeting, and decision-making. In order to improve supervision, NACP will develop a standardize tool (in collaboration with HBC partners) to use for data quality and for feedback to HBC organizations on the progress and quality of their work. They will also work to build their capacity so that the unit is able to manage data from the new system.

**SUSTAINABILITY:** It is critical for HBC to be integrated into the district comprehensive plans as a core service. During establishment of the services in the districts, sensitization is conducted to emphasize that the services are included in the district comprehensive plans. At the central level, the services have been included in the HIV/AIDS Health Sector Strategic plan. However, it is well understood that there is lack of resources and inadequate allocation of resources in the health sector budget. Training, capacity building, and advocacy will ensure sustainability.

**MAJOR ACTIVITIES:**

1. Strengthen leadership and coordination of HBC and the enhancement of palliative care services to include pain management.
2. Review curriculum, guidelines, and service package. Make updates as necessary.
3. Develop and implement a national M&E system for palliative care, with feedback mechanisms for data use and quality.
4. Support training of trainers in ten districts.
5. Conduct ongoing supportive supervision at district and national levels.
6. Maintain direct hired HBC program officers at NACP.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13538

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13538	8692.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$400,000
8692	8692.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$511,880

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 1219.09

**Mechanism:** N/A

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 25428.09

**Planned Funds:** \$300,000

**Activity System ID:** 25428

**Activity Narrative:** THIS IS A NEW ACTIVITY

TITLE: Home-based Care Coordinator Strengthening

The government response to the HIV/AIDS crisis in Tanzania is shared by the health sector response, represented by the Ministry of Health and Social Welfare through The National AIDS Control Programme (NACP), and a multi-sectoral response, represented by the Tanzania Commission for AIDS. In addition, the Prime Minister's Office for Regional and Local Government (PMORALG) is also involved, since it is the Tanzanian government body responsible for the oversight of programs and the district level. Although great strides have been made to ensure comprehensiveness of services and effective coordination at all levels, collaboration between these bodies remains a challenge.

Successful implementation of national AIDS response plans is dependant on strong planning, coordination, implementation, monitoring, and supportive supervision at all levels, as well as a strong policy environment. The decentralization of government functions in Tanzania has placed increased demand on the local government structure, particularly the district councils. Implementation and coordination of HIV/AIDS programs at the district level is suffering from gaps in coordination, human resource capacity, and lack of streamlined processes of governance. In addition, the roles and responsibilities of staff are loosely defined, resulting in confusion, missed opportunities, and ineffectiveness. The focus on effective, quality home-based care (HBC) services for people living with HIV/AIDS (PLWHA) mandates a collaborative intervention to strengthen HBC Coordinators employed by the districts, in order to streamline communications, reprioritize roles, and strengthen linkages and referrals. HBC Coordinators work under the Program Coordinators for the districts, who oversee other health programs coordinators such as TB, leprosy, and maternal and child health. Program Coordinators are also members of the District/Council Management Teams for health.

HBC Coordinators are responsible for all HBC activities within their district, working together with governmental bodies and non-governmental organizations to serve PLWHA in their communities. The role, responsibilities, and professional requirements vary throughout the country, and the confusion that surrounds the position hampers the ability of the HBC Coordinators to link effectively to service providers and identify gaps in the programs. The District HBC Coordinator is an existing position within district councils, funded through the district council budget through the health department. HBC Coordinators get technical support through NACP, and are expected to be a critical link in ensuring the coordination of programs and the flow of information to the national level.

With FY 2009 funds, TBD will initiate an assessment of the current situation in at least four districts in two regions, to assess the function of HBC Coordinators and recommend more appropriate roles and responsibilities for HBC Coordinators, District AIDS Coordinators, and Council HIV/AIDS Coordinators (representative of the multi-sectoral response). TBD will help the district councils and NACP to clearly define and understand these roles, and develop an efficient framework for data flow and reporting. TBD will promote HBC Coordinators strengthening through the foundation of a standard model of responsibilities and professional trainings. The program will streamline communications through all levels of management, and identify and strengthen appropriate links between these positions and service providers. During the assessment, TBD will also be able to evaluate the local AIDS response in order to identify additional challenges or best practices being implemented. Results from the assessment will be developed into a portable framework to share with other districts and implementing partners for possible scale-up. Additionally, lessons learned will be shared with the national systems strengthening initiative, as well as policy partners addressing issues that may need intervention.

TBD will consider initiating recommendations of the assessment in districts that are intended to be "model learning districts" that will help to inform scale-up of effective practices. TBD will also consult with PMORALG at the outset, during the assessment phase, and at the time future plans for the role of the HBC Coordinators to ensure the plans fit with the local scheme.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 10654.09

**Mechanism:** NRM Wrap Around

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 25429.09

**Planned Funds:** [REDACTED]



**Activity System ID:** 25429

**Activity Narrative:** THIS IS A NEW PROJECT INITIATIVE FOR FY 2009

**NEED and COMPARATIVE ADVANTAGE:** USAID/Tanzania has a vibrant Natural Resources Management/Economic Growth (NRM/EG) program, which is set to begin a new round of four-year partner awards in FY 2009. PEPFAR Tanzania and USAID/Tanzania's NRM/EG programs are working closely to integrate HIV/AIDS activities into the program design and procurement development of NRM/EG's new round of partner awards. Total USAID/NRM funding for FY 2009 is anticipated at \$6 million, with a range of competitive awards and contracts expected. The availability of funds from PEPFAR Tanzania will allow for new partners in the NRM/EG portfolio to integrate key HIV services for HIV-positive individuals into their programs, and will enable PEPFAR to expand its reach to underserved peri-urban and rural populations and leverage the unique access NRM partners have to these underserved populations.

**ACTIVITIES:** PEPFAR will work with the NRM/EG program to implement targeted HIV/NRM/EG wrap-around activities, thus leveraging the approximately four-year, \$26 million NRM/EG portfolio and associated infrastructure. PEPFAR plans to apply a total of \$100,000 in HIV/AIDS care and support funds to support the integration of HIV/AIDS activities into NRM/EG programs and to provide technical assistance to NRM/EG partners to ensure the technical quality of these wrap-around activities.

Planned wrap-around activities include activities with farmers' groups and/or associations, agricultural producers (e.g., horticulture, coffee, and cashew sectors), as well as community-based conservation and water sanitation organizations:

- Home-based care services to HIV-positive individuals, that include activities to extend and optimize quality of life; this might include provision of psychosocial support, prevention activities for those who are HIV-positive, adherence and nutritional counseling, referral for family planning, vocational training, income-generating activities, legal protection, and access to commodities to prevent disease such as insecticide-treated nets, water purification tablets, and treatment for diarrhea.
- Safe water interventions activities as part of the new NRM water/sanitation program, bringing clean water and sanitation facilities to communities with a high prevalence of HIV.

**LINKAGES:** Linking PEPFAR programs to the NRM/EG program area will allow for a comprehensive approach to HIV/AIDS in the affected communities that these programs serve. PEPFAR will expand its reach to underserved populations, building upon NRM partners' access to and partnership with rural populations. This wrap-around activity will leverage both human and financial resources as well as NRM/EG funding sources and partners, to complement PEPFAR goals and maximize the effectiveness of programs.

Target populations will likely be located in rural farming or peri-urban areas for interventions among HIV-positive individuals in key conservation areas and the agriculture sector.

**M&E:** Awards made under the NRM/EG program are subject to standard monitoring and evaluation protocols. This includes an M&E program design that will be part of the initial partner proposal and final cooperative agreement or contract. Partners are expected to provide quarterly progress reports which track data on established indicators under the Performance Monitoring Plan and Operational Plan, as well as to measure progress against established program goals. The indicators will include the key indicators for HIV/AIDS care and support so that the programs can report against PEPFAR targets. NRM/EG staff will conduct field visits and data quality assessments in collaboration with USG PEPFAR colleagues. Annual progress will be presented at the NRM/SO Team meeting to all partners and Government of Tanzania SO Team representatives.

**SUSTAINABILITY:** Both PEPFAR and NRM/EG programs focus on project sustainability. A value-chain approach is used by NRM/EG to develop production capacity and quality improvement in profitable agricultural enterprises and to ensure long-term market connectivity. Biodiversity conservation programs focus on livelihoods development, from conservation-based enterprises like eco-tourism, handicrafts, honey, and mariculture, thus enabling communities to meet their economic needs while participating fully in sustainable natural resources management. By utilizing these platforms, PEPFAR interventions will also become sustainable, as integrated parts of these NRM/EG programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7408.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 25435.09

**Activity System ID:** 25435

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$190,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Providing HIV/AIDS Facility-based Care and Support to the Tanzania Police Force and Prisons Service (staff, dependents, inmates and civilians living near the TPPI health facilities)

**NEED and COMPARATIVE ADVANTAGE:** The Police and the Prisons Service has a network of hospitals, health centers, and dispensaries throughout the country, supporting a total of over 39,000 enlisted personnel, an estimated 100,000 dependants, 40,000 prisoners and tens of thousands other civilians. The hospitals offer district-level services with the largest hospitals, Kilwa Road Police and Ukonga Prison Hospital, both located in Dar es Salaam, serving the role of national referral centers for this population. Currently, the smaller police and prison hospitals and health facilities need to be refurbished, significant improvements in healthcare worker training and quality of clinical services need to be made, and laboratory services need to be expanded. Many of these sites are unable to fulfill the minimum criteria for HIV/AIDS care and treatment as defined by the Ministry of Health and Social Welfare (MOHSW). Currently only one police (Kilwa Road) and one prison hospital (Ukonga) participate in the National Care and Treatment Program (NCTP). The Prisons Service started antiretroviral therapy (ART) services for eligible HIV-positive clients in two hospitals and nine health centers; however, these services were initiated without proper laboratory capacity, training of staff, quality and needs assessments, and monitoring and evaluation processes as required by the NCTP, with the exception of the hospital at Ukonga Prison.

The hospitals and health centers of the Police and Prisons Service do not only serve enlisted personnel and their dependents, but also civilians living in the vicinity of the health facilities; 80% of the patients are civilians. HIV prevalence in Tanzania is estimated to be 7%, though rates are thought to be higher in the Uniformed Forces. PharmAccess International (PAI) has a memorandum of understanding to work with the Police and Prisons Service, and is well-poised to continue to provide technical and financial support to their hospitals and health centers to improve coverage, and strengthen and expand care and treatment activities. For example, there is little home-based care presently available to complement the facility-based services.

The program has introduced provider-initiated HIV testing and counseling (PITC), and this will lead to the identification of a large number of personnel requiring care and treatment. The police and prison health facilities need to be prepared for the resulting increase in patient load. Immigration officers are also included in this initiative; PAI will ensure that they are informed about the availability of HIV/AIDS services provided by Prison and Police health facilities. They will be encouraged to use the services of these facilities, free of charge.

**ACCOMPLISHMENTS:** PAI has worked with the Police, Prisons, and Immigration Department (TPPI) to provide comprehensive quality care and treatment services in five zonal police and five zonal prison hospitals, and is presently expanding to another 13 police and 13 prison health facilities. Contributions made by PAI to the HIV program are in line with the national Health Sector HIV strategy

**ACTIVITIES:** During FY 2009, PAI will:

1. Increase the number of hospitals and health centers under the TPPI providing care and support to HIV-positive individuals, and expand services to the homes of people living with HIV/AIDS
  - Renovate counseling rooms, laboratory, and pharmacy space at ten police and ten prison health centers
  - Conduct initial and refresher ART training of 120 medical staff from the health centers
  - Train 200 volunteers from the barracks in basic home-based care (HBC), and promote HBC services for psychosocial support, for nutrition counseling and support, prevention and treatment of opportunistic infections (OIs); and case finding for other vulnerable members of the household
  - Conduct community education and mobilization through "Open House" days at each facility to increase access to services and partner testing
  - Strengthen the referral system between the TPPI health facilities, district, and regional hospitals for antenatal services, adult and infant diagnosis, ART, and TB/HIV at care and treatment centers
2. Scale up provision of comprehensive care and support
  - Ensure complementary home-based care services are in place, particularly for bed-ridden patients
  - Reinforce PITC as part of all inpatient and outpatient services
  - Procure drugs to treat OIs when not available through the central mechanism
  - Evaluate patients for malnutrition and provide nutritional counseling and support
  - Continue to improve patient record/data collection, working with Police and Prison headquarters and facility staff to collect, record, and analyze data
  - Improve quality of ART services through quarterly with site representatives and experts in specific fields (e.g., ART developments, pediatrics, HIV/AIDS, nutrition, and TB)
  - Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and Kilwa and Ukonga Hospitals
  - Provide prevention with positives messages to people living with HIV/AIDS, including provision of condoms, importance of safe water and good hygiene, counseling about adherence and disclosure, and referral for family planning or sexually transmitted diseases, as needed
3. Ensure proper lab capacity is developed at all eight hospitals for patient monitoring and OI diagnosis
  - Provide CD4 equipment to Kilwa Road Police and Ukonga Prison Hospital
  - Provide standard operating procedures and training in quality assurance and control at regional and district hospitals
  - Provide refresher trainings for technicians in TB and HIV diagnosis, routine laboratory testing and equipment maintenance
  - Procure reagents and consumables when not available through national supply chain

**LINKAGES:** Administration of the hospitals and health centers of the TPPI falls under the Ministry of Home Affairs, rather than the MOHSW. Care and treatment services under this program will ensure a close linkage with the National AIDS Control Programme (NACP) and the National TB and Leprosy Programme.

**Activity Narrative:** Clients found to be HIV-positive will be referred for further evaluation and qualification for prevention of mother-to-child transmission (PMTCT), TB screening and treatment and care services within the facility, and home- or community-based services. PAI will strengthen linkages with prevention activities under the HIV/AIDS program of Police and Prisons, including promotion and counseling of preventive measures for HIV-positive persons, PITC, counseling and testing, PMTCT, TB/HIV and support for orphans and vulnerable children.

The program will establish linkages and referrals between health centers and TPPI or district and regional hospitals for CD4 and TB testing, and provide referrals for complicated cases. PAI will also ensure linkages with organizations of women living in the barracks. These women will operate as caregivers within the barracks, as neither non-governmental organizations (NGOs) nor other private social support organizations are permitted to work within the barracks. For clients in the surrounding communities, PAI will work with existing local NGOs in order to provide a continuum of care and to ensure access with potential wraparound programs (e.g., nutritional supplementation, income generating activities, psychosocial support, etc.).

Linkages have been established with the Regional and District Health Management Teams. PAI will continue this collaboration, and work together with other implementing partners, for supportive supervision purposes and technical assistance.

M&E: Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center for the NACP. To support M&E processes, PAI will provide training for 76 data-entry clerks. PAI will continue to promote the synthesis and use of data by facility staff, TPPI headquarters, NACP and the District and Regional Health Management Teams. For monitoring HBC services, PAI will use the national system for tracking HBC services as soon as it is completed and available for use.

SUSTAINABILITY: In the TPPI Forces, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. TPPI health facilities are under the administration of the Ministry of Home Affairs, rather than the MOHSW. PAI will encourage the Offices of the Directors Medical Services to integrate care and treatment activities in their health plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with administrators to build the local authority's technical and managerial capacity to manage the program, as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

- \* Family Planning
- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1027.09

**Mechanism:** N/A

**Prime Partner:** Mbeya Referral Hospital

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: Adult Care and Support

---

**Budget Code:** HBHC

**Activity ID:** 25122.09

**Activity System ID:** 25122

**Program Budget Code:** 08

**Planned Funds:** \$555,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expanding Adult Care and Support Services in the Southern Highlands Zone

NEED and COMPARATIVE ADVANTAGE: The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania. It operates in the Southern Highlands to offer direct clinical service, provide training, coordinate and oversee the quality of treatment in the zone, and to establish health service referral systems among four regions (Mbeya, Iringa, Rukwa, and Ruvuma) serving a catchment population of over six million people

ACCOMPLISHMENTS: The MRH began full recruitment of patients in January 2005 and now boasts a patient load of over 4,000 on ART, with nearly 8,500 receiving care and support services. It is presently enrolling over 200 patients each month. The MRH also provides technical supervision to the hospitals in Mbeya, Rukwa and Ruvuma regions, contributing to quality services for over 18,000 ART patients in the Southern Highlands. In collaboration with the National AIDS Control Programme (NACP), the MRH has also supported the direct training of health providers through the Southern Highlands in ART services and related care and support. In FY 2008, a Center for Infectious Disease (CID) was opened, funded both by PEPFAR and other donor sources. The center currently accommodates an infectious disease clinic and a training facility with a referral-level laboratory capacity. The CID supports a continued expansion of antiretroviral therapy (ART) and related clinical care needs. It provides a forum for practical training for medical and laboratory staff to improve adult and pediatric HIV/AIDS care and treatment services.

ACTIVITIES: All hospitals in the Mbeya Region, under the auspices of Mbeya Regional Medical Office (MRMO under separate submission), provide ART services and facility-based care and support, but identification of the majority of patients is still done through the MRH. At the MRH, patients undergo the initial evaluation and are then referred to the regional and district hospital for management. This phenomenon is due to the higher quality of service and better infrastructure provided by MRH

As part of FY 2009 activities, the US Department of Defense (DOD) and MRH will work with the MRMO to develop strategies beyond provider initiated testing and counseling (PITC) to decentralize identification/enrollment of patients to increase uptake of services. MRH and MRMO will strategize to build capacity of satellite health facilities to decongest the MRH. These will be the key components of the overall improvement of services through out the region.

In FY 2009, MRH will:

1. Provide care and support to patients, both in the main MRH care and treatment clinic (CTC) and at satellite health centers, including cotrimoxazole prophylaxis, treatment of opportunistic infections and other related complications of HIV/AIDS, pain and symptom relief, and psychosocial support. Coordinate with the MRMO to provide technical support, such as training to satellite clinics, in order to decongest the MRH CTC. Provide ongoing mentoring to satellite health center CTC staff. Continue to sensitize hospital staff and clients in PITC as a regular part of all out patient services, including the TB clinic. Reinforce PITC sensitization through rotation of staff from the CTCs to assist regular hospital staff in patient identification and provision of this service. Reinforce collection of patient data and analysis to inform service improvement. Procure commodities for services and patient monitoring when not available through central mechanisms.
2. Provide support to zonal facilities to ensure quality services. Strengthen and reinforce implementation of standard operating procedures for clinical services, laboratory monitoring, and maintenance of patient records. Conduct bimonthly visits to facilities in the zone by supportive supervisory teams consisting of a medical officer, clinical officer, and nurse. Observe service provision and provide direct technical and material support to health facilities in the zone. Mentor Regional Medical Officer (RMO) development and/or strengthen regional supportive supervisory teams.
3. Intensify its efforts in nutritional support for people living with HIV/AIDS (PLWHA). Specifically, MRH will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements, such as mid-upper arm circumference (MUAC) and weight for age. MRH will procure the necessary equipment required to carry out effective nutritional assessment at the CID, such as weighing scales, MUAC tapes, and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, the CID will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, the CID will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.
4. Provide prevention with positives messages to people living with HIV/AIDS, including provision of condoms, importance of safe water and good hygiene, counseling about adherence and disclosure, and referral for family planning or sexually transmitted diseases, as needed.

To accomplish zonal training activities, MRH will:

1. Collaborate with the NACP and conduct initial and refresher training of ART and related care and support, TB/HIV co-management, and PITC for the regions of Mbeya, Rukwa and Ruvuma. Provide practical training with CTC staff to reinforce classroom lectures. Work with RMOs to evaluate training needs in the zone continually and meet those needs through both formal and informal mechanisms/approaches.
2. Increase enrollment of adults in ART services. Promote routine counseling and testing at all contact points. Continue to strengthen pre-ART within the CTC for evaluation and follow-up for treatment. Ensure all TB/HIV co-infected patients are initiated on cotrimoxazole prophylaxis as appropriate.
3. Strengthen referral system between HIV service points at the MRH. Use M&E officers to conduct daily checks on registers in outpatient clinics, inpatient wards, maternal and child health (MCH) and TB clinics to keep track of patients referred to the CTC. Strengthen and formalize referrals to and from community-

**Activity Narrative:** based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations serving patients in their communities through facility social workers.

**LINKAGES:** This activity is linked to activities under this facility in TB/HIV, adult and pediatric treatment, and pediatric care and support, as well as those of the regions in this zone (Mbeya, Rukwa and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in the areas of pediatric care and TB infection control. The MRH will continue to promote outreach services from the facilities to the communities. It has a list of NGOs, CBOs and home-based care providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. This list is displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through a facility social worker serving as the point of contact for the community organizations. Through these community organizations, patients receiving care and support can access insecticide treated mosquito nets, nutritional support, and possibly income generating activities.

**M&E:** The MRH is the central hub for the zonal electronic medical record system (EMRS) supported with direct technical assistance from DOD. This EMRS is critical for patient management and program monitoring in support of ART in the Southern Highlands. The system currently supports nine sites in the Mbeya region and three sites each for Rukwa and Ruvuma regions. The EMRS is linked to the national CTC2 and CTC3 databases and is capable of producing national reports and identifier stripped data for national analyses. Patient records at the MRH CTC are entered at the clinic immediately upon completion of the patient visit, and electronically transferred to the data center where data is synthesized and fed back to the CTC team for use in patient management.: In FY 2008, the DOD SI team will train 60 healthcare workers in M&E and provide technical assistance to 53 CTCs in three regions

**SUSTAINABILITY:** The MRH is accomplishing these activities through capacity building of other health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. These activities are also being accomplished by strengthening "systems," such as the zonal supportive supervisory team and the zonal weekly ART meetings as part of existing zonal support functions.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$139,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1138.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Rukwa Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 25123.09	<b>Planned Funds:</b> \$285,000
<b>Activity System ID:</b> 25123	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expansion of Adult Care and Support Services in Rukwa Region

NEED and COMPARATIVE ADVANTAGE: The Rukwa Regional Medical Office (RMO) supports the implementation of prevention, care, and treatment programs throughout the region, providing funding and supervision to the regional hospital and district-level facilities. As is being done in other regions, Rukwa will be scaling up treatment in the districts through the health centers.

To scale up services effectively in Rukwa, care and treatment centers require significant infrastructure improvements, staff capacity building, strengthened supply chains, and enhanced management systems at the district hospitals and health centers. Located in the far west of the country along the border with the Democratic Republic of Congo, regular interaction with zonal support through the MRH and the National AIDS Control Programme (NACP) in Dar es Salaam is difficult. The poor conditions of the roads isolate them even further, particularly during the rainy season when they are impassible. This makes provision of services throughout the region very challenging.

The DOD has stationed personnel in Rukwa to work closely with the RMO, the District Medical Officers, and Regional and District Health Management Teams (RHMT and DHMT) to provide direct technical support and material inputs necessary to improve site capacity.

ACCOMPLISHMENTS: Currently, over 3,900 patients from the region are on ART, 94% of which are adults. Over 75 staff members have been trained in ART provision and care and support services. Two district laboratories at the Nkasi and Mpanda District Hospitals have been renovated, equipped, trained, and are currently performing their own hematology and chemistry assays. Provider-initiated testing and counseling (PITC) for HIV/AIDS has been implemented in all the hospitals in the region and supportive supervisory teams have now been extended to facilities below the district level to expand ART services to all health centers in the region.

ACTIVITIES: In FY 2009, the Rukwa RMO and DOD will provide significant inputs to roll out HIV care and treatment to 20 additional health centers, bringing the total number of facilities to 43 by September 2010. All NACP identified facilities in this region for ART services will receive support to ensure that care and support services are available in all four districts in the region.

Specifically, the Rukwa RMO will:

1. Expand care and support services to a total of three hospitals and 20 primary healthcare facilities in the region, covering all four districts. Work with the DHMT and facility directors to develop and implement facility-based work plans and to ensure basic services are provided. These include Cotrimoxazole prophylaxis, treatment of opportunistic infections and other HIV/AIDS-related complications, pain and symptom relief, and psychosocial support, and referral for community services. Assist in the acquisition of reagents, medications, and clinical supplies through local distributors when these are not available through central mechanisms. Work with facility pharmacists to improve capacity in forecasting, stock management and ordering.
2. Continue to improve the quality of care. Strengthen and reinforce implementation of standard operating procedures for care and support services, laboratory monitoring, and maintenance of patient records. Expand mentoring and supportive supervision beyond the district-level facilities through regional medical teams. Improve patient record/data collection, working with DOD, DHMTs and facility staff to analyze data to inform improvement of services.
3. Reinforce and expand PITC to all facilities. Train 75 staff in inpatient wards and outpatient clinics in HIV care and treatment, actively promoting PITC for all patient contact points. Continue to sensitize hospital staff and clients in care and treatment as a regular part of all out patient services, including the TB clinic.
4. Increase enrollment of adults in care and support services. Ensure all TB/HIV co-infected patients are initiated on Cotrimoxazole prophylaxis as appropriate.
5. Intensify efforts in nutritional support for people living with HIV/AIDS (PLWHA). Specifically, the program will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. The RMO will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. Finally, the program will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.
6. Reinforce comprehensive nature of clinical services. Provide prevention with positives messages to people living with HIV/AIDS, including provision of condoms, importance of safe water and good hygiene, counseling about adherence and disclosure, and referral for family planning or sexually transmitted diseases, as needed. Strengthen and formalize referrals to and from community-based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations (FBOs) serving patients in their communities through facility social workers.

LINKAGES: This activity is linked to activities under this partner in prevention of mother-to-child transmission (PMTCT), TB/HIV and ART services (pediatric and adult), as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Rukwa RMO will continue to promote outreach services from the facilities to the communities. Each



**Activity Narrative:** facility has/will have lists of NGOs, CBOs, FBOs, and home-based care providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists are displayed in CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. Rukwa will strengthen these referrals, as well as referrals from community organizations to the facility, through facility staff serving as points of contact for the community organizations.

M&E: Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all CTCs under the Rukwa RMO are supported by technical assistance from the DOD SI team based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system and transported to the DOD data center located at the MRH for synthesis, generation of NACP and USG reports, and provision of feedback to CTC teams for use in patient management.

SUSTAINABILITY: Rukwa RMO is ensuring sustainability through capacity building of health care facilities and staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as DHMTs, the regional supportive supervisory team, and the zonal weekly ART meetings as part of existing zonal support and routine Rukwa RMO functions.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$71,300

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1139.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ruvuma Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 25124.09	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 25124	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expansion of Adult Care and Support Services in the Ruvuma Region

NEED and COMPARATIVE ADVANTAGE: The Ruvuma Regional Medical Office (RMO) supports the implementation of prevention, care, and treatment programs throughout its region, overseeing funding and supervision to the region at hospital and district-level facilities. As a US Department of Defense (DOD) partner and a region under support of the Mbeya Referral Hospital (MRH), rollout of ART in this region mirrors that in Mbeya and Rukwa.

To scale up services in Ruvuma effectively, health facilities require significant improvement in infrastructure, development of staff capacity, strengthening of supply chains, and enhanced management systems at the district hospital and health center level. This region is geographically isolated with poor road access. This fact, in addition to an almost year-long lag in receiving government of Tanzania (GOT) antiretrovirals to initiate programs, has caused the slower progression of the roll-out of ART services in this region. To improve and increase the rate of implementation and roll out, DOD will likely need to station personnel in Ruvuma to work closely with the RMO, District Medical Office, Regional and District Health Management Teams (RHMT and DHMT), faith-based organizations (FBOs) and community-based organizations (CBOs) to provide direct technical support and material inputs necessary to expand and increase patient enrollment for HIV/AIDS care and treatment services in Ruvuma.

ACCOMPLISHMENTS: Nearly 7,000 patients are on antiretroviral therapy (ART) at all three district hospitals in the region, with over 11,500 on facility-based care and support. Over 100 staff trained in service provision. The laboratories at the Mbinga and Tunduru District Hospitals have been renovated and equipped, and technicians have been trained and are running hematology and chemistry assays. Provider-initiated testing and counseling (PITC) is being implemented in all the hospitals in the region and supervisory teams have now been extended to facilities below the district hospital level to introduce of ART and related care and support to health centers.

ACTIVITIES: Technical assistance from and collaboration with other USG treatment partners will continue to play a factor in scaling-up treatment services in this region

In FY 2009, the Ruvuma RMO and DOD will provide significant inputs to roll out HIV care and treatment to 20 additional health centers, bringing the total number of facilities to 44 by September 2009, with 100% of National AIDS Control Programme (NACP) identified facilities supporting ART in the region.

Specifically, the Ruvuma RMO will:

1. Expand services and support to a total of 20 primary health care facilities in the region. This will be at a two to four health centers per district. Work with DHMT to achieve the expansion, using NACP health center assessments and strengthening reports as a reference. Work with the DHMT and facility directors to develop and implement facility-based work plans and to ensure basic services are provided. These include cotrimoxazole prophylaxis, treatment of opportunistic infections and other HIV/AIDS-related complications, pain and symptom relief, and psychosocial support, and referral for community services. Assist in the acquisition of reagents, medications, and clinical supplies through local distributors when these are not available through central mechanisms.
2. Continue to improve the quality of care and treatment services. Strengthen and reinforce implementation of standard operating procedures for clinical services, laboratory monitoring, and maintenance of patient records. Improve patient record/data collection, working with DOD, DHMTs and facility staff to analyze data to inform improvement of services.
3. Reinforce and expand PITC to all facilities. Train 100 staff in inpatient wards and outpatient clinics in HIV care and treatment and promote PITC for all patient points of contact. Continue to sensitize hospital staff and clients in care and treatment as a regular part of all out patient services, including the TB clinic. Reinforce sensitization through rotation of staff from the CTCs to assist regular hospital staff in patient identification and service provision.
4. Increase the number of adult patients enrolled at the CTCs. Promote and support routine counseling and testing including mobile voluntary counseling and testing (VCTs) at all contact points in the health facilities and communities. Ensure all TB/HIV co-infected patients are initiated on cotrimoxazole prophylaxis as appropriate.
5. Intensify its efforts in nutritional support for people living with HIV/AIDS (PLWHA). Specifically, the RMO will support care and treatment clinics (CTCs) to conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. The RMO will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. Finally, the program will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.
6. Reinforce the comprehensive nature of clinical services. Provide prevention with positives messages to people living with HIV/AIDS, including provision of condoms, importance of safe water and good hygiene, counseling about adherence and disclosure, and referral for family planning or sexually transmitted diseases, as needed. Strengthen and formalize referrals to and from CBOs, NGOs and FBOs serving patients in their communities through facility social workers.

LINKAGES: This activity is linked to activities under this partner in prevention of mother-to-child

**Activity Narrative:** transmission (PMTCT), TB/HIV, adult and pediatric treatment, as well as those of the other regions in this zone (Mbeya and Rukwa). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Ruvuma RMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGOs, CBOs, FBOs and home-based care providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. The program will strengthen these referrals, as well as referrals from community organizations to the facility, through facility staff serving as points of contact for the community organizations.

M&E: Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the Ruvuma RMO are supported by TA from the DOD SI team based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DOD data center located at the MRH for synthesis, generation of NACP and USG reports, as well as to provide feedback to CTC teams for use in patient management.

SUSTAINABILITY: As with other DOD partners in the Southern Highlands of Tanzania, the Ruvuma RMO ensures sustainability through capacity building of health care facilities and staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as the improved capacity of DHMT, the regional supportive supervisory team, and the zonal weekly ART meetings as part of existing zonal support and routine Ruvuma RMO functions.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$75,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery      \$10,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10749.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Foundation for Hospices in Sub-Saharan Africa	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 25433.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 25433	

**Activity Narrative:** THIS IS AN ONGOING NEW PARTNER INITIATIVE ACTIVITY, REPORTED FOR THE FIRST TIME IN THE TANZANIA COP.

TITLE: Continuum of Care for Persons Living with HIV/AIDS in Tanzania (CHAT)

**NEED and COMPARATIVE ADVANTAGE:** Large segments of the population of Tanzania, particularly people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC), lack access to care and support services. The CHAT project is scaling up existing home-based care (HBC) programs by adding a palliative care component. It reaches populations in remote and underserved geographic areas and helps create a continuum of care by linking PLWHA with existing treatment programs. Foundation for Hospices in Sub-Saharan Africa (FHSSA) is working with the Evangelical Lutheran Church of Tanzania (ELCT) which has an existing palliative care model program at the Selian Hospital. CHAT is scaling up these types of services in 13 other Lutheran hospitals and their surrounding communities throughout Tanzania. All hospital sites have an active care and treatment center (CTC) through which program staff will coordinate their services. ELCT has been working with these sites to extend palliation from the facility to the home since 2004.

**ACCOMPLISHMENTS:** In FY 2008 CHAT procured resources (including vehicles); set up offices and financial/administrative systems; identified and trained staff and volunteers at 13 sites; began providing care and support services to PLWHA in the surrounding communities; and designed and implemented a monitoring system for both quantity and quality of services being provided. In addition, the staff is working with ELCT congregations and the surrounding communities to identify and provide services to OVC in the communities. Specifically, CHAT has:

- Identified and trained a cadre of professionals at each of the 13 sites who have in turn organized training for over 275 HBC Volunteers. All volunteers are trained in the National AIDS Control Programme (NACP) three-week training with a government-certified trainer.
- Provided services to over 1,500 PLWHA (as of May 2008).
- Begun providing services to OVC in the surrounding communities. The support includes nutrition, education, health and housing (blankets/mattresses) services.
- Actively trained staff so that they can utilize a reporting system that captures both number of individuals being served and quality of services by assessing pain management. A web-based reporting system has been developed which will allow for data input and reporting for continual program management, assessment and feedback for project improvement.

**ACTIVITIES:**

1. Scale up the capacity of hospital staff and volunteers to provide quality care, support, and palliation in Tanzania and serve PLWHA and their families, linking to existing treatment programs.
  - Train a second cadre of volunteers at each of the 13 sites
  - Continue to provide quality services to PLWHA linking with CTC at each of the 13 sites
2. Establish a network of care, in partnership with faith-based congregations whereby OVC receive comprehensive and compassionate care.
  - Incorporate pediatric palliative care training and activities into palliative care/HBC teams
  - Provide education, health, nutrition and housing support to the OVC in the communities
  - Develop a program to address pediatric bereavement, in the event there is not one already developed for adaptation
3. Develop training and education products and services to build capacity and sustainability for palliative care in Tanzania.
  - Link with training activities at Selian Lutheran Hospital to learn from their experiences.
  - Develop model inpatient palliative care service at Kilimanjaro Christian Medical Centre, with training capability
4. Ensure an appropriate reporting system for program operation and quality data by site that supports the upcoming national monitoring system.
  - Continue to train all program and support staff in the record keeping and data entry system
  - Summarize and analyze monthly program data and quarterly data as part of an ongoing quality improvement program

In FY 2009, there will be an increased emphasis on provision of prevention with positives (PWP) services for People Living with HIV/AIDS (PLWHA). All sexually active PLWHA will be provided with condoms and linked with sexually transmitted infection treatment services and counseling to reduce high-risk behaviors. Referrals will be made for family planning, if appropriate. Implementing partners will discuss with PLWHA specific strategies for disclosing one's HIV status to sexual partners, and offer confidential HIV testing to the partners of and children born to all PLWHA in their coverage areas.

In addition, FHSSA will strengthen its basic prevention package. PLWHA will be provided with counseling, and linked to support groups or peer-led interventions through the HBC system. There will be increased involvement of PLWHA in the communities in service provision as HBC providers. PLWHA will be provided with information about ways they can protect their own health, prevent common illnesses, and improve access to safe water and hygiene practices. FHSSA will ensure that interventions address the comprehensive needs in an environment free from stigma and discrimination. FHSSA will support procurement and/or distribution of insecticide-treated bed nets to PLWHA, and promotion on their correct usage. FHSSA will ensure that all PLWHA are receiving Cotrimoxazole for prevention of opportunistic infections. FHSSA will train HBC providers on screening for TB and linking the clients to services. HBC volunteers will also be addressing and monitoring adherence to TB treatment.

Lastly, there will be greater focus on nutritional education and referral to CTC facilities for nutritional assessments.

**Activity Narrative:** LINKAGES: FHSSA and its partners ELCT, and the African and Tanzanian Palliative Care Associations, will work closely with other organizations in Tanzania working on palliative care and HBC. This includes coordinating with the NACP to make sure that all care and support providers/trainers have the national HBC training course and work with District Medical Officers to coordinate activities with other HBC programs. It also includes working actively with the Tanzania Palliative Care Association to inform the development of quality standards in palliative care. Finally, FHSSA will link and coordinate with other implementers such as Deloitte/Family Health International and Pathfinder International to coordinate activities on the ground and to share approaches and strategies on providing palliative care in both a facility- and home-based setting (and particularly to avoid duplication of effort). Staff will also participate in the implementers Palliative Care Working Group.

**M&E:** Each CHAT site collects data on a number of key indicators for provision of palliative care and OVC services. A designated staff member at each site will compile and upload the data monthly. CHAT will work closely with USG and the NACP to harmonize the CHAT M&E system with the system being developed by NACP, and to help support its development through lessons learned in CHAT's service delivery.

**SUSTAINABILITY:** Indigenous capacity to provide comprehensive care to PLWHA and OVC will be significantly strengthened by scaling-up palliative care services at existing ELCT facilities throughout Tanzania, and by engaging community-based faith groups in outreach and service delivery. By utilizing existing health facilities (ELCT hospitals) and community locations outside the immediate health facility catchment area (church parishes and congregations), a strong local network will continue for the future.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1171.09	<b>Mechanism:</b> MAISHA
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 25137.09	<b>Planned Funds:</b> \$250,000
<b>Activity System ID:</b> 25137	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**NEED and COMPARATIVE ADVANTAGE:** Research conducted by technical experts and other credible evidence indicates a higher correlation between HIV-positive women, the Human Papilloma Virus (HPV), and the development of cervical cancer when compared with HIV-negative women. Because HIV-positive women suffer from weakened immune systems, their resistance to sexually transmitted diseases, including HPV, is extremely low. The link of HPV to cervical cancer is undeniable; a recent study found an HPV prevalence of 94% in women with cervical cancer. Prevention of HPV is critical to cervical cancer prevention, and identification and treatment are necessary steps to protect all women, especially those living with HIV.

To respond to this evidence, PEPFAR plans to incorporate screening and treatment of cervical cancer into the area of responsibility for implementing partners. Thus, in the context of HIV infection, cervical cancer is defined as an opportunistic infection for HIV-positive women and will be included in Adult Care and Support objectives. Ensuring that capacity and systems are in place for HIV-positive women to be screened and referred for treatment for cervical cancer (once the program moves to implementation) will ensure that existing programs can enhance the continuum of care for HIV-positive women in Tanzania.

JHPIEGO has been at the vanguard of global efforts to prevent, identify, and treat cervical cancer since 1997, when it conducted early clinical trials in Zimbabwe and developed an approach to see and treat cervical cancer in one visit. JHPIEGO has worked to pioneer this unique, medically safe, acceptable, and cost-effective approach to cervical cancer prevention for low-resource settings. This approach is a low-cost intervention to identify and treat precancerous cervical lesions. It is a simple and practical procedure that can be scaled up nationally to significantly reduce rates of invasive cervical cancer. Currently, JHPIEGO is translating these research results into practice by bringing the single visit approach into routine health services. JHPIEGO works with ministries of health and national stakeholders to implement a sustainable and comprehensive approach to cervical cancer prevention.

**ACTIVITIES:**

1) Assess current legislation, programs, epidemiology, and existing information relevant to HPV and cervical cancer to determine best practices recommended for implementation of a nationwide screening and treatment program for HIV-positive women in Tanzania.

JHPIEGO will review existing policies and efforts regarding screening for and treatment of cervical cancer and current availability of treatment for cervical cancer and precancerous lesions. JHPIEGO will also collect and monitor relevant epidemiological data as it relates to HPV, cervical cancer, and HIV/AIDS.

2) Develop linkages with the Government of Tanzania (GOT), treatment implementing partners, existing facility-based care programs, and other key stakeholders to ensure sustainable and collaborative initiatives. JHPIEGO will also meet with various stakeholders and implementing treatment partners who can help to combat cervical cancer in HIV-positive women. In addition, JHPIEGO will assist the Ministry of Health and Social Welfare (MOHSW) with the development of a forum for coordination of these efforts, as appropriate. JHPIEGO will work with the MOHSW to design a pilot for the integration of cervical cancer screening with low cost and practical methods (e.g., visual inspection) into service protocols, and establish appropriate referral mechanisms and systems for treatment of cervical cancer.

Options for treatment would be shared with the GOT so that the appropriate options would be included in national policy and practice. Presently, GOT has policies in place that require cytology-based screening of all women for cervical cancer; however, current rates of compliance are unclear. JHPIEGO will review the existing guidelines for cervical cancer screening and treatment systematically and explore current implementation of these guidelines and other practical and available treatment options. These assessments will determine capability and identify existing infrastructure for cytology-based screening, and alternative methods of screening and treatment will be explored for areas lacking resources. In addition to national considerations and input from implementing partners, successful programs from other African countries (e.g., Zambia) will be considered for adaptation into the Tanzanian context. It is likely that a simple, low-tech approach will be adopted, using visual inspection and acetic acid to detect HPV and precancerous lesions.

3) Expand the continuum of care to include cervical cancer screening and treatment for HIV-positive women in Tanzania; services delivered by trained nurses, midwives, clinical officers, assistant medical officers, and medical officers.

The USG/Tanzania Clinical Services team will work with the Cervical Cancer Taskforce to ensure that proposed programs are compliant with PEPFAR guidance, as well as with existing and procedures. Additionally, JHPIEGO will assist the MOHSW in updating guidance as appropriate, and develop plans for the piloting and implementation of cervical cancer screening efforts among HIV-positive women, including plans for funding, evaluation, and sustainability. Since this a new area of focus, major groundwork will take place to assess and develop infrastructure to support future programs, which will be larger in scope in subsequent years. If possible, the program will be piloted with USG treatment partners in a limited number of sites.

**LINKAGES:** In compliance and in conjunction with GOT (particularly the reproductive health unit at the MOHSW), JHPIEGO will ensure linkages and coordination with existing implementing partners who already provide facility-based HIV/AIDS care and support. These implementing partners include Harvard, Deloitte, EGPAF, Mbeya Referral Hospital, Mbeya Regional Hospital, AIDSRelief, PharmAccess, Columbia, Selian, and PASADA. The linkages will also include collaboration with other stakeholders, both US Government (USG) and non-USG-funded activities currently supporting efforts relating to screening and treatment of cervical cancer, other women's health issues, and HIV care and treatment.

**TARGET POPULATION:** Screening and treatment programs for HPV and cervical cancer will be directed solely toward HIV-positive women, in compliance with Country Operation Plan (COP) guidance for these initiatives.

**Activity Narrative:** M&E: JHPIEGO will collaborate with implementing partners to develop a Monitoring and Evaluation (M&E) system to monitor feasibility, scalability, potential for impact, and cost-effectiveness of potential cervical cancer programs. Evaluation data will ensure ongoing program improvements in addition to securing and facilitating future replication, expansion, and national scale-up of programs. Evaluation components will include qualitative and quantitative measures, and use cost data analysis to monitor program activities, including monitoring the number of HIV-positive women screened and treated for HPV and cervical cancer. JHPIEGO will work with implementing partners to develop appropriate tools and necessary systems to collect and report relevant data. Data will be shared on a quarterly basis to ensure the effective partnership between implementing agencies in meeting goals and objectives.

**SUSTAINABILITY:** In order to develop sustainable and effective programs, FY 2009 funds will be allocated toward developing protocols, reviewing and refining standard guidelines for programs and procedures, training for human resources, and creating job aids for screening and treatment of cervical cancer. Sustainability will occur through knowledge and information sharing among partners and key stakeholders, in addition to linking with already existing HIV care and treatment initiatives. By ensuring that implementing partners collaborate within existing public and private mechanisms, using national guidelines, and complementing an already existing continuum of care for HIV-positive women, sustainable services that build upon existing systems will be ensured.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

**Total Planned Funding for Program Budget Code: \$74,974,303**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 16973.25442.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 25442	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Treatment Buy-In to Insurance Fund PPP

PEPFAR Tanzania has developed an integrated plan to provide direct support to HIV/AIDS-impacted people while simultaneously investing in the development of a robust private sector health care capacity. Recent studies show that, at the country's current level of development, the private sector must be leveraged to assist in health care provision if the government is to realize its goal of ensuring access to health care services to all who need it.

This activity collaborates with an innovative public-private partnership designed to provide basic employer provide health insurance to 50,000 low-income wage earners. The program provides insurance premium subsidies of 50% - 90% of the total cost to ensure affordability. The private sector match comes in the form of the employee payment (10% - 50%) plus the private sector in-country insurer agreement to take only 3% profit rather than the standard 18% (resulting in a 15% insurer contribution).

This activity will extend the basic health care coverage package by covering the treatment costs associated with all eligible workers and their families within the 50,000 covered workers. The treatment will be provided in certified private, non-governmental health facilities which will have the dual effect of increasing national testing capacity while also encouraging the development of a parallel private sector health care network designed to encourage and support employer-sponsored health care coverage. Studies show that for countries in which less than 20% of GDP is collected in taxes (a dual measure of formal sector maturity and sophistication of governmental monitoring infrastructure), resources for 'government-only' health care are insufficient to provide popular protection and the system must be augmented with a private sector health care system designed to service 'those who can pay'.

The initial target of 50,000 workers will focus on several geographically-centralized groups, including a large coffee cooperative in Moshi and the micro-entrepreneurs at the Kariakoo market and the fish market in Dar. Additional groups will be added once identified as meeting the program entrance criteria.

The funding will be provided to an existing partner organization, PharmAccess, who will in term pass it along to the Dutch fund as a subgrantee. The funding is intended to spur the development of a privateprovider network of HIV/AIDS focused health professionals geared to service employer-sponsored plans here in Tanzania. It is also intended to blaze a path for our focus countries to follow in teaming with the innovative health insurance fund. We will initiate discussions with the O/GAC public-private partnership group to monitor and evaluate program success and to determine feasibility of program extension within and beyond Tanzania.

The initial workers targeted to benefit from this innovative fund are a coffee cooperative in Moshi, creditworthy microfinance loan holders from the National Microfinance Bank (NMB), and stall holders at both of the major markets in Dar es Salaam; the fish market and Kariakoo. The workers share some of the key requisite attributes, including representing the lower wage earning end of the engine of commerce in the country, and being formalized enough so that they can form a risk pool and have their wages garnered for premium payments.

**ACCOMPLISHMENTS:**

**ACTIVITIES:**

PEPFAR Tanzania has developed an integrated plan to provide direct support to HIV/AIDS-impacted people while simultaneously investing in the development of a robust private sector health care capacity. Recent studies show that, at the country's current level of development, the private sector must be leveraged to assist in health care provision if the government is to realize its goal of ensuring access to health care services to all who need it.

LINKAGES: The other activities leveraging the insurance fund

SUSTAINAIBLITY: PPP

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16973

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16973	16973.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$200,000

**Table 3.3.09: Activities by Funding Mechansim**



**Mechanism ID:** 10761.09 **Mechanism:** Local Track 1.0  
**Prime Partner:** To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 25483.09 **Planned Funds:** ██████████  
**Activity System ID:** 25483  
**Activity Narrative:** THIS IS A NEW ACTIVITY FOR FY 2009.

Insert Narrative and include the following: (Refer to COP 08 entries as an example)  
 Need and comparative advantage:  
 USG Tanzania is committed to build capacity of the local government and their district health management teams to expand and improve clinical services for PLWHA. Implementing partners are working closely with the district teams to jointly plan, implement, monitor and support programs at facility level. While existing contract mechanisms with some major implementing partners are ageing, there is a clear recognition that support to the districts for various aspects of program management needs to continue.

USG Tanzania through its implementing partners is fully supportive of the district network model and sees this approach as an essential component for sustainability.

**Activities:**  
 FY2009 funds will be used to issue an RFA for local organizations (public or private hospitals, faith-based organizations, or non-governmental organizations) who either have already demonstrated their capacity as sub-recipients under treatment partners or have a history of operating successfully in domestic HIV care and treatment programs. The purpose of the RFA is to fund a limited number of programs through CDC/Tanzania to scale up HIV/AIDS services. Specific requirements will be laid out to ensure that the organizations have systems in place to qualify for direct funding from the USG, that the organizations have appropriate linkages and referrals for an effective continuum of care, and that the direct funding arrangement will contribute to USG scale-up goals.

There are no targets attached to this activity as details still need to be laid out.

**Linkages:** The awardee will partner with other stakeholders and the Government of Tanzania in the establishment of regionally integrated programs that will satisfy PEPFAR care and treatment objectives. All programs are also intended to build on and not duplicate existing services.

**Target Population:** Patients with HIV and their families are the main target population in the selected regions.

**M&E:** A formal and comprehensive monitoring and evaluation (M&E) plan will be developed prior to program implementation. The M&E plan will also delineate responsibilities for data collection, reporting, analysis, and dissemination. Standardized processes for quality assurance (e.g., record keeping, data management, adherence to procedures and policies) and for quality control of service delivery.

**Sustainability**  
 The awardee will working with regional and district authorities in the day to day activities of the program within the existing system. Planning, implementation and monitoring of the activities will be done jointly with the district staff. All awardee activities will be in line with Tanzania HIV AIDS Strategy. The awardee will hire local technical staff and build capacity of infrastructure and human resource. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1027.09 **Mechanism:** N/A  
**Prime Partner:** Mbeya Referral Hospital **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 5507.23425.09 **Planned Funds:** \$2,775,000  
**Activity System ID:** 23425

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Expanding Adult Treatment Services in the Southern Highlands Zone

**NEED and COMPARATIVE ADVANTAGE:**

The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania. It functions in the Southern Highlands to offer direct clinical service, to provide training, to coordinate and oversee the quality of treatment in the zone, and to establish health service referral systems among four regions (Mbeya, Iringa, Rukwa and Ruvuma) and serving a population of over six million people.

In 2004, under PEPFAR funding and multiple donor support a Center for Infectious Disease (CID) was initiated and presently the center accommodates an infectious disease clinic, a training facility with a referral level laboratory capacity. The CID supports a continued expansion of ART and clinical care needs as well as provide a forum for practical training for medical and laboratory staff to improve adult and pediatric HIV/AIDS care and treatment service.

**ACCOMPLISHMENTS:**

The MRH began full recruitment of patients in January 2005 and now boasts a patient-load of over 4,000 on ART. It will reach its September 2008 ART targets of 5,420, enrolling over 200 new patients each month. The MRH also provides technical supervision to the hospitals in Mbeya, Rukwa and Ruvuma Regions, contributing to quality services for over 18,000 ART patient population in the Southern Highlands. In collaboration with the NACP, the MRH has also supported the direct training of health providers through the Southern Highlands in ART services (numbers per region indicated in separate activity submissions).

**ACTIVITIES:**

All hospitals in the Mbeya Region, under the auspices of Mbeya Regional Medical Office (MRMO under separate submission), provide ART services but identification of a majority of patients is still done through the MRH. At the MRH patients undergo the initial evaluation then referred to the regional and district hospital for management. This phenomena is due to the higher quality of service and better infrastructure provided by MRH as the development of ART expertise is being developed at the lower level facilities.

As part of FY 2008 and FY 2009 activities, the DOD and MRH will work with the MRMO in developing strategies beyond provider initiated testing and counseling (PITC) to decentralize identification/enrollment of patients to increase up take of services. Also MRH and MRMO will strategize to build capacity of satellite health facilities to de-congest MRH. These will be the key components of the overall improvement of services through out the region. Within the MRH, activities will include: Provision of ART both in main MRH CTC and at satellite/health centers; In coordination with the Mbeya Regional Medical Office, MRH will provide technical support such as training to satellite clinics in order to decongest the MRH CTC; Provide ongoing mentoring to MRH and satellite health center CTC staff; Strengthen and scale-up ART services in the zone; Continue to provide evaluation for malnutrition and nutritional counseling to all HIV+ clients as part of treatment; Procure commodities for services and patient monitoring when not available through central mechanism; Provide support to zonal facilities to ensure quality services; Strengthen and reinforce implementation of SOP for CTC services, laboratory monitoring and maintenance of patient records; Bi-monthly visits to facilities in the zone by supportive supervisory teams consisting of a medical officer, clinical officer and nurse; Observe service provision and provide direct technical and material support to health facilities in the zone; Mentor RMO on development and/or strengthening of regional supportive supervisory teams; Conduct weekly zonal ART meetings with the Mbeya, Rukwa and Ruvuma Regional Medical Offices to discuss treatment roll out, identify areas of need, determine solutions and coordinate resolution; Function as the zonal training center in HIV related services for the Southern Highlands in support of NACP; Conduct initial and refresher training in ART, TB/HIV co-management for Mbeya, Rukwa and Ruvuma; Increase enrollment of Adults in ART services; Continue to strengthen TB/HIV co-management in the TB clinics and CTC; Develop capability for monitoring ARV drug resistance; Ensure all TB/HIV co-infected patients are initiated on cotrimoxazole prophylaxis as appropriate; Strengthen referral system between service points at the MRH through; Use site coordinator to conduct daily checks on registers in outpatient clinics, in-patient wards, MCH and the TB clinic to keep track of patients referred to the CTC; Strengthen and formalize referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers.

**Laboratory Services:**

Train 20 lab technicians on PMTCT lab activity such as Syphilis testing, rapid HIV test trainings and Rapid HIV quality assurance activities; Train 20 counselors which are mainly focused on counseling and testing lab Activities such as PITC, VCT. The training will be focused on Rapid HIV testing and Quality Assurance of Rapid HIV testing; Strengthen TB/HIV lab activities by training 7 lab technicians on rapid HIV testing, TB diagnosis acid-fast method, and 10 lab technicians on liquid culturing of TB; Expand MOHSW Zonal Quality Assurance\Quality Control activities by working Regional and Facility Quality Assurance officer to support zonal Quality assurance officer to conduct supportive supervision of all regional, district and CTC in the zone; MRH will implement the zonal external laboratory quality assurance scheme (ZELQAS). The MRH quality will be monitored by international EQAS system such as CAP and UNEQAS; MRH will continue to roll out HIV Early infant diagnosis, to 60 health centers in Mbeya, Ruvuma and Rukwa by training health workers on sample management, transportation; MRH will continue to provide direct services for zonal viral monitoring and serve as the dry blood sample (DBS) processing center for infant diagnosis as part of the MOHSW national roll out of these services; MRH will continue to service bi- annually hematology, chemistry and facscant equipments in the zone by using the technical skills of DOD hired Tanzanian medical engineer; DOD will continue to support MOHSW Health Care Technical Services Diagnostic Section by hiring and training a medical instrument engineer; DOD will continue to procure reagents for hematology, chemistry and CD4 and viral load for all CTC hospital lab's in Mbeya Referral Hospital; DOD will continue to purchase laboratory instruments for Mbeya Referral Hospital laboratory.

**LINKAGES:**

This activity is linked to activities under this facility in TB/HIV and palliative care as well as those of the

**Activity Narrative:** regions in this zone (Mbeya, Rukwa and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control. The MRH will continue to promote outreach services from the facilities to the communities. It has a list of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. This list is displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through a facility social worker serving as the POC or the community organizations.

**CHECK BOXES:**

The areas of emphasis will include initial and refresher training, commodity procurement, strengthening linkages with MCH and TB/HIV services and community organizations.

**M&E:**

The MRH is the central hub for the zonal electronic medical record system (EMRS) supported with direct TA from DOD. This EMRS is critical for patient management and program monitoring in support of ART in the Southern Highlands. The system currently supports 9 sites in Mbeya region and 3 sites each for Rukwa and Ruvuma regions. The EMRS is linked to the National CTC2 and CTC3 databases and is capable of producing national reports and identifier stripped data for national analyses. Patient records at the Referral Hospital CTC are entered at the clinic immediately upon completion of the patient visit and electronically transferred to the data centre where data is synthesized and fed back to the CTC team for use in patient management. SI Targets: In FY 2008, the DOD SI team will train 60 HCW in M&E and provide TA to 53 CTCs and three regions

**SUSTAINABILITY:**

The MRH is accomplishing this through capacity building of other health care facilities and its staff, sensitization of community members and advocacy through influential leaders. This is also being accomplished by strengthening "systems", such as the zonal supportive supervisory team and the zonal weekly ART meetings as part of already existing zonal support functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13515

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13515	5507.08	Department of Defense	Mbeya Referral Hospital	6535	1027.08		\$3,743,670
7747	5507.07	Department of Defense	Mbeya Referral Hospital	4556	1027.07		\$3,112,500
5507	5507.06	Department of Defense	Mbeya Referral Hospital	2833	1027.06		\$1,450,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$314,750

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

---

**Mechanism ID:** 4950.09

**Prime Partner:** US Centers for Disease  
Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 8840.23468.09

**Activity System ID:** 23468

**Mechanism:** LOCAL

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$0

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity below was completed during FY 2008. It will be repeated every two years, so no funding is needed for FY 2009.

**TITLE:** Evaluation of the Tanzania National Treatment Monitoring and Reporting System and of ART treatment outcomes

**NEED and COMPARATIVE ADVANTAGE:**

Fostering evidence-based decision-making is one of the most important uses of HIV/AIDS data. As countries continue to scale-up treatment services and build infrastructure to support these services, there is need to regularly carryout national analyses of routine monitoring data to determine treatment outcomes in order to inform the program implementers and policy makers on the effectiveness and impact of ART. Regular evaluation of the quality of these services will also provide program managers with the information they need to make evidence-based decisions and plan programs.

The Care and Treatment program in Tanzania was initiated in 2004 with 32 health facilities. Additional 64 and 104 facilities were established in 2005 and 2006 respectively. By the beginning of FY 2007, there were 204 operational Care and Treatment Clinics (CTCs), all located in referral, regional, district, private and mission hospitals.

In FY 2007, the Ministry of Health and Social Welfare (MoHSW)/National AIDS Control Program (NACP) regionalized care and treatment services in Tanzania, whereby each region of the country was assigned to only one supporting treatment partner. This resulted in EP partners providing support to 19 out of 21 (90%) regions in mainland Tanzania as well as to Unguja and Pemba Islands of Zanzibar

**ACCOMPLISHMENTS:**

Tanzania has developed national standardized care and treatment monitoring & reporting tools that are used at almost all facilities. The system consists of; i) a patient appointment card (CTC1), ii) a patient management record (CTC2), iii) HIV chronic care registers (Pre-ART and ART registers) adapted from the WHO. These are longitudinal patient records transcribed from CTC2 forms and iv) cross sectional and cohort reports.

In FY 2006, the NACP M&E unit contracted the University Computing Centre (UCC) through the Global Fund to develop an electronic database based on the CTC2 form. The CTC2 database, which is capable of generating national and PEPFAR reports for treatment services, is currently in use at 35 of the 204 existing CTCs. In order to facilitate in-depth national analyses of treatment data, UCC has also developed, within the CTC2 database, a data-export capability that can place de-identified patient level data into an external DBMS such as excel, which can then be analyzed using statistical programs such as SAS, Stata or SPSS. Furthermore, other partner-supported databases such as the Harvard system in Dar es Salaam (four CTCs) and the DoD system in Mbeya, Rukwa and Ruvuma regions (15 CTCs), have links to the national system for reporting purposes, and can also post similarly de-identified patient-level data to the national analyses database. Facilities using electronic databases will increase from 79 by Sept 2008 to 240 by Sept 2009. (CTC2 system – 60 to 160; Harvard system - 4 to 31; DoD System - 15 to 49).

**ACTIVITIES:**

This is a continuation of activities started in FY 07 where the USG and implementing partners will collaborate with NACP and other treatment partners to conduct a national evaluation of the impact of ART in Tanzania. Data will be abstracted from patient records in a representative sample of 40- 50 facilities randomly selected from the 204 existing care and treatment facilities. This will be a regular (yearly) assessment to track progress of the implementation the care and treatment program including assessment of ;-

- a) implementation of the program monitoring and reporting system
- b) implementation and scale-up of the national longitudinal electronic patient monitoring system
- c) treatment outcomes. A common theme is these yearly national assessments will be the promotion of data for decision-making culture through capacity building for personnel to routinely carryout these assessments at all levels.

Specific activities will be;-

1) Assessment of the implementation of the national care and treatment monitoring and Reporting system at all facilities including data and report flow.

2) Treatment Outcomes: this is a continuation of activities described in FY 2007 where patient records will be abstracted to assess a variety of impact indicators including retention in therapy, survival and changes in weight and CD4 count. Other activities include analyses of abstracted data, report writing and dissemination.

3) Assessment of scale-up and use electronic systems for care and treatment.

4) Capacity building activities for analyses and use of care and treatment information.

a) In order to better identify, analyze, use, and disseminate data for treatment program decision-making, the USG Tanzania in collaboration with NACP plans to exploit existing data from the CTC2 and similar databases which, by Sept 2008, will be in use by 80 facilities; (60 facilities using CTC2, four (4) facilities using the Harvard system, and 15 the DoD system). Most of these facilities are referral, regional, and high volume district hospitals that were part of the 96 facilities that were fully functional by June 2005, and therefore have follow-up data for patients on ART for 24 months more. Although not from a representative sample of all facilities in Tanzania, cohort analyses of these data will provide the NACP with the much needed information on treatment outcomes e.g. CD4 and weight differential after 6, 12 & 24 months on ART compared to baseline. Survival analyses will be carried out to determine mortality and retention in therapy overtime. Loss to follow-up, mortality, and transfer rates over time will be determined. We will also describe TB treatment rates in both those who are on, and those who are not on ART. We shall also describe

**Activity Narrative:** cumulative, new, and current number of patients on ART by age group and sex as a validation to the aggregate reports received from partners every quarter and for S/APR. Each partner will bring their facility level data in the CTC2 database format. All patient-level data will be stripped of all names, address and other obvious identifiers, and only the patient ID numbers will uniquely distinguish the patient. Once the data is cleaned and merged, National level cohort analyses will be performed to determine the outcomes mentioned above. The findings will be presented Nationally and locally by the respective implementing partner.

4b) The second objective of this exercise will be to build the capacity of treatment partner SI personnel to enable them to perform regular cohort analyses at sub-national level for their supported sites. A national stakeholder group made up of all organizations involved in the treatment program in Tanzania will provide oversight for this activity; A National task force will develop all assessment protocols and work plans while a core group within the taskforce will implement the activities.

**LINKAGES:**

This activity will be carried out collectively by SI and program personnel in order to bridge the gap that often exists between the SI personnel who are charged with collecting and managing the data and the program managers who need the information to make evidence-based decisions and plan programs. This will ensure that the data analysts (SI) work closely with the program managers who can identify key program questions that data can be used to address, and can provide feedback as to whether data are presented in a format that answers the key questions.

A national stakeholder group representing all groups involved in the treatment program will oversee all the activities described above. A national task force which will be formed from within the stakeholder group will develop all assessment protocols and report back to the stakeholder group. A core group within the taskforce, made up of both program and SI personnel will implement the assessments, analyze the data, and assemble the reports. Stakeholder and task force meetings to review the findings and presentation format will ensure that the content and packaging information is in a format and language suitable for the intended audience, and make the information available through appropriate channels and as rapidly as possible.

**CHECK BOXES:**

Training will be conducted on the job which will lead to increase in capacity of participants and service providers. Increased capacity in data analysis will lead to strengthened program monitoring.

M&E: SI targets: Number of organizations given SI TA: 65 (15 partners and 50 CTCs). Number of HCWs trained in SI activities: 50

**SUSTAINABILITY:**

The approaches used in this activity ensure ownership and promotes sustainability. These include a country -assessment that brings together SI personnel with program managers and policy makers to;

- a) jointly understand the functions and needs of data users
- b) determine the information that each group needs to perform functions appropriately
- c) understand what data have already been collected, the quality of that data, and what additional data need to be collected to meet users needs
- d) develop content and packaging information in a format and language suitable for the intended audience
- e) make the information available through appropriate channels, and as rapidly as possible
- f) build individual and institutional capacity to interpret, disseminate and use information.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13655

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13655	8840.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$57,000
8840	8840.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$0

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 16480.23470.09	<b>Planned Funds:</b> \$450,000



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

FY 2009 Narrative HTXS

**TITLE:** Providing HIV/AIDS ARV Treatment to the Tanzania Police Force and Prisons Service (staff, dependents, inmates and civilians living near the TPPI health facilities)

**NEED and COMPARATIVE ADVANTAGE:**

PharmAccess will work with Police, Prisons and Immigration Department to provide comprehensive quality care and treatment services in 5 zonal Police and 5 zonal Prison hospitals in FY07 and, 13 Police and 13 Prison health facilities in FY08 and 23 Police and 23 Prisons health facilities in FY09

The Police and the Prisons Service have a network of hospitals, health centers and dispensaries throughout the country, supporting a total of over 39,000 enlisted personnel and estimated 100,000 dependants, 40,000 prisoners and tens of thousands other civilians. The hospitals offer district level services with the largest hospitals, Kilwa Road Police and Ukonga Prison Hospital, both located in Dar es Salaam, serving the role of national referral centers for these Forces. The other Prison and Police hospitals and health facilities need to be refurbished, the level of training of the health care providers and the quality of clinical services is very poor and laboratory services are often non-existent. All sites are, by far, not fulfilling the minimum criteria for HIV/AIDS Care and Treatment as defined by the MOHSW. Currently only one Police (Kilwa Road) and one Prison Hospital (Ukonga) participate in the National Care and Treatment Program (NCTP). Prisons Service started ARV services in 2 hospitals and 9 health centers without the necessary laboratory capacity, training of staff, assessments, M&E, etc, as required by the NCTP, with the exception of the hospital at Ukonga Prison.

The hospitals and health centers of Police and Prisons do not only service personnel from these Forces and their dependents, but also civilians living in the vicinity of the health facilities. In fact 80% of the patients is civilian. With an average HIV prevalence of 6-7% Tanzania is amongst the highest hit countries in Africa. The rates are thought to be higher in the Uniformed Forces. PharmAccess is poised to continue to address the needs to improve coverage and access to strengthen and expand care and treatment activities in the Police and Prisons hospitals and health centers/satellite sites across Tanzania for their personnel and civilians, including inmates. PAI's contributions ensure a close service linkage of the HIV program of these Forces being implemented in line with the national Health Sector HIV strategy.

Provider-initiated HIV testing and counseling will be introduced in FY07 and FY08. It is anticipated that this will lead to the identification of a large numbers of personnel requiring care and treatment. The police and prison health facilities need to be prepared for a stark increase in capacity to test and in an increase in patient load.

Immigration officers will be informed about the availability of HIV/AIDS services provided by Prison and Police health facilities. They will be encouraged to use the (free) services of these facilities. Personnel from Immigration will therefore be mentioned in and be part of all COPS that are written for Police, Prisons.

**ACCOMPLISHMENTS:**

The ART Program the Police, Prisons and Immigration Forces, funded by PEPFAR/USAID, is expected to start in the second half of 2008

**ACTIVITIES:**

Increase the number of health facilities under the TPPI that will include hospitals and health centers. Interventions will include: Renovations of counseling rooms, laboratory and pharmacy space at police and prison health centers; Conduct initial and refresher ART training of medical staff from the health centers and dispensaries; Train volunteers from the barracks in basic home-base care; Conduct community education and mobilization through "Open House" days at each facility to increase access to services and partner testing; Strengthen the referral system between the TPPI health facilities and District and Regional hospitals for ANC services and adult and infant diagnosis, ART and TB/HIV at CTC. Provide ART to Police, Prison and Immigration staff including their families; Reinforce provider initiated counseling and testing (PITC) as part of all in and out-patient services; Procure OI drugs when not available through central mechanism; Evaluate patients for malnutrition and offer nutritional counseling and support; Continue to improve patient record/data collection, working with Police and Prison HQ and facility staff to collect, record and analyze data; Discuss and improve quality of ART services through 3-monthly meetings with representatives of the sites and experts in specific fields (ART developments, pediatrics, AIDS and TB etc); Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and the National Referral Hospitals from Police and Prisons. Ensure proper lab capacity is developed at all eight hospitals for patient monitoring and OI diagnostics; Provide CD4 equipment to the National Referral Hospitals from Police and Prisons. Provide standard operating procedures and training in QA/QC at Regional and District hospitals; Train and re-Re-train through refresher courses technicians in TB- and HIV diagnosis, routine laboratory testing and equipment maintenance; Procure reagents and consumables when not available through national supply chain.

**LINKAGES:**

Administration of the hospitals and health centers of the Police and Prisons is not under the MOHSW but under the Ministry of Home Affairs. Care and treatment services under this Program will ensure a close linkage with national HIV/AIDS program coordinated by NACP and the National TB and Leprosy Program+ (NTLP).

HIV-infected men and women will be referred for further evaluation and qualification for PMTCT, TB screening and treatment and Care services within the facility. Linkage will be strengthened with Prevention activities under the HIV/AIDS Program of Police and Prisons, including promotion and counseling of preventive measures for HIV+ persons, PITC, C&T, PMTCT, TB/HIV and OVC.

Linkages will be established as well as referral for HIV+ from the health centers to Police and Prison hospitals or District and Regional hospitals for CD4, TB testing and for referral of complicated cases. PharmAccess will ensure linkages with organizations of women living in the barracks. We anticipate that these women will also operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the barracks. However



**Activity Narrative:** for clients in the surrounding communities, we anticipate to form linkages with existing local NGOs operating in those communities so as to ensure continuum of care. Linkages have been and will be established with the Regional and District Health Management teams. PAI will continue to collaborate with Regional and District Health Management teams and with Partner organizations, for supportive supervision purposes, and technical assistance.

**M&E:**

Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, Police and Prison HQ, NACP and the district and regional management teams.

**SUSTAINAIBILITY:**

In the Police, Prisons and Immigration Forces, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. Health facilities of these Forces are under the administration of the Ministry of Home Affairs, not under the Ministry of Health. PAI will encourage the Offices of the Directors Medical Services to integrate treatment activities in their Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with administrators to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16480

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16480	16480.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$800,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

### Health-related Wraparound Programs

- \* Malaria (PMI)
- \* TB

### Military Populations

### Refugees/Internally Displaced Persons

### Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$40,500

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 2369.09

**Prime Partner:** Elizabeth Glaser Pediatric  
AIDS Foundation

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 3494.23455.09

**Activity System ID:** 23455

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$4,373,446

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP.

TITLE: Supporting ART services in six regions in Tanzania

**NEED and COMPARATIVE ADVANTAGE:**

There are approximately two million people living with HIV in Tanzania. The HIV prevalence is higher in urban areas (10.9%) than in rural areas (5.3%) and it varies per region. In the Elizabeth Glazer Pediatric AIDS Foundation's (EGPAF) current four regions, it is estimated that 100,823 people in Kilimanjaro, 68,527 in Arusha, 123,689 in Tabora and 182,363 in Shinyanga are HIV infected and will need care and ART services at some point. Only approximately 21% of the PLWHA who are in need of ART in these regions were actually receiving this by the end of June, 2008. This percentage is expected to be even lower in Mtwara and Lindi regions, where EGPAF will extend support in FY 2009. With a strong commitment and support from the government and local authorities, EGPAF will play an important role to ensure optimum accessibility to ART services.

**ACCOMPLISHMENTS:**

As of June 08, 24,897 patients have been initiated on ART in 78 health facilities, including 2,284 (9.1%) children. The average increase of median CD4 was 39 after six months and 182 after one year. 555 health workers have been trained to provide comprehensive ART care, including mentorship. In the past six months, 40 new primary health facilities (PHC's) have started providing ART services. By the end of September 2008, 60 more PHC's and two hospitals will be providing ART services in the four regions, for a total of 140 facilities.

**ACTIVITIES:**

Strengthen ART services in the current EGPAF-supported health facilities, including primary health facilities. Support planning, training, mentorship and supervision by district teams. Ensure HIV is included in Comprehensive Council Health Plans. Improve referral systems between facilities, and facilitate transport for mentorship, supervision and specimen testing. Conduct minor renovations and supply of equipment to ensure uninterrupted services. Train back-up teams in hospitals and health centers on basic ART care. Support activities for continuous quality improvement. Train mentors from the district and other higher level facilities on ART care. Strengthen data collection, on-site utilization and reporting. In close collaboration with the Clinton Foundation, expand support for ART services to underserved areas in Lindi and Mtwara regions in response to a request by the Ministry of Health and Social Welfare (MOHSW).

**Laboratory Activity:**

Expand MOHSW zonal quality assurance (QA)\quality control (QC) activities. Work with regional and facility-level Quality Assurance Officers to support zonal Quality Assurance Officers in conducting supportive supervision of all regional and district CTCs in the zone. Support implementation of the zonal external laboratory quality assurance activities by supporting the quarterly meetings, and ensuring enrollment and participation of six regional labs in the national and international external quality assurance (EQA) programs. Support equipment services and maintenance by training 188 lab staff. Support zonal equipment engineers to perform quarterly supervision, and produce quarterly updates on equipment status. They will report to the Regional Medical Officers, EGPAF and equipment engineers at MOHSW diagnostic unit. Work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 188 CTC laboratories' staff to plan in laboratory supplies and reagents forecasting and logistics to ensure uninterrupted quality laboratory services. Procure reagents for hematology, chemistry and CD4 count. Provide support for additional laboratory equipment (CD4, chemistry and hematology analyzer) for care and treatment centers, when the needs are unmet by normal government supplies.

**LINKAGES**

EGPAF will: 1) collaborate with Council Multi Sectoral AIDS Committees (CMACs) to coordinate linkage activities in EGPAF-supported regions; 2) assist Ward Multisectoral AIDS Committees (WMACs) in community sensitization on TB, HIV, pregnant women and HIV, and male testing; 3) collaborate with HBC providers, traditional birth attendants (TBAs), traditional healers, volunteers and PLWHA groups to strengthen follow up of patients on ART.

**CHECK BOXES**

Activities related to renovation will be conducted in an effort to improve the capacity of health centers to Provide care and treatment services. Human capacity development activities revolve around in-service Training of health care workers. HIV testing and enrollment into treatment will focus on the general Population

**M&E:**

EGPAF will collaborate with the National AIDS Control Program (NACP)/MOHSW to implement the national M&E system for care and treatment in Arusha, Kilimanjaro, Shinyanga, Tabora, Mtwara and Lindi regions. Data will be collected using paper-based systems, and where possible, entered into the National CTC2 database. District teams will be supported to perform M&E supportive supervisions to their respective sites. EGPAF will provide the required national and PEPFAR reports. In order to promote a data use culture, EGPAF shall provide regular feedback to supported sites and promote data utilization at sites through the Quality Improvement program for better Patient management. Data Quality Assurance: District teams will be supported to perform M&E supportive supervision to their respective sites. Scale-up of electronic database: Currently, 15 facilities have the CTC2 database. This number will increase to 38 by September 2008. At the EGPAF Semi-annual partners meetings, partners will share best practices, motivation and top performing sites will be recognized. Operational practices will be standardized across all sites.

**SUSTAINABILITY:**

EGPAF Tanzania works closely with the Government of Tanzania (GOT) in the implementation of activities

**Activity Narrative:** to ensure that the plans are aligned with the national strategy. Local capacity building is ensured by improving physical infrastructure, training and mentoring of local Tanzanian health workers and using local Tanzanian technical officers in project implementation. Systems are developed that rely heavily on local inputs and personnel. External technical assistance (TA) will gradually decrease over time. In the next year, trainings from Baylor and The University of California San Francisco (UCSF) will concentrate on refresher trainings, training of trainers, and mentorships. District teams will be empowered to do supportive supervisions and provide TA to lower-level facilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13471

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13471	3494.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6512	2369.08		\$8,188,236
7706	3494.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4534	2369.07	Project HEART - Tz Budget	\$5,700,000
3494	3494.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2887	2369.06	Project HEART	\$1,700,000

**Emphasis Areas**

Construction/Renovation

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$593,610

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3621.09

**Mechanism:** N/A

**Prime Partner:** Harvard University School of Public Health

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 5384.23457.09

**Planned Funds:** \$3,553,482

**Activity System ID:** 23457

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

TITLE: HIV Anti-retroviral Therapy for Adults in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Of the 3 million person population of Dar es Salaam region, 267,000 (8.9%) are estimated to be living with HIV/AIDS (PLWHA). Of these, it is estimated that 53,400 (20%) will need ART.

The Muhimbili University of Health and Allied Sciences (MUHAS) is part of the MUHAS, Harvard School of Public Health (HPH) and Dar es Salaam City Council collaboration, the so-called MDH. MDH has involved in training and research for more than 15 years. This collaboration has improved the health system through increasing space, improving laboratory facilities, training bases, patient monitoring and tracking loss to follow up. There is strong commitment from the local authorities to advance HIV care and treatment services.

ACCOMPLISHMENTS: By September 2008: 1) 36 sites provide comprehensive HIV care services, including ART. 20 of these sites are public and 16 are private facilities (to boost public-private partnership). 2) A total of 25,435 and 17,200 adult HIV patients will have been initiated and actively on ART, respectively. Previously, among the MDH-supported sites, it was possible increase the median CD4 count from 143/mm<sup>3</sup> to 277/mm<sup>3</sup>, and from 131/mm<sup>3</sup> to 317/mm<sup>3</sup> among the six and 12 months cohorts of patients on ART, respectively.

**ACTIVITIES:**

Expansion of ART services to public and private health facilities.

ART services will be expanded to public dispensaries in each of the three districts. These dispensaries will be identified together with the district and regional medical offices; discussion is underway.

Staffing support –MDH will support the human resource requirements for delivery of ART in the city through: recruitment and hiring of necessary staff within the government system with acceptable compensation, creation of a conducive work environment and training and career planning to ensure job satisfaction and retention.

Laboratory services – Expand the Ministry of Health and Social Welfare's (MOHSW) zonal quality assurance\quality control activities. MDH will work with regional and facility level Quality Assurance Officers to support zonal Quality Assurance Officers in conducting supportive supervision at all regional and district CTCs in the zone.

Support implementation of the zonal external laboratories' quality assurance activities by: 1) supporting the quarterly meetings and 2) ensuring enrollment and participation of 22 regional labs in the national and international external quality assurance (EQA) programs. Support equipment services and maintenance by training 66 lab staff and 12 zonal equipment engineers on planned preventive maintenance. Support zonal equipment engineers to perform quarterly supervisions, produce quarterly updates on equipment status and report to the zonal director, ART partner and equipment engineer at MOHSW diagnostic. Work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 50 CTC laboratories' staff in laboratory supplies and reagent forecasting logistics to ensure uninterrupted quality laboratory services. Procure reagents for hematology, chemistry, CD4 count and DNA polymerase chain reaction (PCR) for early infant diagnosis (EID).

Procure 30 additional CD4 machines and chemistry and hematology analyzers for hard-to-reach care and treatment centers.

ARV provision support – MDH will continue supporting the district medical offices and all the supported sites in forecasting, acquisition, transport, distribution, storage and stocking of ARVs from the Medical Stores Department.

Quality management program (QMP) – MDH has developed a comprehensive quality of care assessment and improvement program. The program has indicators for all aspects of HIV prevention, treatment, care and support, including PMTCT and TB/HIV. On a regular basis, data is collected, and used to monitor and improve the quality of patient care. QMP will cover all the existing, as well as new, sites. All the national M&E indicators are included in our QMP.

Tracking patients on ART lost to follow up: MDH has a patient tracking system to trace those who missed their scheduled visit, those lost to follow up and those with abnormal laboratory results. Currently, the team has 37 nurses; an additional 34 will be recruited. We will also involve PLWHA and volunteers with the care and treatment tracking system. MDH will continue strengthening linkages with other organizations to ensure continuity of treatment and care to their homes.

Training: In order to continuously build the capacity of all the MDH health care providers, and the district health management team, a cascade of year round training sessions (introduction and refresher courses) on the full spectrum of HIV treatment will be conducted using the national curricula. MDH will provide on site training and follow up, monthly supportive supervision and preceptorship together with Council Health Management Teams (CHMT) teams. System strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

LINKAGES: Within all supported health facilities, mechanisms are in place to: 1) identify pregnant women to be tested for HIV, 2) assess their eligibility for either prophylaxis (PMTCT) or HARRT, and 3) refer or escort them to CTC services. Special days for pregnant women's ART management are now in place, and will be strengthened. MDH is putting all systems in place to be able to screen, diagnose and initiate anti-TB treatment for HIV patients as per the current national guidance and algorithms. MDH is also working with partners such as PATH to counsel and test TB patients for HIV; initiating ART for all those who are eligible. MDH will continue referring to, and working with, other organizations providing services at the community and home level to ensure continuity of care.

CHECK BOXES: Emphasis will be given on the vulnerable groups including adolescents and youth. Friendly services will be established to attract more youth to the clinics by addressing their needs. MDH will

**Activity Narrative:** 1) train of service providers in adolescent and youth-focused care, 2) set separate operating hours for them and 3 ) provide a package of services under one roof.

**MONITORING AND EVALUATION:** MDH will continue collaborating with the National AIDS Control Program (NACP) to implement the national M&E system for care & treatment. Patient records at all sites will be managed electronically using the CTC2 database to generate NACP and USG reports, as well as local site-level data for use in program planning, monitoring and improvement purposes. MDH will provide ongoing and regular support, through training and supportive supervision, to all ART-providing sites in order to build their capacity for optimal data use. MDH will support training for health care workers (HCWs) and data personnel in SI and provide technical assistance to all CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes, and document the lessons learned which will be shared through various forums, including conferences and publications.

**SUSTAINABILITY:** MDH is working with regional and district authorities in the day to day activities of the existing system's program. Planning, implementation and monitoring of the activities are done jointly with the district staff. All MDH activities will be in line with the Comprehensive Council Health Plans. MDH will continue with district capacity building in infrastructure and human resources. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13490

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13490	5384.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$8,010,000
7722	5384.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4540	3621.07	Tz Budget	\$2,720,000
5384	5384.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3621	3621.06		\$955,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$419,813

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3745.09

**Mechanism:** N/A

**Prime Partner:** Pastoral Activities & Services for People with AIDS

**USG Agency:** U.S. Agency for International Development

---

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5560.23459.09

**Activity System ID:** 23459

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$1,462,500

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

**TITLE:** Continued expansion of PASADA's comprehensive ART services in Dar es Salaam Archdiocese

**NEED and COMPARATIVE ADVANTAGE:** In FY 2008, PASADA expanded its services and enrolled at least 7,100 people on antiretroviral therapy (ART), including pediatric cases. During FY 2008, PASADA decentralized ART services to a total of 11 satellite sites including PASADA Upendano headquarters. Decentralization is an important strategy in bringing services closer to those who need them, reducing indirect costs for the poor target population, reducing stigma and discrimination and involving the community in responding to the needs of those affected by and infected with HIV/AIDS. In addition to decentralizing to outreach sites, PASADA has also engaged in training in ART management based on national guidelines, while also renovating satellite facilities and ensuring pharmaceutical supplies. PASADA is well-placed to expand the provision of quality ART services, as it offers a continuum of care from prevention and voluntary counseling and testing (VCT) to home-based care (HBC), TB diagnosis and treatment, prevention of mother-to-child transmission (PMTCT), and support to orphans and vulnerable children.

**ACCOMPLISHMENTS:** By September 2008, 3,681 adults were on ART (902 males and 2,779 females) and six sites were operating. All sites are operated by one Assistant Medical Officer and one Nurse Counselor. Together with ART provision, the training of PLWHA on adherence, community mobilization and prevention of HIV transmission and supervision of all sites have been taking place. Decentralization takes into account the holistic nature of PASADA's services; hence, all sites have both VCT and HBC services. The increase in CD4 count over a recent six-month period is 43%.

**ACTIVITIES:** With FY 2009 funding, PASADA will:

Carry out expansion of the ART program to lower-level satellite dispensaries. This is a critical element in PASADA's ART program, as expansion to lower-level facilities leads to improved access, care and support, and good adherence not only to ART, but also to the whole continuum of care. ART and related services will be based on the national ART guidelines and protocol. Activities to facilitate program expansion include training of clinical and laboratory staff in ART management; providing technical and financial/management support to initiate ART in lower level sites so as to carry out patient management, minor renovation work, furnishing and supply of appropriate clinical and diagnostic equipment commodities and supplies; supervision, monitoring and evaluation of ART progress; and supporting the employment of clinical staffs in each of the supported dispensaries. Funds will also be used to improve the quality of treatment services through innovative on-site continuing education program for all ART program staff; improved data collection and management; continuous quality improvement initiatives; attention to retention of competent, qualified and motivated staff (provide salaries of ART program staff); ensured continuous availability of pharmaceuticals, medical consumables, laboratory reagents, test kits, equipment and supplies in PASADA; and building capacity through training in and outside the country. PASADA will also involve people living with HIV/AIDS (PLWHA) in promoting prevention, disclosure, behavior change through risk reduction, adherence, gender awareness, and reduction of stigma at the community level. Linkages between the sites, PASADA supervisors, community volunteers, groups and members will be strengthened. Follow up of those lost to follow up will be undertaken through these volunteers. Lastly FY 2009 funds will be used to strengthen organizational operations, including improvement of general management skills and financial management and accountability through ensuring regular transport for activities; ensuring regular maintenance and insurance of project vehicles, buildings etc.; maintaining security services of the organization; and ensuring communication and general organizational support.

**Laboratory services:**

Provide crucial ongoing training for laboratory technicians, especially those at the dispensary level. In-service training for all laboratory staff at PASADA will be carried out in handling the CD4 machine, hematology, clinical chemistry and rapid tests. PASADA has its own trainer of trainees, so it can facilitate these trainings. Collaborate in all quality assurance activities conducted by the Ministry of Health and Social Welfare (MOHSW) and the USG lab team. Continue to support and perform HIV rapid testing for TB patients receiving counseling at TB clinics. Sputum for smear will also be conducted in the laboratory. Ensure that all rapid tests for HIV in the PMTCT program are done by trained nurses in the antenatal clinic and labor ward. PASADA laboratory staff will ensure quality of testing is kept to standard. PASADA technicians will also participate in training for syphilis testing using rapid test kits. Perform rapid testing for HIV at lower facilities in the laboratory, with the exception of stand-alone sites. Trained nurse counselors will conduct the test, while PASADA laboratory staff will ensure the quality of service according to the national guidelines. Collaborate with Harvard and Muhimbili to ensure infants born to HIV-positive mothers have access to Early Infant Diagnosis (EID) services. Train laboratory staff on sample management, transportation, and management of results. Maintain laboratory equipment through various sources including the USG, MOHSW and other agencies. Obtain reagents for CD4, rapid tests and other laboratory supplies through the National AIDS Control Program (NACP) and Medical Stores Department. When there are shortfalls, PASADA will procure them from private suppliers as required.

**LINKAGES:** PASADA will ensure that it continues to provide services that support a continuum of care model by providing HIV-related services within its sites and also through linkages with public and private faith-based organizations, and continues strong links with communities. Linkages with other programs will be ensured by ensuring women receiving PMTCT services are also referred to the ART for pre-ART care; providing referral forms with feedback mechanisms to ensure patients referred from TB or PMTCT program are tracked; emphasizing screening of all TB patients for HIV, initiating eligible patients on ART; and establishing PMTCT, TB, and ART services are available in a single location. In addition, PASADA will print educational materials and conduct ART community mobilization and sensitization activities. PASADA will continue collaborative links with government agencies (e.g.; TACAIDS, NACP, National TB Control Program, Global Fund) and government health facilities (e.g., Muhimbili National Hospital, Ocean Road Cancer Hospital, and Temeke District Hospital), with some specific NGOs involved in HIV/AIDS (e.g., Pact, Pathfinder International, Catholic Relief Services, Action Aid, and HelpAge International). At the community level, PASADA will continue to work closely with Archdiocese of Dar es Salaam Parish Health Committees,



**Activity Narrative:** Small Christian Communities, local community groups, and different faith groups, including the Muslim community. Promotion of interfaith collaboration in the fight against HIV/AIDS is one of PASADA's priorities, particularly through the Community Education and prevention program.

M&E: PASADA will use the ART monitoring system developed and updated by the MOHSW/NACP. PASADA's CTC and its 10 satellite facilities use the national paper-based tools to collect patient data which are then entered into the National CTC2 database. Data entry, management and analyses is centrally located at PASADA where the electronic system generates national (NACP) and USG reports as well as feedback reports to the CTC teams and PASADA management for utilization in informing patient management and program improvement. All departments involved in the ART program hold regular M&E meetings.

**SUSTAINABILITY:**

Focus for sustainability will be on: improving the technical and management capacity of PASADA in general; improving the technical and management capacity of lower level sites; improving the capacity of PLWHA to be actively involved in prevention, stigma reduction, ART adherence and counseling at community level; assisting communities to identify and strengthen their own responses to the problems of HIV and AIDS; improving links with government and other agencies

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13564

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13564	5560.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$1,750,000
7784	5560.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$750,000
5560	5560.06	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	3745	3745.06		\$650,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$131,625

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4082.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Selian Lutheran Hospital - Mto wa Mbu Hospital	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09

Activity System ID: 23461

Activity Narrative: ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

TITLE: Selian – ARV Services

NEED and COMPARATIVE ADVANTAGE: The Arusha region in northern Tanzania has more than 25,000 HIV-positive people in need of comprehensive treatment services, but only about 8,500 have been initiated on antiretroviral therapy (ART). Since 2003, Selian AIDS Control Program Care and Treatment Services has been providing care and treatment to patients suffering from HIV/AIDS. Selian is a faith-based initiative with a comprehensive and integrated spectrum of HIV/AIDS related services, including counseling and testing, prevention of mother-to-child transmission (PMTCT), facility- and home-based palliative care, and services for orphans and vulnerable children (OVC). Selian provides ART through a network of three facilities; Selian Hospital, Arusha Town Clinic, and Kirurumo Health Centre at Mto wa Mbu.

ACCOMPLISHMENTS: As of September 30 2008, Selian has enrolled approximately 4,500 patients in its three care and treatment clinic (CTCs). Nearly 2,400 cumulative patients have ever started on ART, 91.5% of whom were adults. There are about 2,000 patients currently on ART, 91.6% of whom are adults. According to research done at the Selian town clinic in 2007, the adherence rate of approximately 94% at Selian CTCs is good.

ACTIVITIES: With FY 2009 funding, Selian will:

Continue to improve the quality and comprehensiveness of ART services for adults at the current CTCs following the National Guidelines for ART. The program will further increase the number on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and also strengthening linkages with voluntary counseling and testing (VCT) settings. Efforts to follow up on ART patients lost to follow up will be strengthened through home-based care programs. Selian will improve quality of treatment services through continuous quality improvement activities and innovative on-site continuing education programs for all ART program staff, training staffs on ART care and treatment. The program will also carry out refresher training on PITC to clinicians. Selian will also conduct networking seminar for sharing experiences with other health facilities providing ART around Selian CTCs. Also, to ensure quality of care, Selian will ensure continuous availability of pharmaceuticals, and medical consumables. Other activities in FY 2009 will be to expand community outreach for raising awareness concerning the successful treatments available with ART and PITC and promote the use of expert clients. This effort includes conducting seminars for community leaders around CTCs to reduce stigma and promote ART, providing support for ART football clubs and other ART clubs; and increasing the number of voluntary Adherence Counselors to. Expand lab capacity in all current CTCs to be in-line with provision of quality services, by maintaining and/or procuring modern equipment and supplies and test kits. Train staff and promote quality assurance to attract more clients. Funds will also be used to identify opportunities to strengthen the financial and programmatic management of the Selian ART program.

LINKAGES: Selian will ensure that it continues to provide services that support a continuum of care model by providing several reproductive health and HIV-related services within its sites and through its internal referral system with palliative care, TB, OVC, PMTCT, PITC and Selian Hospital to ART treatment. Selian will also strengthen relationships with other organizations, especially other implementing partners with whom Selian can share experiences, lessons learned, tools, and materials. The program will also maintain effective relationships that have been established with several organizations, including the World Food Program for food supplementation to ART patients, the Evangelical Lutheran Church in Tanzania for provision of palliative care and Hospice, and other providers.

CHECK BOXES: Selian is actively engaged in providing in-service training for its staff. Selian provides food from the WFP to clients enrolled in ART. As an ART component of the National AIDS Control Program (NACP), the target population is people living with HIV/AIDS and pregnant woman. As a faith-based organization, Selian has religious leaders as a target population.

M&E: Selian uses the national ART monitoring system. All three sites use the national paper-based tools (CTC2 card and pre-ART and ART registers) to collect patient data. These are then entered into the NACP CTC2 database, which in turn generates the required NACP and USG reports. Selian will continue to incorporate government monitoring systems into hospital computerized Health Information Management System. For data quality assurance, an external M&E consultant reviews the data from all three sites on a quarterly basis and provides feedback to CTC staff. In FY 2009, the three CTCs will continue to use paper and electronic systems to collect, manage and analyze HIV care and treatment data. Technical assistance and training on M&E will be provided to staff in all CTCs. 5% of the budget is used for M&E purposes.

SUSTAINABILITY: Selian is a Tanzanian faith-based organization providing ART services. The capacity built through this project will remain within the organization. As an integrated component of national health services, the services are sustainable as long as there is direct support through the government of Tanzania.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13591

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13591	6518.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$774,000
7805	6518.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$500,000
6518	6518.06	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4082	4082.06		\$400,000

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4691.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> World Health Organization	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 9463.23463.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23463	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Scaling-up HIV Prevention, Care, and ART services to Primary Health Centres

**NEED and COMPARATIVE ADVANTAGE:**

To support scale-up of universal access to HIV prevention, care, treatment, and support services, WHO proposed collaboration with the USG to implement the integrated management of adolescent and adult illness (IMAI) approach for delivery of HIV services to primary health centers. WHO has supported the Ministry of Health and Social Welfare (MOHSW) to adapt IMAI tools and conduct training of 30 national trainers using IMAI tools. For the year 2007, the MOHSW has planned to reach 400-500 primary level facilities with services for HIV prevention, care, treatment, and support with the ultimate goal of scaling-up the services to all primary health facilities. WHO is supporting the MOHSW to develop guidelines and training packages for implementation of HIV workplace interventions in the health sector to strengthen access to all HIV related services, and provide care, treatment, and support to workers infected with HIV/AIDS and their families. WHO continues to support the MOHSW to implement IMAI approach, and intensify its efforts to get health care workers (HCWs) to access these services. IMAI is coordinated through the National AIDS Control Program (NACP) while the special program for HCWs is coordinated through the occupational health unit of the MOHSW, both under the director for preventive services.

**ACCOMPLISHMENTS:**

The MOHSW, in collaboration with WHO and other partner,s adapted IMAI documents that were field tested in Arusha in November 2005. In March 2007, MOHSW conducted national training of the trainers (TOTs) for 20 regions on the mainland. WHO in collaboration with the Clinton HIV/AIDS Initiative (CHAI) conducted IMAI training in Mtwara in July 2006. A total of 23 health care providers from health centers have been trained on the IMAI approach and are now providing ART services. IMAI approach is being implemented in Mtwara and Lindi as a rural initiative.

**ACTIVITIES:**

- 1) Strengthen support to the MOHSW to implement the IMAI approach to accelerate universal access to HIV prevention, care, treatment, and support services. 1a) Assist the MOHSW to print and disseminate IMAI guidelines and training packages. 1b) Conduct quarterly supportive supervision visits to the selected primary health facilities. 1c) Support biannual national meetings with all partners implementing care and treatment services to share experiences and document best practices. 1d) Attend international HIV and AIDS conferences. 1e). Hire and pay salary to one national program officer to be seconded to the NACP. 1f) Support the National Council for People Living With HIV/AIDS (NACOPHA) to coordinate activities of expert patients trainers.
2. Build capacity of zonal training centres to conduct training for regional TOTs and teachers from the health training institutions using the IMAI approach 2a) Conduct training for multidisciplinary zonal TOTs (18 trainers from 4 zones including Zanzibar) 2b) Conduct training for regional facilitators (20 facilitators from each region including Zanzibar). 2c) Conduct TOT for PLHA as zonal and regional expert patients trainers (12 from each zone and 15 from each region). 2d) Conduct orientation IMAI training to 200 teachers from the health training institutions for nurses, assistant medical officers and clinical officers as a strategy towards inclusion of IMAI trainings in the pre-service curriculum. 2e) Procure training equipment for each zonal training centre in collaboration with other USG partners.
- 3) Support the MOHSW to build capacity for clinical mentoring and supportive supervision of districts and primary health facilities. 3a) Support the MOHSW to adapt, print, and disseminate WHO guidelines and training packages for clinical mentoring and supportive supervision. 3b) Conduct TOTs for the 40 national, 120 zonal, and 243 regional clinical mentors and supportive supervisors.
- 4) Support the MOHSW to update IMAI guidelines, training packages, patient monitoring tools, and the operational manual. 4a) Support workshop to review and update IMAI guidelines, training packages, patient monitoring tools for HIV care/ART, and TB-HIV operational manuals. 4b) Translate the IMAI guidelines and training packages into Kiswahili 4c) Print and distribute updated tools and guidelines.

**LINKAGES:**

The World Health Organization is a multi-lateral agency to which Tanzania is a member state. In Tanzania, WHO Country Office (WCO) is providing technical support to the MOHSW to adapt and implement the IMAI approach; develop guidelines, training packages, and IEC materials; and build capacity to implement HIV and AIDS programs for health care workers. WCO has three national professional officers (NPOs) seconded to NACP as technical advisors to the care and treatment unit, laboratory services, home-based care, provider-initiated testing and counseling (PITC) and community support services. WHO and USG have established collaboration to develop the operational manual for care and treatment. WHO, in collaboration with MOHSW will work with and provide technical support to the regional, zonal, and district authorities. In addition, WHO will work with the USG and non USG care and treatment partners like the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Harvard University, Columbia University, Family Health International (FHI), AIDS Relief, PATH and Clinton Foundation in the implementation of IMAI and the scale-up of ART services in Tanzania mainland and Zanzibar.

**CHECK BOXES:**

The areas of emphasis are chosen because WHO provides technical support to the MOHSW to build capacity to implement all HIV and AIDS related components including IMAI approach, and HIV and AIDS programs for health care workers.

**M&E:**

Since WHO technically supports the MOHSW to develop and update all relevant monitoring tools, the same tools will be used for this collaboration.

**SUSTAINABILITY:**

**Activity Narrative:** WHO supports the MOHSW to build capacity for implementation and inclusion in the medium term expenditure framework (MTEF) and districts work plans and budgets. Moreover, all the supported activities are part of the HIV strategy for the health sector for the period of 2008-2012.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13681

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13681	9463.08	HHS/Centers for Disease Control & Prevention	World Health Organization	6572	4691.08		\$900,000
9463	9463.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4691	4691.07		\$600,000

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 4781.09

**Mechanism:** ZACP

**Prime Partner:** Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 5319.23464.09

**Planned Funds:** \$245,000

**Activity System ID:** 23464

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Expanding Comprehensive Care and Treatment Services in Zanzibar

NEED and COMPARATIVE ADVANTAGE: By 2008, there will be an estimated 900 HIV positive people in need of comprehensive ARV treatment services in Zanzibar. Currently 668 have been enrolled and 519 have been initiated on ARVs. For the time being there are five care and treatment clinics in four regions. All care and treatment services are provided in public hospitals. This year the target is to scale-up services to two private hospitals and strengthen existing services through staff training, on-the-job training, supportive supervision, improved coordination, and access and quality of care and treatment services.

ACCOMPLISHMENTS: In collaboration with ART partners working in Zanzibar, two more care and treatment sites have been established making a total of five CTC sites currently providing services. Almost 100% achievements of year two targets for enrollment on ART have been met. A functional CTC database has been established at the Mnazi Mmoja hospital; 56 health care workers (HCWs) have been trained on the provision of ARV services; 24 HCWs have been trained on adherence counseling from four care and treatment clinics; and 27 HCWs have been trained on pediatric HIV/AIDS management. Also, post exposure prophylaxis guidelines (PEP) and training manuals have been developed.

ACTIVITIES: 1) In FY 2008, the ZACP will continue working with partners to maintain care and treatment services in the existing sites and coordinate scale-up of services to new sites 1a) Coordinate partners implementing ART services within Zanzibar by conducting quarterly stakeholders meetings to discuss various issues including policy and guidance, quality of services, sharing best practices, sharing data, tracking progress against national goals, and improving program implementation coordination of care and treatment services 1b) Review, update, and disseminate care and treatment training materials and guidelines 1c) Conduct supportive supervision to ensure quality of services 1e) Work with M&E unit to coordinate the roll-out of the revised M&E tools for care and treatment 1d) Coordinate training and refresher training, and provide support for those attending workshops and conferences within and outside the country 1f) Procure drugs for opportunistic infections, and HIV reagents including test kits and protective gear 1g) Sensitize health care workers and the community on newly established CTC sites

2) Coordinate and work with partners in the implementation of Post-Exposure Prophylaxis (PEP).

2a) Sensitize health sector officials and train health care workers on the importance of prevention of blood borne pathogens and PEP.

3) Advocate for care and treatment services. 3a) Conduct community sensitization sessions to influential leaders on comprehensive care and treatment services 3b) Develop, print and distribute demand generated IEC materials 3c) Conduct a mass media campaign for demand creation (inclusive of TV and radio spot announcement and panel discussions).

4) Collaborate and coordinate with partners to strengthen linkages and referral between care and treatment services and other HIV and non HIV related services like PMTCT, TB HBC, psychosocial support, legal support, food support that will allow a smooth flow of patients

4a) Support a monthly information exchange meeting between care and treatment staff, PMTCT, TB, VCT, HBC and other services 4b) Update, print and distribute referral forms.

5) Provide supportive supervision to ensure quality of service.

5a) Train two teams on supportive supervision in Unguja and Pemba. 5b) Conduct supportive supervision at the regional level once a year.

6) Support minor renovation of infrastructure of two hospitals which are not renovated by partners for provision of care and treatment services. This activity will ensure confidentiality, safe storage of ARVs, and enough space for consultation, counseling and laboratory services.

LINKAGES: The care and treatment unit works in collaboration with other implementing units such as PMTCT, TB, HBC, VCT, and IEC and SI units. It also collaborates with other partners including Columbia University, Clinton HIV/AIDS Initiative (CHAI), and World Health Organization (WHO). The partners provide technical and material support to strengthen quality provision of services and realize the set objectives. Care and treatment services are conducted within the framework of the health system. Linkages between care and treatment services and other implementing units and partners is an ongoing intervention in FY 2008 .

CHECK BOXES: The area of emphasis are chosen because:

1. Renovation of new sites will improve access to care and treatment services in an acceptable environment.
2. Human and local organization capacity building will ensure quality of services and sustainability.

M&E: ZACP in collaboration with partners has established monitoring tools to capture information on clients accessing care and treatment services. These tools include CT2 forms available in all clinics and the CTC database which has been established in the Mnazi Mmoja hospital. Supervision is conducted in all care and treatment clinics to improve the collection and processing of gathered information.

SUSTAINABILITY: ZACP will continue to build the technical capacity of the local staff and at the health facilities in both public and private facilities. Capacity will be built through coordinating and supporting the training of health workers, the general community, and local government authority. Interventions identified herein have been acknowledged and incorporated within the health sector budget and are among the key interventions in the national poverty reduction strategy.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13532	5319.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$245,000
7757	5319.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	4781	4781.07	ZACP	\$250,000
5319	5319.06	HHS/Centers for Disease Control & Prevention	Ministry of Health - Zanzibar, Tanzania	2893	1131.06		\$402,440

**Emphasis Areas**

Construction/Renovation

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 4790.09

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 9237.23465.09

**Planned Funds:** \$2,200,000

**Activity System ID:** 23465

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Supply Chain Management of Key HIV/AIDS Care Commodities

NEED and COMPARATIVE ADVANTAGE: Only a small fraction of the estimated 2.4 million people living with HIV/AIDS in Tanzania receive palliative care. While USG programs serve over 400,000 enrolled patients through community home-based care (HBC), a large proportion of these programs do not have the full supply of commodities needed to provide both facility and home-based care services. To support a basic package of care services through PEPFAR implementing partners, the USG will procure needed medicines, medical supplies and other essential commodities for palliative care programs through SCMS while strengthening the system for managing these drugs.

The essential drug system in Tanzania is currently very weak primarily because it is under-resourced. The essential drug logistics management information system does not provide reliable data at the central level for planning, and if reliable data did exist, there is currently insufficient funding to provide a full supply of critical OI drugs for all health programs operating within the national health system. The procurement of OI drugs depends primarily on the availability of funds from the Government of Tanzania (GOT) which is largely dependent on Global Fund. The most recent quantification of OI drugs done in May 2008 by National Aids Control Program (NACP) with technical assistance provided by SCMS estimated the national OI drug requirements for 2009 to provide all HIV patients on treatment and identified infected individuals with cotrimoxizole prophylaxis and other OI treatments to be 23,617, 685 USD. There are Global Funds available to cover 2 million USD and the USG plans to cover another 2 million of the 2009 requirement. GOT is tackling this challenge of a funding gap of 19 million USD through Global fund Round 8. However, PEPFAR implementing partners will continue to experience unreliable OI supplies until additional funding from Global Fund or other donor sources is secured.

ACTIVITIES: In order to improve the supply of OI drugs, the USG will procure 2 million USD worth of cotrimoxizole or other OI drugs as requested by GOT. Because these drugs will be donated to the MSD system for distribution within the country; SCMS will also work closely with MSD and NACP to strengthen the logistics management information system for these commodities. The logistics management information system requires care and treatment centers to report on inventory and ordering of essential medicines to regional MSD stores. The regional MSD stores have stocks of OI drugs available for free distribution through the public sector. MSD also maintains a supply of OI drugs from private sources that may be purchased by facilities. Poor ordering and management practices at some HIV/AIDS centers create challenges in accessing the free supplies of OI drugs. SCMS will provide targeted technical assistance at identified care and treatment centers with identified challenges to assist them in submitting correct and timely order forms to allow delivery of free MSD stocks for distribution at the care and treatment centers. It is expected this work will improve forecasting and procurement planning, but there will still be a gap in the supply of critical drugs which the USG will work closely with GOT in coordination with SCMS to find a funding solution to meet the overall national OI drug supply need.

ACCOMPLISHMENTS: In FY 2008, SCMS procured cotrimoxizole and worked closely with MSD and NACP to strengthen the logistics management information system for essential medicines.

LINKAGES: This activity links directly with other care and treatment partners who will utilize the commodities in their programs. The activities will also link closely with MSD and NACP.

Geographic Coverage Areas: (Regions)  
National

April 2009 Reprogramming:  
\$200,000 reprogrammed from DOD/WARAIR HTXS (\$50K from mech id 1138.09, \$75K from mech id 1135.09, and \$75k from mech id 1139.09) to support procurement of lab reagents through SCMS,

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13559

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13559	9237.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6548	4790.08		\$2,500,000
9237	9237.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$1,864,000

**Table 3.3.09: Activities by Funding Mechansim**



**Mechanism ID:** 4950.09 **Mechanism:** LOCAL  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 5506.23466.09 **Planned Funds:** \$240,000  
**Activity System ID:** 23466  
**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE:ARV Services, Management and Staffing, GHAI funding

**NEED and COMPARATIVE ADVANTAGE:**

Management and staffing funds are split between Base and GHAI to ensure continuity of activities and no interruption in staff funding. This activity relates to # 9399.

FY 2008 funds will support a total of four full time staff. Three technical staff 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 two full-time specialists given the scope and magnitude of the treatment rollout in Tanzania, and the evolving responsibility of the USG in the coordination of the various ARV treatment partners.

In addition, one administrative specialist will assist the team with all logistical and communication work. With the enormous growth of the program during the last fiscal year, this position has become a critical addition to the team.

Finally, a public health advisor will be integral part of the team by providing data analysis for program planning and evaluation.

In FY 2008, USG/Tanzania ART implementing partners will assist the GOT in scaling up ARV services to additional sites throughout the country, especially to lower level health care facilities. USG partners will continue providing some level of support, and will be integrated within the regional and district annual health budget and plans.

In support of this, the technical full-time staff members will work directly with implementing partners, both governmental and non-governmental partners, 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 a necessary. One staff member, in addition to the focus on ARV Services, will help oversee the ongoing integration of non-ARV services such as PMTCT, TB/HIV and Care. One specialist will mainly focus on the multi-dimensional strategic approach to pediatric HIV/AIDS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13653

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13653	5506.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$496,828
7841	5506.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$16,412
5506	5506.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$350,000

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 7569.09 **Mechanism:** STRADCOM  
**Prime Partner:** Strategic Radio Communication for Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09

Activity System ID: 23472

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

TITLE: STRADCOM Support of Treatment Literacy

NEED and COMPARATIVE ADVANTAGE: For the most part treatment staff are constantly dealing with clients who often have little or no understanding of care and ART treatment. This causes an undue time burden on treatment providers and counselors who must constantly repeat basic information. Care and Treatment Clinic waiting rooms are an ideal place to provide clients with information not only on treatment literacy but other useful programming on HIV and AIDS. STRADCOM is well positioned to convey appropriate information to potential clients lessening this interpersonal communication and counseling burden on treatment staff. STRADCOM has a well-established network of radio stations and well-promoted and popular radio programs. The Johns Hopkins School of Public Health Center for Communication Programs (CCP), the prime for the STRADCOM project has been implementing treatment communication interventions since 2002, beginning with President Bush's International Mother and Child HIV Prevention Initiative and continuing with ART roll-outs in a number of African countries. In a 2007 survey, 75% 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.

ACCOMPLISHMENTS: During the first 18 months of the project, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages supporting the range of PEFAR activities in a flexible and mutually supporting manner. STRADCOM has developed a radio serial drama (RSD) with various story lines that include one on treatment literacy. The 30-minute RSD, Wahapahapa ("The People from Right Here") is broadcast once a week on a national network. The programs are re-broadcast on 9 local stations located in high prevalence regions of the country. STRADCOM also support 15 radio stations' production of weekly magazine-format radio programs on HIV and AIDS.

ACTIVITIES: STRADCOM will continue to work closely with treatment partners to further develop high priority messages. STRADCOM will produce and distribute the following programming:

- 1) Weekly magazine programs on AIDS on at least 15 stations/networks. The typical format of these programs is two regular radio diary segments by persons living with AIDS (a woman and a man), a pre-recorded news story, a phone-in session and an optional guest. We will support the production of 780 of these weekly programs over 52 weeks. STRADCOM plans for 20% of the topics to be on treatment literacy.
- 2) A weekly 52-episode radio serial drama, Wahapahapa, with one major storyline on treatment literacy. STRADCOM will be expanding listenership from radio broadcasts by using other distribution channels such as tapes of the program distributed to commuter and long-distance buses. The Wahapahapa storylines includes a subplot that models behavior change for treatment adherence, disclosure and dealing with stigma. The story follows the main character of the drama through treatment as he deals with these themes. The format of a long drama series facilitates dealing with these themes in a complex, subtle, and realistic manner.

All these activities include training and mentoring radio station production staff; working with key partners to review core messages, technical aspects and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations.

LINKAGES: STRADCOM is working together with NACP, TACAIDS, and other partners to assure messages are appropriate, support policies, and are linked to services. STRADCOM is working with all PEPFAR treatment partners. Finally, STRADCOM is also working in the program areas of AB, OP, Palliative Care, Testing and PMTCT, to ensure a consistent behavior change communication across the continuum of care.

M&E: PSAs, drama pilots and selected diaries and documentary episodes will be pre-tested with focus groups. The design teams will review technical content. Selected magazine programs will be translated into English for review. STRADCOM is tracking exposure and impact of our programming through periodic surveys conducted by the Steadman Group.

SUSTAINABILITY: STRADCOM is working closely with partner radio stations to help improve their existing programs on HIV/AIDS. The involvement is co-production rather than paying for airtime. By training and supporting their existing staff to produce high quality, informative and engaging programming, they will demonstrate that this will increase listeners and in turn increase revenue from advertising. STRADCOM is also working with local production companies to improve their production, post-production and behavior communication skills and capacity. This not only makes them more effective it also makes them more competitive. STRADCOM has a cost share provision in its CA that encourages sustainability by requiring radio stations to support our productions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13403

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13403	5567.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$700,000
7812	5567.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$500,000
5567	5567.06	U.S. Agency for International Development	Johns Hopkins University	8688	8688.06	STRADCOM	\$600,000

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 8023.09 **Mechanism:** PPP Solar Power  
**Prime Partner:** To Be Determined **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 16474.23473.09 **Planned Funds:** ██████████  
**Activity System ID:** 23473  
**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: PPP Solar Energy Infrastructure for Improved Health Care Delivery and Linkages in Rural Areas

NEED and COMPARATIVE ADVANTAGE: A key strategy in FY 2008 is the expansion of HIV/AIDS services to over 500 health centres. One key barrier to the provision of medical services at health facilities is the lack of adequate and reliable energy. Energy is needed to run diagnostic equipment, power refrigerators, pump clean water and power up for transfer data via computer/fax, phone, or other electronic devices. Energy is also vital in linking patients to higher levels of services and community-based services, and aids in the timeliness and accuracy of monitoring services.

ACTIVITIES: This activity will target approximately 20 small health facilities. The focus is on health systems with low energy requirements (5 – 10 kWh/day) that are located in remote settings with limited services and small staff ( 0-60 beds). Electric power is usually required for lighting facilities during evening hours, supporting limited surgical procedures, maintaining cold chain for vaccines, blood, and other medical supplies, and utilizing basic lab equipment. Data is usually in paper registers and transferred via paper summary forms via local transport. Patients linked to higher facilities are done so with paper-based referral forms.

The project will do a rapid assessment of facilities that lack adequate and reliable energy in consultation with the Government of Tanzania (GoT) and implementing partners. Priority would be given to facilities where care and treatment is being rolled out and where weak linkages exist between the facilities and the community home-based care services/providers.

Each facility will be required (with technical support) to a) determine typical energy usage of facilities; and b) evaluate the energy technologies available (photovoltaic, winder, reciprocating engines, hybrid systems, and grid extensions). For example, solar photovoltaic system with batteries is estimated to cost at \$15,000 – 20,000 per facility and \$500 per year in maintenance.

A private partner will be sought to offset the costs of each system and the health facility, and its respective district health authority will be responsible the future maintenance and security.

LINKAGES: This proposal will link with a private partner TBD, with technical assistance through USAID Washington on electrification options, and the basic care and support pilot that will link with palliative care services. Peace Corps volunteers living in areas where facilities are located will also be involved. Linkages will also be made with treatment referral centers, as well as HBC implementing partners (who will test the use of phones/hand-held electronic devices to transfer data to link facilities and community-based palliative care services, focusing on monitoring visits, referrals, and patients lost to follow-up).

SUSTAINABILITY: Health facilities and district health authorities will be asked to contribute to maintenance and upkeep including security of the systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 16474**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16474	16474.08	U.S. Agency for International Development	To Be Determined	8023	8023.08	PPP Solar Power	

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 10752.09

**Mechanism:** PPP ARV Srvcs

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 16977.23474.09

**Planned Funds:** █

**Activity System ID:** 23474

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008, AND NO FUNDING IS NEEDED FOR FY 2009.

TITLE: PPP (DeBeers) with gold mines in Shinyanga

This narrative represents a placeholder for a Public-Private Partnership (PPP) which is currently under discussion with DeBeers company and their Williamson mine operation here in Tanzania. The PPP is expected to be modeled on the successful PPP DeBeer is running in other neighboring countries, although the details – to be finalized in the coming months – are still being concretized.

The Williamson Mine maintains a private hospital in the Shinyanga area of Tanzania. The hospital is one of the first private sector hospitals (other than FBOs) to have received government certification as an accredited ARV Care and Treatment Center (CTC). The CTC is currently receiving support through Elizabeth Glazer, our Regional ARV Services partner there.

The hospital is already providing services to the larger local community, and this PPP will be designed to allow them to further extend ART services beyond the current level. Targets are being discussed in terms of the extent of the numbers of people in the catchment area, so precise numbers are not available at this time (associated targets are notional).

Given the success of the other PEPFAR-DeBeers PPP collaborations, additional consideration is being given to broadening the scope to become a regional agreement or Global Development Alliance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16977

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16977	16977.08	U.S. Agency for International Development	To Be Determined	6474	4084.08		

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 8553.09

**Mechanism:** P4H

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

---

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 18647.23475.09

**Planned Funds:** ██████████

**Activity System ID:** 23475

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. THIS ACTIVITY NARRATIVE HAS BEEN SIGNIFICANTLY REVISED TO REFLECT TO WORK COMPLETED IN FY 2008 AND PLANNED ACTIVITIES IN FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR.

**TITLE:** Building a National HIV Facility-based Reporting System

**NEED and COMPARATIVE ADVANTAGE:** Tanzania is currently supporting HIV care and treatment services at 200 district health facilities and will soon be expanding these services to 500 health centers and dispensaries throughout the country. Assuring the regular and efficient flow of aggregate indicators data from facilities to the district and central levels is a major challenge, not only for ART but for all facility-based HIV services (PMTCT, VCT, lab, blood safety). Due to poor Internet coverage at the peripheral level, facilities are often required to transport their electronic data by road, a process that is both costly and time-consuming. The Phones for Health partnership brings together the mobile phone industry, technology companies, handheld providers and the world's largest HIV/AIDS donor to help countries maximize their existing mobile phone infrastructure to improve the flow of HIV/AIDS data to and from facilities while building the foundation for functional, scalable and sustainable health management information systems.

For the National Blood Transfusion Service, comprehensive safe blood services depend on availability of a blood donor pool of safe donors. In order to maintain this pool an interactive method of communicating with recruited donors and other possible donors is needed. Mobile phones offer this opportunity of regular communication with already recruited donors and other potential ones. Phones for health SMS initiative offers the National blood transfusion program the means of regularly communicating with their donors and recruiting the new ones. With FY 07 and FY08 funds an estimated 150,000 messages are to be sent to donors with mobile phones in Eastern zone. As the program expands more blood donors will be reached in other zones enabling NBTS to build its donor pool for efficient safe blood supply and be able to communicate with donors in emergencies.

**ACCOMPLISHMENTS:** P4H has accomplished the following:

- 1) Developed and finalized a Terms of Reference between CDC-Tanzania and the Ministry of Health and Social Welfare detailing project priorities, cost, software-as-services model and governance model.
- 2) Collected user requirements for Phase-One priority areas: NBTS Blood Donor Messaging System and IDSR Case Notification & Weekly Reports.
- 3) Conducted infrastructure & services assessment; Conducted rapid assessments in Phase-One regions; Delivered demo (prototype) systems for Phase-One priority areas and delivered the final Phase-One user requirements documents to Voxiva technical team.
- 4) As part of multi-country support, the Phones for-Health replication toolkit was developed to support implementation in additional countries.

**ACTIVITIES:** In FY 2009, Tanzania will continue to strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage Tanzania's existing telecommunications infrastructure to allow workers at health facilities to transmit monthly reports by phone or Internet. Once in the system, data will be viewable by authorized managers at the district, regional and national levels, as well as to implementing partners, via user-customizable data dashboards and a series of standard reports.

Activities in FY 2009 will also focus on maintaining the existing components of the system: ART monthly and quarterly reporting, Blood Safety, and Integrated Disease Surveillance and Response, and expanding system use through active user support.

Overall system activities in FY 2009 will include: Setting up central infrastructure, short code, gateways and telecom billing structures; Collecting ART user requirements and developing the reporting prototype and delivering the system for both ART and NBTS Blood Donor Messaging system; Developing training curricula and job aids to support introduction of system; Training system administrator(s) in data mining, administrative parameters and basic form configuration via User Interface; Training national, regional, and district-level trainers and users in 2 regions for IDSR and ART modules.

In the area of ART, Phones for Health will continue to support the operation and use of the monthly and quarterly reporting module that was developed in FY 2008. The country team will provide ongoing technical assistance and support to trainers and master users, including the National AIDS Control Programme staff, Regional AIDS Control Coordinators (RACCs), and USG treatment partner staff. Specific activities will include 1) instituting and enforcing standard operating procedures for reporting and resolution of technical issues, 2) inviting regular input from a representative group of "power users," and 3) strengthening capacity and appreciation for data analysis and use through a combination of customized feedback and semi-annual data for decision-making seminars/forums.

Phones for Health data for decision-making forums will bring together key HIV/AIDS stakeholders in Tanzania to review and discuss ART program data with a view to strengthening the demand for good data, building a critical mass of data use "champions" within the Ministry of Health and Social Welfare, and identifying ways that the existing national reporting system can be modified to better support the Ministry's programmatic goals.

In addition, Phones for Health will work with USG treatment partners to expand system coverage to two additional regions in FY 2009 using a training-of-trainers approach. The Phones for Health country team will train USG treatment partners and RACCs in the target regions, and these trainers will be responsible for training DACCs and CTC reporting officers in the use of the ART reporting module. Phones for Health will also replicate and distribute technology-enhanced, role-based training materials (including participant manuals, facilitation guides, and job aids) to target users in the new regions.

Activities for NBTS in FY 2009 will focus on scaling up and expanding the scope of the existing components of the system in the area of blood safety. Phones for Health will add bi-directional messaging functionality to the National Blood Transfusion Centre's Blood Donor Messaging System. The introduction of bi-directional

**Activity Narrative:** messaging between potential and existing blood donors and the Phones for Health database will open the door to new recruitment and retention approaches. Any individual with access to a cell phone will be able to self-register as a blood donor via SMS and take advantage of other Health services, such as self-administered risk assessments or blood donation FAQs.

The system will also be expanded to a second zone (to be determined based on technological readiness), bringing the total number of blood donors covered to approximately 150,000 (assuming 50% of blood donors have cell phones). Program evaluation activities – including automated data collection and supplemental blood donor surveys – will also continue. Twelve-month program results will be measured and compared to baseline data and data collected six months after program initiation.

**LINKAGES:** The Phones for Health partnership will continue to link with the Ministry of Health, who provide oversight for this activity as well as NACP and NBTS, as the system is expanded.

Phones for Health activities will closely link with PDA and the web-based system for Blood to identify safe donors, and temporary and permanent deferrals.

**M&E:** The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Tanzania. All users, including MOHSW, NACP and TACAIDS, and health care workers, will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features. The Blood activities will be monitored throughout the implementation of the program for expected outcome and impact to blood donor management system.

The team will also self-monitor and report on its activities to USG and GoT for continual updates and program implementation flow.

**SUSTAINABILITY:** Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Tanzania. Phones for Health will support a full-time technical advisor (aka system implementation lead) and training coordinator to transfer critical knowledge and skills to the local management unit, which will be located within the HMIS division of the Ministry of Health.

With oversight of the system by the Ministry of Health/ HMIS Unit, the partnership will continue to transfer knowledge on system use and coordination of activities to ensure the system meets the needs of the government and has utility at all levels of government.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18647

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18647	18647.08	HHS/Centers for Disease Control & Prevention	Voxiva	8553	8553.08	P4H	\$200,000

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1056.09 **Mechanism:** N/A  
**Prime Partner:** National AIDS Control Program Tanzania **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 3378.23427.09 **Planned Funds:** \$300,000  
**Activity System ID:** 23427

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Coordination of ARV services and HIV care in Tanzania

**NEED and COMPARATIVE ADVANTAGE:**

The Care and Treatment Unit (CTU) is the National AIDS Control Program (NACP) focal point for coordination, management and implementation of the National HIV/AIDS Care and Treatment activities in Tanzania. The CTU works with other units of the NACP and partner organizations within and outside the health sector to develop and implement comprehensive care strategies in public, private and community based settings.

**ACCOMPLISHMENTS:**

The Care and Treatment program in Tanzania was initiated in 2004 with 32 health facilities and by the beginning of FY 2007, there were 204 operational CTCs (all located in referral, regional and district hospitals).

The NACP/CTU coordinated regionalization of all care and treatment services where each region was assigned one supporting partner. This resulted in PEPFAR partners providing support to 19 out of 21 (90%) regions in mainland Tanzania as well as to Unguja and Pemba Islands of Zanzibar. Regionalizing partner support has enabled the NACP to rapidly decentralize support to regions and districts. The partners in turn have been able to integrate with regional medical offices (RMO) thereby providing assistance in planning and implementation of services.

In FY 2007, the NACP/CTU started to develop human and physical infrastructure needed to expand the services to Primary Health Centers (PHC) to provide HIV care and treatment as initiation, refill or outreach (satellite) centers. The plan was to have four PHCs per district to a total of 500 PHCs providing treatment services in Tanzania. USG treatment partners have begun to implement these plans in the regions that they support. By Sept 2008, approximately 274 (55%) PHCs will be support by USG partners.

Using existing funds from USG as well as funds from the Royal Netherlands Embassy (RNE) through PharmAccess International (PAI), the NACP M&E Unit revised the Care and Treatment Centre (CTC) monitoring and reporting 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 and revising the paper-based longitudinal management patient record. In the CTC 2 form, it will function as the data source for the registers. Cross sectional and cohort reports were also adapted for Tanzania. By March 31, 2007, the NACP M&E Unit in collaboration with PAI and USG treatment partners had trained 261 regional, district and CTC staff in 11/21 regions on the use of these tools. The revised CTC 2 forms have been distributed to all existing CTCs while the registers and reporting tools are being distributed after completion of the training.

NACP M&E unit also contracted the University Computing Centre (UCC) through the Global Fund to develop an electronic database based on the CTC 2 form. The CTC 2 database, which is capable of generating national and PEPFAR reports for treatment services, is currently in use at 35 of the 204 existing CTCs. UCC also developed for NACP, a central-level database (CTC 3) which has de-identified patient level data on a subset of CTC 2 data elements. The CTC 3 database is electronically linked to other partner-supported databases such as the Harvard system in Dar es Salaam (4 CTCs) and the DoD system in Mbeya, Rukwa and Ruvuma regions with 15 CTCs.

Finally, by March 31, 2007, Tanzania had 71,584 patients actively on ART (96% supported by USG) and 1,457 HCWs trained on management of HIV including focused training on Pediatric HIV.

**ACTIVITIES:**

In FY 2008, the NACP CTU will coordinate the following activities in order to come up with quality unduplicated ART services;

- a) Coordination of partners implementing ART services in Tanzania including conducting regular meetings with partners to discuss various issues including provision of policy and technical guidance, sharing best practices and sharing M&E data to track progress against national goals and to improve program implementation.
- b) Coordinate the expansion of care & treatment services to PHCs.
- c) Review training materials in collaboration with I-TECH and disseminate the revised training guidelines. Since management of HIV/AIDS is very dynamic with progressive and frequent changes, the CTU plans to review and finalize the national clinical guidelines, national training materials, and standard operating procedures (SOPs) used at tertiary and secondary levels and the IMAI documents to be used at primary health care levels.
- d) For the sites to provide quality ART services, supportive supervision needs to be conducted frequently. In a bid to decentralize supportive supervision, the NACP/CTU in collaboration with treatment partners will empower Regional Health Management Teams (RHMTs) to conduct supportive supervision to districts and facilities in their regions.
- e) Ensure that on TB/HIV collaborative activities are well coordinate and linked between HIV and TB Clinics.
- f) NACP/CTU will work with the NACP M&E Unit to coordinate the rollout of the revised M&E tools for care and treatment and the expansion of electronic databases at facility level and central level. All USG treatment partners have been funded to support the NACP implement these activities. The USG will assist the NACP to build in-country capacity to regularly evaluate the impact of ART in Tanzania.
- g) Continue maintaining the CTU unit at NACP including remuneration of program hired CTU staff and



**Activity Narrative:** procurement of stationary and other office supplies to ensure smooth running of the program.

h) Attend international conferences. To enable CTU coordinate ART activities, personnel need strengthening/capacity building by attending relevant courses, workshops and conferences within and outside the country.

**LINKAGES:**

In Tanzania, the NACP/CTU provides technical guidance on referrals and linkages and collaborates with all ART partners implement Care and Treatment program. CTU ensures that there are linkages between ART program and Home based care, TB and PMTCT programs. Linkages with the National TB and Leprosy Control Program (NTLP) will be strengthened in order to track referrals and ensure continuum of care.

**CHECK BOXES:**

The general population benefits the quality and accessible ART Services.

**M&E:**

Tanzania has a national standardized care & treatment M&E paper-based tools that are used at almost all facilities. The system consist of; CTC 1 - a patient appointment card; CTC 2 - a patient management record; CTC 3 - a monthly identifier-stripped patient-level report (soon to be discontinued); Pre-ART and ART registers which are manual longitudinal patient record transcribed from CTC 2 forms; monthly cross sectional and quarterly cohort reports. The CTC 2 and CTC 3 databases are electronic formats of CTC 2 and CTC 3 forms respectively capable of generating all the NACP and OGAC reports. The Harvard and DoD are partner developed systems with links to the national systems for report generation.

With financial and/or technical support from RNE/PAI, USG, Global Fund and UCC, the NACP M&E Unit on behalf of the NACP/CTU will continue to coordinate the implementation, scale-up and maintenance of these systems. The NACP will also provide leadership in promoting data use culture at facility, district and regional; coordinate regular outcome evaluation to track the impact of ART in Tanzania and conduct regular data sharing workshops to disseminate findings

**SUSTAINAIBILITY:**

NACP/CTU is committed to sustainability and plans to: work with authorities from regional and district level, to implement the program to empower local authorities and create ownership, putting the responsibility of sustainability into their hands; Involvement of RHMT and CHMT to conduct supportive supervisors and plan and budget for the gapes identified; Integrate ART activities in to the Districts Comprehensive Health Plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13540

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13540	3378.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$300,000
7771	3378.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$500,000
3378	3378.06	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	2835	1056.06		\$547,463

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1135.09

**Mechanism:** N/A

**Prime Partner:** Mbeya Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 3386.23428.09

**Planned Funds:** \$2,925,000

**Activity System ID:** 23428

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

1. Adult Treatment Information (09-HTXS)

TITLE: Expanding Adult ART in Mbeya Region

NEED and COMPARATIVE ADVANTAGE: Mbeya is one of the regions with the high prevalence (7.9%). It is estimated that there are 300,000 HIV positive people in need of services in this region, 20% of whom should qualify for treatment. Over 10,000 have been initiated on ART to date throughout the region and at the Mbeya Referral Hospital (MRH) (separate entry). Even with these achievements, there are still an estimated 46,000 in need of ART.

As part of Tanzania's decentralized health care approach, the Mbeya Regional Medical Office (MRMO) is the highest ranked local MOHSW representative in this region. Through its Regional AIDS Control Programme and strong working relationship with District Medical Officers (DMOs), the MRMO leads planning and execution of health services for its region.

ACCOMPLISHMENTS: In FY8, the MRMO is supporting treatment services in 18 established CTCs. Under this same funding, MRMO will train an additional 100 health care workers on ART provision, bringing the total trained in the region to 300. As of June 31, 2008, the MRMO supported 10,300 people on treatment, 6% of which were children, and has enrolled over 18,000 in care.

ACTIVITIES: All hospitals in the Mbeya region now support ART, though majority of patients are still identified through the MRH. Here they undergo their initial evaluation after which they are referred down to the regional and district hospital for management. It is believed this is due to the higher quality of services and better infrastructure at MRH, including its large inpatient wards.

As part of FY 2008 and FY2009 activities, the DOD will continue working with the MRMO in developing strategies beyond Provider Initiated Testing and Counseling (PITC) to decentralize identification/enrollment of patients to increase uptake of services. This will be a key component of the overall improvement of services at the district level, including expansion to health centers.

In FY 2009, ART will be expanded to more health centers focusing on high density areas along trade routes but also identifying isolated rural communities in which the health center provides the only source of regular medical services. This expansion will increase the total number of ART sites supported in the region by September 2010, ensuring services are available in over 77% of all facilities and to more than 95% of the population. Activities will include: Expand services and support to primary health care facilities in the region covering all six districts; Work with District Health Management Teams (DHMT) in finalizing the identification of new health centers for introduction of ART services; Work with the DHMT and facility directors in developing facility based-work plans and implementation of these plans; Renovate space at 20 health centers to support CTC; Train health providers/clinical staff in ART and TB/HIV co-management; Work with facility pharmacists in improving capacity in forecasting, stock management and ordering; Continue to improve the quality of care and treatment services; Provide ongoing mentoring and supportive supervision through combined zonal and regional medical teams; Participate in weekly zonal ART meetings with the Mbeya Referral Hospital to discuss treatment roll out, identify areas of need, determine solutions and coordinate resolution; Improve patient record/data collection, working with DOD, DHMT and facility staff to analyze data for improvement of services; Reinforce comprehensive nature of clinical services; Strengthen prevention for positives counseling among all staff providing treatment at CTC; Strengthen of referral system between services points at the MRH; Strengthen referral systems for services within a facility among wards and clinics; Use site coordinator to conduct daily checks on registers in outpatient clinics, in-patient wards, MCH and the TB clinic to keep track of patients referred to the CTC; Strengthen and formalize referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers.

Laboratory Services:

Train 30 lab technicians on PMTCT lab activity such as Syphilis testing, rapid HIV test trainings and Rapid HIV quality assurance activities; Train 28 counselors which are mainly focused on counseling and testing lab Activities such as PITC, VCT. The training will be focused on Rapid HIV testing and Quality Assurance of Rapid HIV testing; Strengthen TB/HIV lab activities by training 14 lab technicians on rapid HIV testing, TB diagnosis acid-fast method; DOD will continue to procure reagents for hematology, chemistry and CD4 and viral load for all CTC hospital lab's in Mbeya Hospitals.

6e Continue to roll out HIV Early infant diagnosis, to 20 health centers in Mbeya, by training health workers on sample management, transportation; MRMO will continue implement the external laboratory quality assurance scheme in collaboration with MRH and DOD; MRMO will continue implement the external laboratory quality assurance scheme in collaboration with MRH and DOD; MRMO will continue to service bi-annually hematology, chemistry and facscount equipments in the zone by using the technical skills of DOD hired Tanzanian medical engineer

LINKAGES: This activity is linked to activities under this partner in PMTCT, TB/HIV, and palliative care as well as those of the other regions in this zone (Rukwa and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The MRMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so

**Activity Narrative:** health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as POC for the community organizations.

**CHECK BOXES:** The areas of emphasis will include: initial and refresher training of staff in ART, TB/HIV co-management, and CT; infrastructure improvement for new sites; provision of equipment, supplies and medications; strengthening linkages with TB/HIV, PMTCT and community groups.

**M&E:** QA/QC for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the MRMO are supported by TA from the DoD SI team based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DoD data center located at Mbeya Referral Hospital for synthesis, generation of NACP and USG reports as well as to provide feedback to CTC teams for use in patient management. The number of CTCs supported by Mbeya RMO will be 34 and 54 by Sept 2009 and Sept 2010 respectively.

**SUSTAINABILITY:** The MRMO in ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of DHMT, the regional supportive supervisory team and the zonal weekly ART meetings as part of already existing zonal support and routine MRMO functions.

April 2009 Reprogramming:  
\$75,000 Reprogrammed to (activity id 9237.23465.09) support procurement of lab reagents through SCMS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13519

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13519	3386.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$3,238,000
7749	3386.07	Department of Defense	Mbeya Regional Medical Office	4557	1135.07		\$850,000
3386	3386.06	Department of Defense	Mbeya Regional Medical Office	2837	1135.06		\$600,000

**Emphasis Areas**

Construction/Renovation

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$309,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

---

**Mechanism ID:** 1136.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 3390.23430.09

**Activity System ID:** 23430

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$2,025,000

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Providing comprehensive adult treatment services at TPDF health facilities

**NEED and COMPARATIVE ADVANTAGE:**

The Tanzanian Peoples Defense Forces (TPDF) has a network of military hospitals, health centers and dispensaries throughout the country, supporting a total of over 30,000 enlisted personnel and estimated 60-90,000 dependants. Eighty percent of patients at these hospitals are civilians living in its direct vicinity. The eight TPDF hospitals offer district level services with the largest hospital Lugalo, located in Dar es Salaam, serving as a National Referral center for military medical services. PharmAccess International (PAI) has been working with the TPDF on health issues since 2003.

**ACCOMPLISHMENTS:**

TPDF initiated VCT and Care and Treatment services at Lugalo Hospital, Dar es Salaam in 2003. Under FY04 – FY07 services have been expanded to eight military hospitals and nine satellite sites. The target for FY08 is that 15 new health centers / satellite sites and four mobile centers provide VCT and ART, to a total of 36 sites. For FY09 the number will increase to 38 sites. As of July 2008, cumulative of 3,883 persons have received CT. Focus of the FY09 program will be on quality improvement of the services and a substantial increase in the numbers for testing.

A draft HIV/AIDS Policy that will make HIV testing mandatory has been written by a TPDF Task Force. The Policy is to be approved by the Parliament before it becomes effective. In FY08 provider-initiated HIV testing and counseling will be offered as part of the annual medical check-up. It is anticipated that this will lead to the identification of a large numbers of army personnel requiring care and treatment. The military hospitals, health centers and mobile centers need to be prepared for a stark increase in capacity to test and in an increase in patient load.

**ACTIVITIES:**

PharmAccess will continue to work with TPDF to increase the number of health facilities under the TPDF to hospitals, health centers, and mobile centers. New satellite sites/health centers counseling and treatment rooms will be renovated. PAI will conduct initial and refresher ART training of medical staff from the military hospitals, from the satellite sites and mobile centers and train volunteers from the barracks in basic home-base care. Community education and mobilization be conducted through "Open House" days at each facility to increase access to services and partner testing. Strengthening of the referral system between the TPDF health facilities and District and Regional hospitals for ANC services and adult and infant diagnosis, ART and TB/HIV at CTC will continue.

ART services will expand to cover individuals with diagnosed HIV through TPDF facilities. This will be achieved through: reinforcement of provider initiated counseling and testing (PITC) as part of all in and out-patient services; procurement of OI drugs when not available through central mechanism and monitoring quality of services at the hospitals through linkages with regional supportive supervisory teams and Lugalo (National Military Referral Hospital). Evaluation of patients for malnutrition and offer nutritional counseling and support will continue in all health facilities. Monitoring and evaluation activities for ART services will be strengthened by improving patients record/data collection and working with TPDF HQ and facility staff to collect, record and analyze data. Also, conducting quarterly meetings with site representatives and experts in specific fields (ART developments, pediatrics, AIDS and TB etc) to discuss and review quality of ART services.

The lab capacity will be developed at all eight hospitals for patient monitoring and OI diagnostics. Standard operating procedures (SOP) will be developed and also training in QA/QC at Regional and District hospitals. TPDF will purchase and install CD4 equipment to two TPDF hospitals. Laboratory Technicians will be re-trained on TB- and HIV diagnosis, routine laboratory testing and equipment maintenance. Procurement of reagents and consumables will be done when they are not available through national supply chain

**LINKAGES:**

Linkages will be strengthened with Prevention activities under the TPDF Program. All HIV-infected patients will be referred for further evaluation and qualification for TB treatment within each facility. Referrals from the health centers to TPDF hospitals or public regional and district hospitals for CD4, TB testing and treatment of complicated cases will be established. PAI will ensure linkages with organizations of women living in the barracks for home-based support and adherence counseling. Linkages will be developed with existing local NGOs operating in those communities to ensure a continuum of care, not only for military personnel but also for civilians living near the military hospitals. PAI will continue to collaborate with Regional and District Health Management teams and with USG treatment partners, specifically with DOD/MRH in the Southern Highlands, for supportive supervision purposes, and technical assistance.

**M&E**

Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, TPDF HQ team, NACP and the district and regional management teams.

**SUSTAINABILITY:**

In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. Health facilities of the Military Forces are under the administration of the Ministry of Defense, not under the Ministry of Health. PAI will encourage the Office of the Director Medical Services to integrate treatment

**Activity Narrative:** activities in military Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with military authorities to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13572

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13572	3390.08	Department of Defense	PharmAccess	6551	1136.08		\$2,270,000
7786	3390.07	Department of Defense	PharmAccess	4572	1136.07		\$2,165,600
3390	3390.06	Department of Defense	PharmAccess	2838	1136.06		\$1,550,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$182,250

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1138.09

**Mechanism:** N/A

**Prime Partner:** Rukwa Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 3395.23432.09

**Planned Funds:** \$1,350,000

**Activity System ID:** 23432

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Expansion of Adult ART Services in Rukwa Region

**NEED and COMPARATIVE ADVANTAGE:**

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. As in other regions, Rukwa will be scaling up treatment in the districts through the health centers. As a DOD partner and a region under the support of the Mbeya Referral Hospital, roll out of Pediatric ART in this region mirrors that in Mbeya and Ruvuma.

**ACCOMPLISHMENTS:**

Currently, over 3,900 patients from the region are on ART; 94% of them are adults. Over 75 staff members have been trained in ART provision. Two district laboratories at the Nkasi and Mpanda District Hospitals have been renovated, equipped, trained, and are up and running performing their own hematology and chemistry assays. Provider initiated testing and counseling (PITC) of HIV/AIDS has been implemented in all the hospitals in the region and supportive supervisory teams have now been extended to facilities below the district level to expand ART services at all health centers in the region.

**ACTIVITIES:**

To effectively scale-up services in Rukwa, care and treatment centers require significant infrastructure improvements, staff capacity building, strengthened supply chains and enhanced management systems at the district hospitals and health centers. Located in the far west of the country along the border with the DRC, regular interaction with zonal support through the Mbeya Referral Hospital and the NACP in Dar is difficult. The poor conditions of the roads isolate them even further, particularly during the rainy season when they are impassable. This makes provision of services through out the region challenging. The DOD has stationed personnel in Rukwa to work more closely with the RMO, the District Medical Officers (DMOs), and Regional and District Health Management Teams (RHMT and DHMT) to provide direct technical support and material inputs necessary to improve site capacity.

Under FY 2009 funding, the Rukwa RMO and DOD will provide significant inputs to roll out HIV care and treatment to additional health centers by September 2010.

All NACP identified facilities in this region for ART services will receive support to ensuring available of services in all four districts in the region. Within the region activities will include: Expanding services and support to a total of three hospitals and twenty primary health care facilities by : working with DHMT in initiating ART services in the twelve new health centers; Renovate space at most of the facilities to support CTC and train an additional health providers/clinical staff in ART. Quality of treatment services will improve by expanding mentoring and supportive supervision down beyond the district level facilities through regional medical teams.; Participate in weekly zonal ART meetings with the Mbeya referral hospital to discuss treatment roll out, identify areas of need, determine solutions and coordinate resolution and improving patient record/data collection, working with DoD, DHMT and facility staff to analyze data to inform improvement of services. Efforts to increase the number of adult patients on ART through reinforcement of the comprehensive nature of clinical services; strengthen pre-ART follow-up within the CTC for evaluation for treatment ; strengthening TB/HIV co-management in the TB clinics and CTC strengthen referral systems for services within a facility among wards and clinics and using site coordinators to conduct daily checks on registers in outpatient clinics, in-patient wards, MCH and the TB clinic to keep track of patients referred to the CTC. Patients records will be checked by M&E officers and strengthening of referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers will continue..

Train 15 lab technicians on PMTCT lab activity such as Syphilis testing , rapid HIV test trainings and Rapid HIV quality assurance activities; Train 20 counselors which are mainly focused on counseling and testing lab Activities such as PITC, VCT. The training will be focused on Rapid HIV testing and Quality Assurance of Rapid HIV testing; Strengthen TB/HIV lab activities by training 15 lab technicians on rapid HIV testing, TB diagnosis acid-fast method; Continue to procure reagents for hematology, chemistry and CD4 and viral load for all CTC hospital lab's in Rukwa Hospitals.; Continue to roll out HIV Early infant diagnosis, to 20 health centers by training health workers on sample management, transportation. Also the labs will continue implement the external laboratory quality assurance scheme in collaboration with MRH and DOD; while MRH will continue to service bi- annually hematology, chemistry and facscount equipments in the Rukwa by using the technical skills of DOD hired Tanzanian medical engineer.

**LINKAGES:**

This activity is linked to activities under this partner in PMTCT, TB/HIV, and palliative care as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Rukwa RMO will continue to promote outreach services from the facilities to the communities. Each facility has/will have lists of NGOs, CBOs and home-based care (HBC) providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists are displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as POC for the community organizations.

**CHECK BOXES:**

The areas of emphasis will include: initial and refresher training of staff in ART and CT; significant infrastructure improvement for existing and new sites; provision of equipment, supplies and medications; strengthening linkages with TB/HIV, PMTCT and community groups.

**Activity Narrative:** M&E:

QA/QC for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the Rukwa RMO are supported by TA from the DOD SI team based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya Referral Hospital for synthesis, generation of NACP and USG reports, as well as to provide feedback to CTC teams for use in patient management. The number of CTCs supported by Rukwa RMO will be 10 and 11 by September 2008 and September 2009 respectively.

**SUSTAINABILITY**

Rukwa RMO in ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of District Health Management Teams (DHMT), the regional supportive supervisory team, and the zonal weekly ART meetings as part of already existing zonal support and routine Rukwa RMO functions.

April 2009 Reprogramming:

\$75,000 reprogrammed to (activity id 3395.23432.09) support procurement of lab reagents through SCMS

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13581

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13581	3395.08	Department of Defense	Rukwa Regional Medical Office	6554	1138.08		\$1,835,000
7794	3395.07	Department of Defense	Rukwa Regional Medical Office	4575	1138.07		\$850,000
3395	3395.06	Department of Defense	Rukwa Regional Medical Office	2839	1138.06		\$450,000

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$154,250

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1139.09

**Mechanism:** N/A

**Prime Partner:** Ruvuma Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09



---

**Activity ID:** 3399.23434.09

**Planned Funds:** \$1,450,000

**Activity System ID:** 23434

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Expansion of Adult ART Services Ruvuma Region

**NEED and COMPARATIVE ADVANTAGE:**

Over 7,000 (481 (6%) children) patients are on ART at all three district hospitals in the region with 100 staff trained in service provision. The laboratories at the Mbinga and Tunduru District Hospitals have been renovated, equipped, and technicians are trained and are running hematology and chemistry assays. Provider initiated testing and counseling (PITC) is being implemented in all the hospitals in the region and supervisory teams have now been extended to facilities below the district hospital level to introduce of ART to health centers. ART services will be expanded to a total of 12 facilities by September 2008, ensuring 50% coverage of facilities in the region.

**ACTIVITIES:**

To effectively scale-up services in Ruvuma, health facilities require significant improvement in infrastructure, development of staff capacity, strengthening of supply chains and enhanced management systems at the district hospital and health center level. Similar to the Rukwa region, this region is geographically isolated with poor road access. This, in addition to an almost one year lag in receiving government of Tanzania (GOT) ARVs to initiate programs, has influenced the slower progression of roll out of ART services in this region. To improve and increase the rate of implementation and roll out, DOD is exploring mechanisms for stationing personnel in Ruvuma to work closely with the RMO, District Medical Office (DMO), and Regional and District Health Management Teams (RHMT and DHMT), faith-based organizations (FBOs) and Community-based Organizations (CBO) to provide direct technical support and material inputs necessary to expand and increase ART enrollment in Ruvuma. Technical assistance from and collaboration with other USG treatment partners will continue to play a factor in scaling up treatment services in this region.

Under FY 2009 funding, the Ruvuma RMO and DOD will provide significant inputs to roll out HIV treatment to additional health centers by September 2009 reaching 100% of NACP identified facilities supporting ART in the region. All NACP identified facilities in this region for ART services will receive support to ensuring available of services in all four districts in the region. Within the region activities will include: Expanding services and support to hospitals and primary health care facilities by : working with DHMT in initiating ART services in the new health centers; Renovate space at most of the facilities to support CTC and train an additional health providers/clinical staff in ART. Quality of treatment services will improve by expanding mentoring and supportive supervision down beyond the district level facilities through regional medical teams.; Participate in weekly zonal ART meetings with the Mbeya referral hospital to discuss treatment roll out, identify areas of need, determine solutions and coordinate resolution and improving patient record/data collection, working with DoD, DHMT and facility staff to analyze data to inform improvement of services. Efforts to increase the number of adult patients on ART through reinforcement of the comprehensive nature of clinical services; strengthen pre-ART follow-up within the CTC for evaluation for treatment ; strengthening TB/HIV co-management in the TB clinics and CTC strengthen referral systems for services within a facility among wards and clinics and using site coordinators to conduct daily checks on registers in outpatient clinics, in-patient wards, MCH and the TB clinic to keep track of patients referred to the CTC. Patients records will be checked by M&E officers and strengthening of referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers will continue

Strategies to improve laboratory services will include : Training of 18 lab technicians on PMTCT lab activity such as Syphilis testing , rapid HIV test trainings and Rapid HIV quality assurance activities; Training 20 counselors which are mainly focused on counseling and testing lab Activities such as PITC, VCT. The training will be focused on Rapid HIV testing and Quality Assurance of Rapid HIV testing and strengthening TB/HIV lab activities by training 18 lab technicians on rapid HIV testing, TB diagnosis acid-fast method. DOD will continue to procure reagents for hematology, chemistry and CD4 and viral load for all CTC hospital lab's in Ruvuma Hospitals; Continue to roll out HIV Early infant diagnosis, to 20 health centers by training health workers on sample management, transportation. Also, the region will continue to implement the external laboratory quality assurance scheme in collaboration with MRH and DOD While MRH will continue to service bi- annually hematology, chemistry and facscount equipments in the Ruvuma by using the technical skills of DOD hired Tanzanian medical engineer.

**LINKAGES:**

This activity is linked to activities under this partner in PMTCT, TB/HIV, and palliative care, as well as those of the other regions in this zone (Mbeya and Rukwa). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Ruvuma RMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGOs, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as POC for the community organizations.

**CHECK BOXES:**

The areas of emphasis will include: initial and refresher training of staff in ART and CT; significant infrastructure improvement for existing and new sites; provision of equipment, supplies and medications; and strengthening linkages with TB/HIV, PMTCT, and community groups.

**M&E:**

Quality assurance/quality control (QA/QC) for clinical services is conducted through the zonal and regional

**Activity Narrative:** supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the Ruvuma RMO are supported by TA from the DOD SI team based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya referral hospital for synthesis, generation of NACP and USG reports, as well as to provide feedback to CTC teams for use in patient management. The number of CTCs supported by Mbeya RMO will be 24 and 44 by Sept ember 2008 and September 2010 respectively.

**SUSTAINABILITY:**

As with other DOD partners in the Southern Highlands of Tanzania, the Ruvuam RMO ensures sustainability through capacity building of health care facilities and its staff, through sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of DHMT, the regional supportive supervisory team, and the zonal weekly ART meetings as part of already existing zonal support and routine Ruvuma RMO functions.

April 2009 Reprogramming:

\$75,000 reprogrammed to (activity id 9237.23465.09) support procurement of lab reagents through SCMS

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13583

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13583	3399.08	Department of Defense	Ruvuma Regional Medical Office	6555	1139.08		\$1,830,000
7797	3399.07	Department of Defense	Ruvuma Regional Medical Office	4576	1139.07		\$850,000
3399	3399.06	Department of Defense	Ruvuma Regional Medical Office	2840	1139.06		\$450,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$161,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1143.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 9233.23436.09	<b>Planned Funds:</b> \$423,330



**Activity Narrative:** THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities

Two Regional Officers for Care and Treatment positions were created and filled at Rukwa and Ruvuma Regions. The two program officers and clinical medical Director are Tanzanian citizens. These positions are necessary to improve monitoring and coordination of HIV/AIDS care and treatment scaling-up activities at the Region and district level. It is anticipated that more than 50% of primary health care facilities will expand their services to include HIV/AIDS care and treatment during FY08 and FY09.

The Clinical Medical Director works as a member of the Mbeya Referral Hospital, fully accredited to practice medicine in Tanzania. He works with the Department of Internal Medicine at this facility to help run 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 Mbeya, Ruvuma and Rukwa regional medical offices to adapt CTC standard operating procedures to their particular needs. With the assistance of one Foreign Service national (FSN) equivalent technical advisor, hired by the DOD, and Mbeya Referral Hospital personnel, the Walter Reed Program undertakes supportive supervision throughout the Southern Highlands for all CTCs. The Region programme coordinator works with the RMO and Region AIDS coordinator to plan, coordinate, supervise, monitor and evaluate the scaling-up of HIV/AIDS care and treatment services. Also, supervise and participate in HIV/AIDS care and treatment in-service-trainings.

\*END MODIFICATION\*

TITLE: Management and Staffing for DOD

NEED and COMPARATIVE ADVANTAGE:

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 PhamAccess International and the Tanzanian Peoples Defense Forces (TPDF). In the Southern Highlands, the DOD, has been working directly with the Mbeya Referral Hospital (MRH) since June 2004 and the Regional Medical Offices (RMO) of Mbeya, Rukwa and Ruvuma since June 2005 in rolling out treatment throughout the Southern Highlands.

ACCOMPLISHMENTS:

Activities with the TPDF have expanded quickly in the past year from the one primary referral hospital, Lugalo, to all seven hospitals now supporting services and a total of 2,466 on ART. Through its direct relationship and technical support of the MRH and RMOs in Mbeya, Rukwa and Ruvuma, the Southern Highlands now has 16 facilities (2007 SAPR) supporting ART services and boasts a combined patient-load of over 10,000 on ART and 26,000 on care. By September 2008, the number of facilities will expand significantly to 47, ensuring 50% of all facilities in all three regions are executing some level of ART related services from identification, initiation, follow-up, and monthly dispensing. In support of roll out in the Southern Highlands and to ensure quality services, the DOD has worked with the MRH in developing supervisory teams, consisting of a medical officer, clinical office and nurse, which attend clinic days at lower level facilities once or twice per month. DOD is currently working on strengthening similar teams as the regional level to decentralize supervision in a tiered manner effectively ramping up expansion of coverage.

ACTIVITIES:

The Clinical Care Medical Director, directly supporting the DOD 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 one foreign service national (FSN) equivalent technical advisor, hired by the DOD, 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 US-based technical assistance (TA) in this area. Clinicians and laboratory personnel for support of treatment efforts make routine visits to Tanzania to include support of military-to-military efforts with the People's Defense Forces (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, one Tanzania medical officer.

LINKAGES:

The clinical medical director and the DOD team works in conjunction with Department of Internal Medicine at the Mbeya Referral hospital to manage the HIV Care and Treatment Center (CTC). The DOD medical team also works directly with the Regional Medical Offices in the three regions of Mbeya, Rukwa, and Ruvuma to ensure that CTC standard operating procedures are maintained down to the health center level.

CHECK BOXES:

Though funding under this submission focuses on DOD staff support, the areas of emphasis of activities will include local organization capacity building, pre-service and in service training, and QA/QC and QI to support care and treatment in the Southern Highlands of Tanzania and the TPDF.

M&E:

**Activity Narrative:** DoD will collaborate with the National AIDS Control Program (NACP)/Ministry of Health and Social Welfare (MOHSW) to implement the national M&E system for care and treatment to collect and report patient care and treatment data based on the national protocol.

**SUSTAINABILITY:**

In all activities, 99% of personnel involved at the referral hospital are direct hired by the MOHSW. These arrangements are aimed at providing sustainable human resources to the MRH initiative being the mentor of zonal requirements. MRH will continue to use hospital staff to provide supportive supervision to hospitals in the three regions of Mbeya, Ruvuma and Rukwa.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13667

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13667	9233.08	Department of Defense	US Department of Defense	6569	1143.08	M&S	\$423,330
9233	9233.07	Department of Defense	US Department of Defense	4604	1143.07		\$487,500

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 3443.23438.09	<b>Planned Funds:</b> \$8,580,000
<b>Activity System ID:</b> 23438	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: TUNAJALI HIV/AIDS Treatment Program

**NEED AND COMPARATIVE ADVANTAGE:**

The Deloitte Consulting Limited, Family Health International (FHI) and Emerging Markets Group (EMG) partnership has worked to strengthen health care systems and HIV/AIDS services in Dodoma, Iringa, Morogoro, and Singida since FY 2007 under the Tunajali (Kiswahili for "we care") Program. The 2008 Tanzania HIV/AIDS Survey (THIS) reported slightly decreased prevalence rates since 2004 in Dodoma, Morogoro, and Singida (4.2%, 3.3% and 2.6% respectively), though the increase in prevalence in Iringa Region to 14.7% is alarming. The Tunajali partnership supports 52 Care and Treatment Clinic (CTC) sites in these four regions; however, the sites have only reached approximately 50% of the People Living with HIV/AIDS (PLWHA) estimated to need care services. Testing results also indicate that the prevalence rates in urban and semi-urban areas is generally much higher than regional figures. The Deloitte/FHI/EMG partnership has gained respect among regional and district Government of Tanzania (GoT) authorities as a result of its emphasis on working through government systems; therefore, it is well placed to support the health care systems in the aforementioned regions.

**ACCOMPLISHMENTS:**

By September 2008, Tunajali supported a total of 52 CTCs, of which 13 are new CTCs within health centres (HC). The program reached a total cumulative number of clients on Anti-Retroviral Therapy (ART) of 36,225 clients, 33,758 of which are adults; an estimated 22,300 clients are current patients, who will continue to receive ART. Tunajali has trained 247 staff in basic ART management; 58 in-depth refresher; 126 in adherence counseling; and 38 in monitoring and evaluation (M&E). In addition, Tunajali expanded the recruitment of retired clinical staff officers at the regional hospitals, bringing the recruitment total to 30 officers. Continued collaboration with the Tunajali Community Home-based Care (HBC) and Orphans Vulnerable Children (OVC) program has resulted in HBC enrollment of more than 50% of all patients on treatment.

In the area of laboratory support, Tunajali equipped all CTC laboratories to assess patients routinely before initiation of ART and to monitor the response to therapy. Tunajali support to laboratories included: minor renovations; procurement of relevant equipment including CD4; automated hematology and biochemistry machines; and emergency buffer stock of reagents and other supplies to complement the often erratic supplies from the Ministry of Health and Social Welfare (MoHSW).

**ACTIVITIES:**

In FY 2009, Tunajali will continue to support ongoing treatment services in CTCs and will expand to reach additional HC. In each district, Tunajali will work closely with the Regional Health Management Teams (RHMT) and the Council Health Management Teams (CHMT) to be strategic in identifying, initiating, and monitoring services at HC in areas with higher prevalence. Tunajali will provide performance-based grants to health facilities, ensuring that CTCs in hospitals and HCs meet the minimum standards of care. Tunajali will support minor renovations to accommodate expansion of services to initiate or improve ART services; procurement of laboratory equipment; purchase of buffer stocks of lab reagents and other commodities when Medical Supplies Department (MSD) supplies are unavailable; procurement of motorcycles for supportive supervision and transport of samples to district-level laboratories; training and mentoring staff in ART provision; and facilitating Provider-initiated Testing and Counseling (PITC), adherence counseling, and M&E.

The provision of ART services requires access to a reliable supply of ART drugs. Weaknesses in the government's supply chain system lead to an erratic supply of commodities for the facilities, periodically resulting in stock-outs of reagents and drugs, including Anti-Retroviral (ARV) drugs. Therefore, an important area of Tunajali support will be in building the capacity of regional, district, and health facility staff in logistics management of drug and laboratory supplies. The project will continue to support the emergency purchase of supplies and other commodities when circumstances require it.

Tunajali will ensure reliable laboratory services. It will ensure that at least 250 counselors are trained in PITC, VCT using rapid HIV testing, and quality assurance using the national training module as recommended by WHO/CDC. It will expand MoHSW zonal quality assurance/control activities by working with zonal, regional, and facility-level quality assurance officers in the supportive supervision of all CTC in the zone. Additionally, Tunajali will support zonal external laboratory quality assurance activities by supporting the quarterly meetings and ensuring enrollment and participation of 38 labs in national and international quality assurance programs.

Tunajali will support equipment service and maintenance, and will train approximately 200 lab staff and four zonal equipment engineers on planned preventive maintenance. It will ensure the zonal equipment engineer performs quarterly supervision visits. Tunajali will ensure that quarterly reports on equipment status are submitted to the zonal director and the equipment engineer at MoHSW Diagnostic Services Department. Tunajali will work with SCMS and the USG lab team to build the forecasting and logistics capacity of approximately 200 CTC laboratory staff, ensuring uninterrupted quality laboratory services. If unavailable through GoT sources, Tunajali will procure hematology, chemistry, CD4 count, and DNA PCR for early infant diagnosis reagents. It will also procure 35 additional laboratory devices (CD4, chemistry and hematology analyzer) for hard-to-reach CTCs.

Tunajali will continue to focus on improving the quality of services through regular supportive supervision, clinical mentoring, training, and technical assistance. In collaboration with RHMT, CHMT and key CTC staff, Tunajali will expand on quality improvement (QI) measures initiated in FY 2007 to monitor key facility-based indicators. Tunajali employs a participatory approach to QI, which contributes to improved morale among local health authorities and health workers. The project will also continue to work with partners, including University Research Center (URC), PharmAccess, and the Capacity Project on the collaborative quality improvement initiative.

**Activity Narrative:** Tunajali will place particular emphasis on ensuring adequate human resources at facilities, though the lack of qualified staff continues to hinder the quality of services and poses a significant barrier to scaling up in many sites. Therefore, Tunajali will periodically train back-up teams to ensure provision of safe and effective ART. Tunajali will continue the successful pilot of using retired clinical officers to alleviate this crisis, and exploring task shifting, for example: nurse attendants will triage patients; lay counselors and HBC coordinators will assist in referral to/from HBC, adherence counseling and follow-up of missed appointments; and PLWHA will assist with clerical duties. Tunajali will also explore ways to deploy final-year students from Allied Health Schools to rotate in CTCs.

Tunajali will continue to conduct regular meetings with senior regional and district authorities, including the RHMT and CHMT, to orient and update them on achievements and challenges. Tunajali will support district-level Continuum of Care Committee meetings where stakeholders can exchange information and strengthen linkages. Tunajali will continue to build the capacity of the RHMT/CHMT in planning, coordination, and monitoring to ensure that planning for HIV treatment is integrated into ongoing health service delivery. This will include assisting local authorities to prioritize care and treatment activities and to leverage support from other donors. This strategy aims to improve the capacity of government authorities to maximize resources, while also creating ownership since many health authorities view CTC activities as a vertical program and not part of the health facilities' general services.

Tunajali will intensify its efforts to follow up patients who miss treatment appointments, given that a substantial number of clients (24%) are lost to follow-up for various reasons, which contributes to low numbers of clients registered as currently on treatment and increases the chance of developing resistance to first-line ARVs. Tunajali will work with CTCs and existing PLWHA groups and volunteers supported by the Tunajali Community Care for PLWHA and OVC project to support active follow-up home visits to patients who miss appointments. PLHWA will also be given supportive roles as counselors and role models to promote ART literacy, focusing on treatment preparedness and enhancing adherence. In addition, Tunajali will continue to promote the establishment of HIV-positive health worker groups and involve them in addressing stigma in the health care setting and adherence of clients on ART.

Despite comparable prevalence rates, males continue to be under-represented in accessing care and treatment. Therefore, Tunajali will increase focus on male participation by encouraging family-centered services, and promote testing services for males. This will include designating a family day at the CTC for infected individuals and their partners. To reduce stigma, the video developed by I-TECH about stigma in the health care workplace will be used to sensitize providers; and Tunajali, in collaboration with the Muhimbili Health Information Center (MUHIC), will start training of trainers in stigma reduction within health care settings, and then cascade this training to health staff working at health facilities.

An important feature of the Deloitte/FHI/EMG partnership is the financial management technical assistance provided to health facilities. This support is critical as grants are provided to faith-based organizations and through regional/district health authorities to the facilities. One of the main challenges has been the lack of financial staff with the required competency to manage and account for the CTCs' finances. Deloitte will continue to ensure close financial management of sub grantees by: monitoring disbursements of grants; conducting financial assessments and periodic reviews; and providing capacity building in fiscal accountability. These measures will help to build transparency and sustainability, and accelerate the possibilities for direct funding in appropriate cases.

#### LINKAGES:

To ensure comprehensive care, Tunajali will strengthen linkages between communities and health facilities, and within each health facility between the CTC and various units (pediatric wards, TB and PMTCT) through existing district-based Continuum of Care committee meetings, regular feedback sessions between facility and HBC programs, and regular health facility staff meetings. Through these mechanisms, Tunajali will ensure implementation and monitoring of two-way referrals.

Tunajali will continue to work in partnership with EngenderHealth in Iringa and the FHI/Abbott Fund project in Dodoma to strengthen linkages between PMTCT and CTC facilities. Tunajali will ensure coordination of activities between partners and integration of PMTCT with treatment activities. Close linkages with CTC activities are already being addressed through regular CTC and Maternal and Child Health staff meetings, where discussions address commodity supply issues, referrals, supportive supervision, and monitoring of activities.

Tunajali will continue to collaborate with the National AIDS Control Programme (NACP), National Tuberculosis and Leprosy Programme (NTLP), and the National Reproductive Health Programme, informing them of lessons learned and facilitating piloting of innovative approaches in collaboration with the FHI USG-supported Systems Strengthening Project. In addition, Tunajali continues to work closely with other partners implementing treatment activities to coordinate and harmonize treatment efforts. To increase case finding, Tunajali will link with USG partners charged with scaling up PITC.

Tunajali will continue to work with Strategic Radio Communication Program (STRADCOM) to develop and disseminate accurate messages about HIV treatment and services. It will continue to involve PLWHA support groups, such as NETWO+, to engage communities in outreach activities and promote awareness of treatment services. Tunajali will also collaborate with local clerics and dioceses to strengthen partnerships with faith-based networks and organizations in the community.

#### M&E:

Tunajali will continue to collaborate with NACP to implement the national M&E system for Care and Treatment, focusing on continuing efforts in transitioning from the paper-based tools to electronic versions for all CTCs. Funds will be provided to each initiating CTC to purchase a computer. Tunajali will ensure quality of data through supportive supervision by trained CHMT/RHMT members and Tunajali staff. To facilitate collection and timely submission of reports to NACP, the program will support installation of



**Activity Narrative:** internet or fax services and technical assistance. Tunajali will also continue to share regional data reports with the Regional AIDS Control Coordinators (RACC).

Tunajali will work with individual CTCs to assist with generation of simple data reports for use in planning and quality improvement. Currently, all initiating CTCs are using the national MS Access-based CTC2 database, however many do not have experienced data clerks, which has led to significant data entry backlogs. Tunajali will support sites to employ temporary data clerks, who will assist in entering patient information in a timely manner. In FY 2009, Tunajali will support: training of 250 health care workers in M&E and electronic data management; and provide technical assistance to 125 health facilities, four regional offices, and 27 CHMT.

**SUSTAINABILITY:**

Tunajali is committed to sustainability and will continue to work through local authorities to create ownership, putting the responsibility of sustainability into their hands. Training and mentoring of CTC staff, technical and management capacity building of RHMTs and CHMTs, as well as continued use of national standards and guidelines, will also ensure sustainability. Authorities will be continually informed of lessons learned and innovative approaches, facilitating the adoption and updating of national norms, standards, and guidelines. Tunajali will participate in the GoT budgeting and planning cycles at the district and regional levels to ensure integration of HIV treatment services in Comprehensive Council Health Plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13467

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13467	3443.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$11,760,554
7701	3443.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$8,500,000
3443	3443.06	U.S. Agency for International Development	Deloitte Touche Tohmatsu	2857	1197.06		\$2,845,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$300,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$400,000

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1199.09

**Mechanism:** N/A

---

**Prime Partner:** University Research Corporation, LLC

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 3511.23440.09

**Activity System ID:** 23440

**USG Agency:** U.S. Agency for International Development

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$600,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The funding for this activity has decreased from \$800,000 to \$600,000.

\*END MODIFICATION\*

TITLE: URC Quality Improvement for HIV/AIDS Care and Treatment in Tanzania

**NEED AND COMPARATIVE ADVANTAGE:**

The GOT and the USG have identified a major gap in the quality and coverage of HIV/AIDS care including provision of ART. The need to harmonize quality improvement (QI) and quality assurance (QA) approaches and monitoring of quality of HIV/AIDS services nationwide has been recognized.

Recognizing URC's experience in QI and in providing TA to HIV QI in Tanzania, Rwanda, Uganda and Russia, the USG/T and the GOT have assigned responsibility to URC to take the lead in harmonizing and applying a uniform approach to the institutionalization of QI. URC will assist the GOT and its partners in implementing QI (including the improvement collaborative approach), developing systems for monitoring quality of services, and linking services to lower levels of the health system and to the communities.

**ACCOMPLISHMENTS:**

In the last two years, URC/QAP pediatric AIDS collaborative trained 362 health workers in case management, QI and collaborative methods. Specifically, URC/QAP:

- 1) Established, trained and mentored QI teams in 17 referral facilities
- 2) Provided technical guidelines, job aids, and self assessment tools
- 3) Assisted reorganization of patient flow and provision of emergency pediatric care.
- 4) Improved monitoring of emergency drugs, supplies and equipment

Key results:

- 1) In FY 2006, 3,086 hospitalized children were screened for HIV, 2094 were tested, 50% were found positive, and 90% of these were referred to CTC
- 2) In FY 2007, 1000 children have been screened
- 3) Compliance to HIV care guideline improved from 30% at baseline to 90% in 2007

**ACTIVITIES:**

I. Build QI capacity of the Ministry of Health and Social Welfare (MOHSW) system and partners in HIV/AIDS care and ART using the collaborative approach.

URC, MOHSW and partners will build an ART quality improvement system that is linked to PMTCT using the QI collaborative approach. They will build on current experience and be guided by the revised ART guidelines, and QI framework developed by the inspectorate unit of MOHSW. The quality of the ART framework and simplified tools to rapidly assess quality and coverage at the national level will be adopted by partners.

The collaborative will train trainers who will in turn train QI teams in self-assessment, use of data, and plando-study-act (PDSA) cycles to test improvement changes in ART, PMTCT and infant feeding. Based on the approaches designed in FY 2007-2008 URC will work with MOHSW, the National AIDS Control Program (NACP) and partners to expand capacities for continuous QI in ART services, monitor progress, and document and share experiences in learning sessions. The mechanism to guide the QI process for HIV care and ART will be built within the national ART sub-committee. URC will help train and support regional and district QI teams in coaching and mentoring to roll out continuous quality improvement (CQI) at the service level.

II. Facilitate adoption of Quality Improvement (QI) methods and service tools by the MOHSW and partners to improve quality of ART services.

Various mechanisms will be used to review best practices, identify, and address key systems barriers to quality ART services for both adult and child PLWHA. URC will help build partner consensus for the collaborative model through advocacy to spread throughout the health system.

III. Work with MOHSW and USG ART partners to roll-out QI monitoring in sites integrating ART and RH services including PMTCT and infant feeding practices to prevent HIV transmission.

Through the cascade of training described above institutionalize the training of QI among ART and PMTCT partners and initiate the roll-out training in QI of ART at the regional, district, and lower level facilities in the regions supported by The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Columbia, Harvard, Family Health International (FHI) and AIDS relief and other partners. Best practices emerging from the ongoing roll out of the ART program will be documented and shared.

IV. Spread the experiences from the networking and the continuum of care pilot undertaken in COP 2007 (FY 2007-2008) to regions designated by the MOHSW and the Mission.

By COP 2008 implementation, the pilot will have been completed and results documented giving organization, quality of services interventions, management procedures, and communication channels for continuum of care. URC and partners will expand the pilot's best practices and models to other parts of the country by spreading implementation of the model, and building capacity of CBOs and primary-level providers to implement best practices developed by the pilot. In addition, URC and partners will train staff in QI monitoring, documentation, reporting, using simple tools, and building ways to sustain the model of care and linkages between facilities and communities such as using network support agents and use of simple tools to monitor in the spread districts.

V. Facilitate development and implementation of a framework for monitoring quality of ART services at the service site within and outside the collaborative.

With MOHSW and partners develop key quality improvement objectives and processes, facilitate use of well defined indicators and tools to monitor processes and compliance with standards of care, methods of

**Activity Narrative:** recording the data, analysis, sharing, and use. URC will facilitate training of trainers (TOTs) who will in turn train QI teams in self-assessment, use of the data, and use of PDSA cycles to test improvement changes.

Vi. Based on COP 2007 (FY 2007-2008) experiences, URC will strengthen linkages between PMTCT and overall HIV/AIDS care and treatment services to increase numbers of exposed infants who benefit from services (e.g. nevirapine, testing, and cotrimoxazole prophylaxis). Activities will include identifying members of the PMTCT service to be included in the HIV QI team at each facility; developing procedures for networking and referral between PMTCT, well child clinics and ART service areas at facility levels and with CB's at the community level; identification of exposed infants born at home for referral within 72 hours for nevirapine and essential newborn care and establishing indicators for PMTCT quality performance as part of the overall HIV/AIDS prevention, care and treatment program.

**LINKAGES:**

- 1) URC/QAP will hold a consultative meeting with key partners to explain the task assigned to URC by the mission.
- 2) URC/QAP shall work closely with the MoHSW, NACP and USG partners to identify and prioritize objectives, indicators of performance and monitoring frameworks.
- 3) URC/QAP shall work closely with the MoHSW, NACP and USG partners to build a national level capacity to implement continuous quality improvement in HIV/AIDS care and ART (including using collaborative approach).
- 4) URC/QAP will assist in the dissemination of networking best practices learned in the pilot area
- 5) URC will work with partners to strengthen inter-facility and intra-facility network.
- 6) URC process will strengthen peer mentoring and peer-coaching.

**M&E**

URC will work with the national core team, the MOHSW and all USG partner in setting up, adopting and rolling out the Quality Improvement (QI) system. The system will have a QI framework, tools with appropriate indicators and will be linked to the ongoing quality improvement initiative in reproductive health, ART monitoring and evaluation tools and commodity logistics management (LMIS) tools. It will support regional and district teams to collect and report quality related ART information on the agreed national protocol, and provide feedback on tool performance. URC will work with these key institutions to document the process and strengthen the implementation of ART quality framework by providing regular supervision.

**SUSTAINABILITY:**

- 1) By involving the RHMTs & CHMTs, quality improvement activities will be included in the council comprehensive health plans (continuing education, peer coaching, continuous sharing of results, continuous monitoring of quality improvement activities, data collection, and management)
  - 2) Collaborating with partners at the national, regional, and district levels will improve networking.
  - 3) Using collaborative methodologies empowers the hospital QI teams to use PDSA cycles to improve care.
  - 4) Promoting the use of peer coaches and mentors among the QI Teams.
- The implementation of the program will involve all of the partners with guidance of the MoHSW/Quality Improvement Unit using the Tanzania QI framework. The core QI team, which involves members from all the parties, will institutionalize the best practices.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13603

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13603	3511.08	U.S. Agency for International Development	University Research Corporation, LLC	6565	1199.08		\$800,000
7828	3511.07	U.S. Agency for International Development	University Research Corporation, LLC	4600	1199.07		\$600,000
3511	3511.06	U.S. Agency for International Development	University Research Corporation, LLC	2900	1199.06		\$500,000

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1221.09  
**Prime Partner:** Columbia University  
**Funding Source:** GHCS (State)  
**Budget Code:** HTXS

**Mechanism:** N/A  
**USG Agency:** HHS/Centers for Disease Control & Prevention  
**Program Area:** Treatment: Adult Treatment  
**Program Budget Code:** 09

---

**Activity ID:** 3461.23441.09

**Planned Funds:** \$5,125,000

**Activity System ID:** 23441

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP.

Title: Expanding HIV Care and Treatment Services in Kagera, Kigoma, Pwani, Zanzibar

Need and comparative advantage: Columbia University (CU) has supported high quality comprehensive HIV Care and Treatment services for adults and children in Tanzania since 2004. It is well positioned to further expand these services in FY 2009. CU supports ART services in areas (HIV prevalence of 0.9%-7.2%) where there is currently an estimated 51,503 patients in need of ART. In response to the Ministry of Health and Social Welfare's (MOHSW) need to decentralize services, CU is supporting the establishment of ART services at lower-level facilities. This involves infrastructure rehabilitation, training of health care workers (HCWs) and establishing systems that are necessary to support ART programs.

Results: During FY 2008, CU supported ARV service in 44 health facilities (HFs) (31 hospitals, 13 health centers (HCs)) increasing from 27 in September 2007. By June 2008, CU enrolled 10,281 new clients in HIV care, and initiated 4,601 on ART (64% females and 36% males). Among the new enrollments, 88% were screened for active TB, 8% were identified as TB suspects, 37% were diagnosed with tuberculosis and initiated on treatment. 489 (68%) of the TB/HIV patients started co-trimoxazole preventive therapy (CPT). Since the onset of the program, 115 pregnant women started ART and over 300 children under the age of 15 received ART. Through early infant diagnosis (EID) activities, 1,101 HIV-exposed infants were identified. Of those, 975 received an HIV test, 123 tested HIV-positive, and 50 received HIV care and treatment (CT). The International Center for AIDS Care and Treatment Programs (ICAP), working with district and regional health management structures, initiated sub grant programs in all 18 of their mainland and Zanzibar districts.

**Activities**

Ensure high quality ART service coverage. Decentralize ART service to peripheral HFs, focusing on primary care facilities; improve infrastructure at peripheral HFs for ART provision; continue expanding continuing medical education (CME) program for HCWs, focused on improving treatment outcomes, monitoring side effects and treatment failure; implement the Family Testing Model for all clients receiving ART; ensure linkages between different services (care and treatment, PMTCT, TB etc) are established, and strengthen both the facility and the community; implement partner-initiated counseling and testing (PITC) linked to ART at district and regional hospitals, focusing on in-patient wards; strengthen the capacity of sites, districts and regions in the collection, analysis and interpretation of data, and empower them in data ownership; conduct regular data feedback sessions with implementers, regional authorities and MOHSW; hire additional staff at high volume ART sites.

**Ensure sustainability of ART service**

Capacity building. Empower Regional and Council Health Management Teams (RHMTs and CHMTs) in planning, implementation and supportive supervision. Ensure that ART-related activities are included in the Comprehensive Council Health Plans. Train and clinical mentor HCWs on ART provision. Facilitate the ART service provision task-shifting process. PLWHA groups will conduct ART adherence support activities. Develop a training program for pharmacists on forecasting and ordering of ARVs.

Partnerships. Expand ART service to private organizations and faith-based HFs. Engage local authorities and private partners (PPs) on collaborative provision of ART service. Identify urban and Para-urban sites with a shortage of priority health care packages (PHCPs) where private groups can initiate ART services. Train PPs on ART management. Collaborate with private for-profit businesses to provide ART for employees at the work place.

System strengthening. Ensure uninterrupted ARV/opportunistic infection (OI) drug management through regular Report & Recording at pharmacy level and strengthening the capacity of RHMTs and CHMTs in forecasting and gap filling.

Strengthen laboratory network. Upgrade laboratories for ART provision at lower level health centers.

Ensure access to CD4 testing at baseline and every 6 months for all clients on-site or through linkages. Train staff on laboratory management and practices and OI diagnosis. Provide a minimum package of laboratory equipments and reagents to the regional, district, and HC laboratories. Strengthen the sample transportation system. Support laboratories' supplies chain management. Establish a laboratory data management system. CU will support MOHSW quality assurance/quality control activities by supporting regional and facility Quality Assurance Officers in supportive supervision of all regional and district CTCs in their four regions. Support equipment services and maintenance by training 100 lab staff and two Zonal Engineers on planned preventive maintenance.

Linkages: CU will strengthen partnerships with; PLWHA organizations/NGOs on improving the quality of ART services; Population Services International (PSI) and Mennonite Economic Development Associates (MEDA) on strengthening commodity provision; STRADCOM on information education and communication (IEC)/behavior change communications (BCC) and ART radio programs; Interchick, Kagera Sugar, Uvinza Salt, KabangaNickel Mines, Nyanza Cooperative Cotton growers on ART program for workers and surrounding communities; WFP and faith-based organizations on enhancing nutritional support.

M&E: CU will collaborate with the National AIDS Control Program (NACP)/MOHSW to implement the national M&E system in four regions. Data will be collected and reported using paper-based and electronic National CTC tools to generate national and OGAC reports. CU will promote site feedback and data use by: continuing the monthly feedback of achievements in enrolment of patients with HIV, training staff to generate quarterly, semi-annual/annual reports; and planning future interventions. A data quality assurance protocol for paper-based and electronic data will be implemented at all sites with one quality assurance supervision visit per quarter. The NACP Access database will be scaled up. CU will train HCW in M&E systems and provide technical assistance to all CTCs across 21 districts, three regional offices and Zanzibar. CU will undertake critical reviews of the data, and support sites/districts/regions to share their data at stakeholder meetings, workshops and conferences.

Sustainability: This year's focus will be local governments, private sector engagement and work with PLWHA organizations/NGOs for ART service sustainability and treatment adherence.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13459	3461.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$7,130,000
7698	3461.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$4,733,257
3461	3461.06	HHS/Centers for Disease Control & Prevention	Columbia University	2865	1221.06	UTAP	\$2,130,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$861,250

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1228.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 9232.23443.09	<b>Planned Funds:</b> \$139,500
<b>Activity System ID:</b> 23443	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funds will support full time new FSN Clinician.

\*END MODIFICATION\*

TITLE: USAID Management & Staffing for ARV services

These funds will support one new half-time position for a staff member who will assist in coordinating activities and providing technical direction within the treatment program area. The role is needed based upon 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 supports 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, the new staff member will work directly with implementing partners, both governmental and non-governmental, providing technical assistance to the National AIDS Control Program (NACP) and USG ART partners, and having fiduciary responsibility at USAID as Cognizant Technical Officer. Field visits and attendance at regional authority meetings will be necessary.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13614

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13614	9232.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$50,000
9232	9232.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$15,000

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1470.09

**Mechanism:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 9399.23444.09

**Planned Funds:** \$200,414

**Activity System ID:** 23444



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE:ARV Services, Management and Staffing, Base funding  
 NEED and COMPARATIVE ADVANTAGE:

Management and staffing funds are split between Base and GHAI to ensure continuity of activities and no interruption in staff funding. This activity relates to activity # 5506.08  
 FY 2008 funds will support a total of five full-time staff. Three technical staff 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 three full-time specialists given the scope and magnitude of the treatment rollout

in Tanzania, and the evolving responsibility of the USG in the coordination of the various ARV treatment partners.

In addition, one administrative specialist will assist the team with all logistical and communication work. With the enormous growth of the program during the last fiscal year, this position has become a critical addition to the team.

Finally, a public health advisor will be integral part of the team by providing data analysis for program planning and evaluation.

In FY 2008, USG/Tanzania ART-implementing partners will assist the GOT in scaling up ARV services to additional sites throughout the country, especially to lower level health care facilities. USG partners will continue providing some level of support, and will be integrated within the regional and district annual health budget and plans.

In support of this, the technical full-time staff members will work directly with implementing partners, both governmental and non-governmental partners, 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 a necessary. One staff member, in addition to the focus on ARV Services, will help oversee the ongoing integration of non-ARV services such as PMTCT, TB/HIV and Care. One specialist will mainly focus on the multi-dimensional strategic approach to pediatric HIV/AIDS.

**ACTIVITIES:**

1. Assist in coordinating activities within this program area as well as serve as technical leads for aspects of the work.
2. One administrative specialist will assist the team with all logistical and communication work.
3. A public health advisor will be integral part of the team by providing data analysis for program planning and evaluation.
4. Work directly with implementing partners, both governmental and non-governmental partners, specifically providing technical assistance to the National AIDS Control Program (NACP) and USG ART partners and conducting field visits
5. Oversee the ongoing integration of non-ARV services such as PMTCT, TB/HIV and Care. One specialist will mainly focus on the multi-dimensional strategic approach to pediatric HIV/AIDS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13631

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13631	9399.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$150,829
9399	9399.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$329,092

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1511.09 **Mechanism:** Track 1.0  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State) **Program Area:** Treatment: Adult Treatment  
**Budget Code:** HTXS **Program Budget Code:** 09  
**Activity ID:** 3473.23446.09 **Planned Funds:** \$5,006,215



**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP.

TITLE: Supporting ART services in six regions in Tanzania

**NEED and COMPARATIVE ADVANTAGE:**

There are approximately two million people living with HIV in Tanzania. The HIV prevalence is higher in urban areas (10.9%) than in rural areas (5.3%) and it varies per region. In the Elizabeth Glazer Pediatric AIDS Foundation's (EGPAF) current four regions, it is estimated that 100,823 people in Kilimanjaro, 68,527 in Arusha, 123,689 in Tabora and 182,363 in Shinyanga are HIV infected and will need care and ART services at some point. Only approximately 21% of the PLWHA who are in need of ART in these regions were actually receiving this by the end of June, 2008. This percentage is expected to be even lower in Mtwara and Lindi regions, where EGPAF will extend support in FY 2009. With a strong commitment and support from the government and local authorities, EGPAF will play an important role to ensure optimum accessibility to ART services.

**ACCOMPLISHMENTS:**

As of June 08, 24,897 patients have been initiated on ART in 78 health facilities, including 2,284 (9.1%) children. The average increase of median CD4 was 39 after six months and 182 after one year. 555 health workers have been trained to provide comprehensive ART care, including mentorship. In the past six months, 40 new primary health facilities (PHC's) have started providing ART services. By the end of September 2008, 60 more PHC's and two hospitals will be providing ART services in the four regions, for a total of 140 facilities.

**ACTIVITIES:**

Strengthen ART services in the current EGPAF-supported health facilities, including primary health facilities. Support planning, training, mentorship and supervision by district teams. Ensure HIV is included in Comprehensive Council Health Plans. Improve referral systems between facilities, and facilitate transport for mentorship, supervision and specimen testing. Conduct minor renovations and supply of equipment to ensure uninterrupted services. Train back-up teams in hospitals and health centers on basic ART care. Support activities for continuous quality improvement. Train mentors from the district and other higher level facilities on ART care. Strengthen data collection, on-site utilization and reporting. In close collaboration with the Clinton Foundation, expand support for ART services to underserved areas in Lindi and Mtwara regions in response to a request by the Ministry of Health and Social Welfare (MOHSW).

**Laboratory Activity:**

Expand MOHSW zonal quality assurance (QA)\quality control (QC) activities. Work with regional and facility-level Quality Assurance Officers to support zonal Quality Assurance Officers in conducting supportive supervision of all regional and district CTCs in the zone. Support implementation of the zonal external laboratory quality assurance activities by supporting the quarterly meetings, and ensuring enrollment and participation of six regional labs in the national and international external quality assurance (EQA) programs. Support equipment services and maintenance by training 188 lab staff. Support zonal equipment engineers to perform quarterly supervision, and produce quarterly updates on equipment status. They will report to the Regional Medical Officers, EGPAF and equipment engineers at MOHSW diagnostic unit. Work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 188 CTC laboratories' staff to plan in laboratory supplies and reagents forecasting and logistics to ensure uninterrupted quality laboratory services. Procure reagents for hematology, chemistry and CD4 count. Provide support for additional laboratory equipment (CD4, chemistry and hematology analyzer) for care and treatment centers, when the needs are unmet by normal government supplies.

**LINKAGES**

EGPAF will: 1) collaborate with Council Multi Sectoral AIDS Committees (CMACs) to coordinate linkage activities in EGPAF-supported regions; 2) assist Ward Multisectoral AIDS Committees (WMACs) in community sensitization on TB, HIV, pregnant women and HIV, and male testing; 3) collaborate with HBC providers, traditional birth attendants (TBAs), traditional healers, volunteers and PLWHA groups to strengthen follow up of patients on ART.

**CHECK BOXES**

Activities related to renovation will be conducted in an effort to improve the capacity of health centers to provide care and treatment services. Human capacity development activities revolve around in-service training of health care workers. HIV testing and enrollment into treatment will focus on the general population

**M&E:**

EGPAF will collaborate with the National AIDS Control Program (NACP)/MOHSW to implement the national M&E system for care and treatment in Arusha, Kilimanjaro, Shinyanga, Tabora, Mtwara and Lindi regions. Data will be collected using paper-based systems, and where possible, entered into the National CTC2 database. District teams will be supported to perform M&E supportive supervisions to their respective sites. EGPAF will provide the required national and PEPFAR reports. In order to promote a data use culture, EGPAF shall provide regular feedback to supported sites and promote data utilization at sites through the Quality Improvement program for better patient management. Data Quality Assurance: District teams will be supported to perform M&E supportive supervision to their respective sites. Scale-up of electronic database: Currently, 15 facilities have the CTC2 database. This number will increase to 38 by September 2008. At the EGPAF Semi-annual partners meetings, partners will share best practices, motivation and top performing sites will be recognized. Operational practices will be standardized across all sites.

**SUSTAINABILITY:**

EGPAF Tanzania works closely with the Government of Tanzania (GOT) in the implementation of activities

**Activity Narrative:** to ensure that the plans are aligned with the national strategy. Local capacity building is ensured by improving physical infrastructure, training and mentoring of local Tanzanian health workers and using local Tanzanian technical officers in project implementation. Systems are developed that rely heavily on local inputs and personnel. External technical assistance (TA) will gradually decrease over time. In the next year, trainings from Baylor and The University of California San Francisco (UCSF) will concentrate on refresher trainings, training of trainers, and mentorships. District teams will be empowered to do supportive supervisions and provide TA to lower-level facilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13469

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13469	3473.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6511	1511.08	Track 1.0	\$5,006,215
7705	3473.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4533	1511.07	Central Budget	\$5,006,215
3473	3473.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2875	1511.06		\$5,006,215

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$750,559

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 1512.09

**Mechanism:** Track 1.0

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 3474.23447.09

**Planned Funds:** \$4,400,000

**Activity System ID:** 23447

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP.

Title: Expanding HIV Care and Treatment Services in Kagera, Kigoma, Pwani, Zanzibar

Need and comparative advantage: Columbia University (CU) has supported high quality comprehensive HIV Care and Treatment services for adults and children in Tanzania since 2004. It is well positioned to further expand these services in FY 2009. CU supports ART services in areas (HIV prevalence of 0.9%-7.2%) where there is currently an estimated 51,503 patients in need of ART. In response to the Ministry of Health and Social Welfare's (MOHSW) need to decentralize services, CU is supporting the establishment of ART services at lower-level facilities. This involves infrastructure rehabilitation, training of health care workers (HCWs) and establishing systems that are necessary to support ART programs.

Results: During FY 2008, CU supported ARV service in 44 health facilities (HFs) (31 hospitals, 13 health centers (HCs)) increasing from 27 in September 2007. By June 2008, CU enrolled 10,281 new clients in HIV care, and initiated 4,601 on ART (64% females and 36% males). Among the new enrollments, 88% were screened for active TB, 8% were identified as TB suspects, 37% were diagnosed with tuberculosis and initiated on treatment. 489 (68%) of the TB/HIV patients started co-trimoxazole preventive therapy (CPT). Since the onset of the program, 115 pregnant women started ART and over 300 children under the age of 15 received ART. Through early infant diagnosis (EID) activities, 1,101 HIV-exposed infants were identified. Of those, 975 received an HIV test, 123 tested HIV-positive, and 50 received HIV care and treatment (CT). The International Center for AIDS Care and Treatment Programs (ICAP), working with district and regional health management structures, initiated sub grant programs in all 18 of their mainland and Zanzibar districts.

**Activities**

Ensure high quality ART service coverage. Decentralize ART service to peripheral HFs, focusing on primary care facilities; improve infrastructure at peripheral HFs for ART provision; continue expanding continuing medical education (CME) program for HCWs, focused on improving treatment outcomes, monitoring side effects and treatment failure; implement the Family Testing Model for all clients receiving ART; ensure linkages between different services (care and treatment, PMTCT, TB etc) are established, and strengthen both the facility and the community; implement partner-initiated counseling and testing (PITC) linked to ART at district and regional hospitals, focusing on in-patient wards; strengthen the capacity of sites, districts and regions in the collection, analysis and interpretation of data, and empower them in data ownership; conduct regular data feedback sessions with implementers, regional authorities and MOHSW; hire additional staff at high volume ART sites.

**Ensure sustainability of ART service**

Capacity building. Empower Regional and Council Health Management Teams (RHMTs and CHMTs) in planning, implementation and supportive supervision. Ensure that ART-related activities are included in the Comprehensive Council Health Plans. Train and clinical mentor HCWs on ART provision. Facilitate the ART service provision task-shifting process. PLWHA groups will conduct ART adherence support activities. Develop a training program for pharmacists on forecasting and ordering of ARVs.

Partnerships. Expand ART service to private organizations and faith-based HFs. Engage local authorities and private partners (PPs) on collaborative provision of ART service. Identify urban and Para-urban sites with a shortage of priority health care packages (PHCPs) where private groups can initiate ART services. Train PPs on ART management. Collaborate with private for-profit businesses to provide ART for employees at the work place.

System strengthening. Ensure uninterrupted ARV/opportunistic infection (OI) drug management through regular Record & Reporting at pharmacy level and strengthening the capacity of RHMTs and CHMTs in forecasting and gap filling.

Strengthen laboratory network. Upgrade laboratories for ART provision at lower level health centers.

Ensure access to CD4 testing at baseline and every 6 months for all clients on-site or through linkages. Train staff on laboratory management and practices and OI diagnosis. Provide a minimum package of laboratory equipments and reagents to the regional, district, and HC laboratories. Strengthen the sample transportation system. Support laboratories' supplies chain management. Establish a laboratory data management system. CU will support MOHSW quality assurance/quality control activities by supporting regional and facility Quality Assurance Officers in supportive supervision of all regional and district CTCs in their four regions. Support equipment services and maintenance by training 100 lab staff and two Zonal Engineers on planned preventive maintenance.

Linkages: CU will strengthen partnerships with; PLWHA organizations/NGOs on improving the quality of ART services; Population Services International (PSI) and Mennonite Economic Development Associates (MEDA) on strengthening commodity provision; STRADCOM on information education and communication (IEC)/behavior change communications (BCC) and ART radio programs; Interchick, Kagera Sugar, Uvinza Salt, KabangaNickel Mines, Nyanza Cooperative Cotton growers on ART program for workers and surrounding communities; WFP and faith-based organizations on enhancing nutritional support.

M&E: CU will collaborate with the National AIDS Control Program (NACP)/MOHSW to implement the national M&E system in four regions. Data will be collected and reported using paper-based and electronic National CTC tools to generate national and OGAC reports. CU will promote site feedback and data use by: continuing the monthly feedback of achievements in enrolment of patients with HIV, training staff to generate quarterly, semi-annual/annual reports; and planning future interventions. A data quality assurance protocol for paper-based and electronic data will be implemented at all sites with one quality assurance supervision visit per quarter. The NACP Access database will be scaled up. CU will train HCW in M&E systems and provide technical assistance to all CTCs across 21 districts, three regional offices and Zanzibar. CU will undertake critical reviews of the data, and support sites/districts/regions to share their data at stakeholder meetings, workshops and conferences.

Sustainability: This year's focus will be local governments, private sector engagement and work with PLWHA organizations/NGOs for ART service sustainability and treatment adherence.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13456	3474.08	HHS/Centers for Disease Control & Prevention	Columbia University	6508	1512.08	Track 1.0	\$4,400,000
7697	3474.07	HHS/Centers for Disease Control & Prevention	Columbia University	4529	1512.07	Central Budget	\$4,400,000
3474	3474.06	HHS/Centers for Disease Control & Prevention	Columbia University	2876	1512.06		\$4,400,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$796,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1513.09	<b>Mechanism:</b> Track 1.0
<b>Prime Partner:</b> Harvard University School of Public Health	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 3475.23448.09	<b>Planned Funds:</b> \$5,428,858
<b>Activity System ID:</b> 23448	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

TITLE: HIV Anti-retroviral Therapy for Adults in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Of the 3 million person population of Dar es Salaam region, 267,000 (8.9%) are estimated to be living with HIV/AIDS (PLWHA). Of these, it is estimated that 53,400 (20%) will need ART.

The Muhimbili University of Health and Allied Sciences (MUHAS) is part of the MUHAS, Harvard School of Public Health (HPH) and Dar es Salaam City Council collaboration, the so-called MDH. MDH has involved in training and research for more than 15 years.. This collaboration has improved the health system through increasing space, improving laboratory facilities, training bases, patient monitoring and tracking loss to follow up. There is strong commitment from the local authorities to advance HIV care and treatment services.

ACCOMPLISHMENTS: By September 2008: 1) 36 sites provide comprehensive HIV care services, including ART. 20 of these sites are public and 16 are private facilities (to boost public-private partnership). 2) A total of 25,435 and 17,200 adult HIV patients will have been initiated and actively on ART, respectively. Previously, among the MDH-supported sites, it was possible increase the median CD4 count from 143/mm<sup>3</sup> to 277/mm<sup>3</sup>, and from 131/mm<sup>3</sup> to 317/mm<sup>3</sup> among the six and 12 months cohorts of patients on ART, respectively.

ACTIVITIES:

Expansion of ART services to public and private health facilities.

ART services will be expanded to public dispensaries in each of the three districts. These dispensaries will be identified together with the district and regional medical offices; discussion is underway.

Staffing support –MDH will support the human resource requirements for delivery of ART in the city through: recruitment and hiring of necessary staff within the government system with acceptable compensation, creation of a conducive work environment and training and career planning to ensure job satisfaction and retention.

Laboratory services – Expand the Ministry of Health and Social Welfare's (MOHSW) zonal quality assurance/quality control activities. MDH will work with regional and facility level Quality Assurance Officers to support zonal Quality Assurance Officers in conducting supportive supervision at all regional and district CTCs in the zone.

Support implementation of the zonal external laboratories' quality assurance activities by: 1) supporting the quarterly meetings and 2) ensuring enrollment and participation of 22 regional labs in the national and international external quality assurance (EQA) programs. Support equipment services and maintenance by training 66 lab staff and 12 zonal equipment engineers on planned preventive maintenance. Support zonal equipment engineers to perform quarterly supervisions, produce quarterly updates on equipment status and report to the zonal director, ART partner and equipment engineer at MOHSW diagnostic. Work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 50 CTC laboratories' staff in laboratory supplies and reagent forecasting logistics to ensure uninterrupted quality laboratory services. Procure reagents for hematology, chemistry, CD4 count and DNA polymerase chain reaction (PCR) for early infant diagnosis (EID).

Procure 30 additional CD4 machines and chemistry and hematology analyzers for hard-to-reach care and treatment centers.

ARV provision support – MDH will continue supporting the district medical offices and all the supported sites in forecasting, acquisition, transport, distribution, storage and stocking of ARVs from the Medical Stores Department.

Quality management program (QMP) – MDH has developed a comprehensive quality of care assessment and improvement program. The program has indicators for all aspects of HIV prevention, treatment, care and support, including PMTCT and TB/HIV. On a regular basis, data is collected, and used to monitor and improve the quality of patient care. QMP will cover all the existing, as well as new, sites. All the national M&E indicators are included in our QMP.

Tracking patients on ART lost to follow up: MDH has a patient tracking system to trace those who missed their scheduled visit, those lost to follow up and those with abnormal laboratory results. Currently, the team has 37 nurses; an additional 34 will be recruited. We will also involve PLWHA and volunteers with the care and treatment tracking system. MDH will continue strengthening linkages with other organizations to ensure continuity of treatment and care to their homes.

Training: In order to continuously build the capacity of all the MDH health care providers, and the district health management team, a cascade of year round training sessions (introduction and refresher courses) on the full spectrum of HIV treatment will be conducted using the national curricula. MDH will provide on site training and follow up, monthly supportive supervision and preceptorship together with Council Health Management Teams (CHMT) teams. System strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

LINKAGES: Within all supported health facilities, mechanisms are in place to: 1) identify pregnant women to be tested for HIV, 2) assess their eligibility for either prophylaxis (PMTCT) or HARRT, and 3) refer or escort them to CTC services. Special days for pregnant women's ART management are now in place, and will be strengthened. MDH is putting all systems in place to be able to screen, diagnose and initiate anti-TB treatment for HIV patients as per the current national guidance and algorithms. MDH is also working with partners such as PATH to counsel and test TB patients for HIV; initiating ART for all those who are eligible. MDH will continue referring to, and working with, other organizations providing services at the community and home level to ensure continuity of care.

**Activity Narrative:** CHECK BOXES: Emphasis will be given on the vulnerable groups including adolescents and youth. Friendly services will be established to attract more youth to the clinics by addressing their needs. MDH will 1) train of service providers in adolescent and youth-focused care, 2) set separate operating hours for them and 3 ) provide a package of services under one roof.

**MONITORING AND EVALUATION:** MDH will continue collaborating with the National AIDS Control Program (NACP) to implement the national M&E system for care & treatment. Patient records at all sites will be managed electronically using the CTC2 database to generate NACP and USG reports, as well as local site-level data for use in program planning, monitoring and improvement purposes. MDH will provide ongoing and regular support, through training and supportive supervision, to all ART-providing sites in order to build their capacity for optimal data use. MDH will support training for health care workers (HCWs) and data personnel in SI and provide technical assistance to all CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes, and document the lessons learned which will be shared through various forums, including conferences and publications.

**SUSTAINAIBILITY:** MDH is working with regional and district authorities in the day to day activities of the existing system's program. Planning, implementation and monitoring of the activities are done jointly with the district staff. All MDH activities will be in line with the Comprehensive Council Health Plans. MDH will continue with district capacity building in infrastructure and human resources. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13486

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13486	3475.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6519	1513.08	Track 1.0	\$5,428,858
7719	3475.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4539	1513.07	Central Budget	\$5,428,858
3475	3475.06	HHS/Centers for Disease Control & Prevention	Harvard University School of Public Health	2877	1513.06	Track 1	\$0

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$788,597

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1513.09

**Mechanism:** Track 1.0



---

**Prime Partner:** Harvard University School of  
Public Health

**Funding Source:** Central GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 10179.23449.09

**Activity System ID:** 23449

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$1,357,214

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

TITLE: HIV Anti-retroviral Therapy for Adults in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Of the 3 million person population of Dar es Salaam region, 267,000 (8.9%) are estimated to be living with HIV/AIDS (PLWHA). Of these, it is estimated that 53,400 (20%) will need ART.

The Muhimbili University of Health and Allied Sciences (MUHAS) is part of the MUHAS, Harvard School of Public Health (HPH) and Dar es Salaam City Council collaboration, the so-called MDH. MDH has involved in training and research for more than 15 years.. This collaboration has improved the health system through increasing space, improving laboratory facilities, training bases, patient monitoring and tracking loss to follow up. There is strong commitment from the local authorities to advance HIV care and treatment services.

ACCOMPLISHMENTS: By September 2008: 1) 36 sites provide comprehensive HIV care services, including ART. 20 of these sites are public and 16 are private facilities (to boost public-private partnership). 2) A total of 25,435 and 17,200 adult HIV patients will have been initiated and actively on ART, respectively. Previously, among the MDH-supported sites, it was possible increase the median CD4 count from 143/mm<sup>3</sup> to 277/mm<sup>3</sup>, and from 131/mm<sup>3</sup> to 317/mm<sup>3</sup> among the six and 12 months cohorts of patients on ART, respectively.

ACTIVITIES:

Expansion of ART services to public and private health facilities. ART services will be expanded to public dispensaries in each of the three districts. These dispensaries will be identified together with the district and regional medical offices; discussion is underway.

Staffing support –MDH will support the human resource requirements for delivery of ART in the city through: recruitment and hiring of necessary staff within the government system with acceptable compensation, creation of a conducive work environment and training and career planning to ensure job satisfaction and retention.

Laboratory services – Expand the Ministry of Health and Social Welfare's (MOHSW) zonal quality assurance/quality control activities. MDH will work with regional and facility level Quality Assurance Officers to support zonal Quality Assurance Officers in conducting supportive supervision at all regional and district CTCs in the zone.

Support implementation of the zonal external laboratories' quality assurance activities by: 1) supporting the quarterly meetings and 2) ensuring enrollment and participation of 22 regional labs in the national and international external quality assurance (EQA) programs. Support equipment services and maintenance by training 66 lab staff and 12 zonal equipment engineers on planned preventive maintenance. Support zonal equipment engineers to perform quarterly supervisions, produce quarterly updates on equipment status and report to the zonal director, ART partner and equipment engineer at MOHSW diagnostic. Work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 50 CTC laboratories' staff in laboratory supplies and reagent forecasting logistics to ensure uninterrupted quality laboratory services. Procure reagents for hematology, chemistry, CD4 count and DNA polymerase chain reaction (PCR) for early infant diagnosis (EID).

Procure 30 additional CD4 machines and chemistry and hematology analyzers for hard-to-reach care and treatment centers.

ARV provision support – MDH will continue supporting the district medical offices and all the supported sites in forecasting, acquisition, transport, distribution, storage and stocking of ARVs from the Medical Stores Department.

Quality management program (QMP) – MDH has developed a comprehensive quality of care assessment and improvement program. The program has indicators for all aspects of HIV prevention, treatment, care and support, including PMTCT and TB/HIV. On a regular basis, data is collected, and used to monitor and improve the quality of patient care. QMP will cover all the existing, as well as new, sites. All the national M&E indicators are included in our QMP.

Tracking patients on ART lost to follow up: MDH has a patient tracking system to trace those who missed their scheduled visit, those lost to follow up and those with abnormal laboratory results. Currently, the team has 37 nurses; an additional 34 will be recruited. We will also involve PLWHA and volunteers with the care and treatment tracking system. MDH will continue strengthening linkages with other organizations to ensure continuity of treatment and care to their homes.

Training: In order to continuously build the capacity of all the MDH health care providers, and the district health management team, a cascade of year round training sessions (introduction and refresher courses) on the full spectrum of HIV treatment will be conducted using the national curricula. MDH will provide on site training and follow up, monthly supportive supervision and preceptorship together with Council Health Management Teams (CHMT) teams. System strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

LINKAGES: Within all supported health facilities, mechanisms are in place to: 1) identify pregnant women to be tested for HIV, 2) assess their eligibility for either prophylaxis (PMTCT) or HARRT, and 3) refer or escort them to CTC services. Special days for pregnant women's ART management are now in place, and will be strengthened. MDH is putting all systems in place to be able to screen, diagnose and initiate anti-TB treatment for HIV patients as per the current national guidance and algorithms. MDH is also working with partners such as PATH to counsel and test TB patients for HIV; initiating ART for all those who are eligible. MDH will continue referring to, and working with, other organizations providing services at the community and home level to ensure continuity of care.

**Activity Narrative:** CHECK BOXES: Emphasis will be given on the vulnerable groups including adolescents and youth. Friendly services will be established to attract more youth to the clinics by addressing their needs. MDH will 1) train of service providers in adolescent and youth-focused care, 2) set separate operating hours for them and 3 ) provide a package of services under one roof.

**MONITORING AND EVALUATION:** MDH will continue collaborating with the National AIDS Control Program (NACP) to implement the national M&E system for care & treatment. Patient records at all sites will be managed electronically using the CTC2 database to generate NACP and USG reports, as well as local site-level data for use in program planning, monitoring and improvement purposes. MDH will provide ongoing and regular support, through training and supportive supervision, to all ART-providing sites in order to build their capacity for optimal data use. MDH will support training for health care workers (HCWs) and data personnel in SI and provide technical assistance to all CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes, and document the lessons learned which will be shared through various forums, including conferences and publications.

**SUSTAINAIBILITY:** MDH is working with regional and district authorities in the day to day activities of the existing system's program. Planning, implementation and monitoring of the activities are done jointly with the district staff. All MDH activities will be in line with the Comprehensive Council Health Plans. MDH will continue with district capacity building in infrastructure and human resources. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13487

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13487	10179.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6519	1513.08	Track 1.0	\$1,357,214
10179	10179.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4539	1513.07	Central Budget	\$1,357,214

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$322,149

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 1506.09      **Mechanism:** Track 1.0  
**Prime Partner:** Catholic Relief Services      **USG Agency:** HHS/Health Resources Services Administration  
**Funding Source:** Central GHCS (State)      **Program Area:** Treatment: Adult Treatment

---

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 3476.23450.09

**Planned Funds:** \$1,063,792

**Activity System ID:** 23450

## Activity Narrative: ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

### Need and comparative advantage:

AIDSRelief (AR) provides HIV care and treatment in four regions: Mwanza, Mara, Manyara, and Tanga, where prevalence ranges from 2-7%. To effectively scale up and provide quality services in these regions, care and treatment centers continue to require improved infrastructure, staff capacity building, strengthened supply chains and enhanced management systems. With four regionally-based teams working closely with Regional and Council Health Management Teams (RHMT and CHMT), faith and community-based groups, CRS' AIDSRelief clinical consortium has the capacity to provide the technical support and material inputs necessary to increase ART enrollment and support ongoing quality improvement.

### Accomplishments:

AIDSRelief supports the delivery of a comprehensive continuum of care for HIV-infected adults and children extending from health facilities to the community. By June 30, 2008, AIDSRelief was supporting 51 sites in four regions; 58,742 patients (77% of September 30, 2008 target) had been enrolled into care (male 20,635 and female 38,107) and 21,171 cumulative patients had been enrolled into ART (9,747 males and 17,424 female). 69%, or 18,685 patients (6507 male and 12,178 female), were actively enrolled as of June 30th 2008. That number represents 74% of the September 30th 2008 target. In the past year, notable achievements in addressing improved quality of care have included: increased health workers' clinical skills, strengthened systems in supply chain and laboratory support, improved strategic information skills and implementation at sites (with increased understanding, through computerization of medical records) and improved program management. Campaigns such as the "CD4 campaign" yielded a 100% increase in the number of CD4 measurements in a targeted number of sites. The median CD4 level in a 6 month cohort increased from a baseline of 128/mm<sup>3</sup> to 234/mm<sup>3</sup>; in a 12 month cohort, the baseline was 164/mm<sup>3</sup> and after 12 months was 311/mm<sup>3</sup>.

### Activities:

By February 2009, AR will continue to initiate ART treatment to adult patients. AR's strategies will comprise of: 1) increased HIV testing to bring more patients into the health system; 2) improved quality of HIV care and treatment; 3) decongestion and decentralization to lower level health facilities; and 4) reliable data that informs clinical providers and increases the quality of care, as well as feeding into donor and national government reporting.

### Clinical Management

Through clinical leadership, AIDSRelief, in conjunction with RHMTs and CHMTs, will focus on the following key activities: mentoring/preceptorship visits to assist clinical providers in the provision of quality HIV care and treatment; strengthening linkages and referrals between different clinical units within the health institution; promoting partner-initiated counseling and testing (PICT); promoting the three "I's" for TB: intensified case finding, INH prophylaxis and infection control; promotion of a family-centered approach to care in order to identify more HIV-exposed and infected infants and children; ensuring that CTC staff have basic ARV training as per The National AIDS Control Program (NACP) guidelines; training and mentoring clinical staff in the identification of first line regimen failure and rational switch to second line regimens; participation in NACP ART technical working groups (TWG) and advocating for increased opportunities for HIV testing and treatment in line with international guidelines and best practices; providing input into clinic organization, including appointment systems, triage and patient flows (critical levels of trained health professionals require attention be paid to maximizing these resources and appropriate task shifting). The nursing team will also focus on: training of CTC nurse coordinators and CTC-in-charge on roles, responsibilities, and management of CTC; training and mentoring nurses at health facilities on triaging, ART care, and community nursing; improving linkages with other services in the health facility, especially TB units and antenatal clinics (ANC) for PMTCT; training and mentoring nurses in CTC, RCH, and health centers to become proficient in WHO staging, ARV side effects and basics of OI diagnosis and management; collaborating with Nurses Council of Tanzania to develop guidelines and curricula for nurses to increase their role in ART provision.

Support for adherence is crucial for durable viral suppression. A critical component of the AR model of care has been adherence preparation and strong links from health facility to community through a variety of mechanisms, which include support groups and working through CBOs. Key activities for the Community-Based Treatment Support Services (CBTSS) will focus on both facility and community outreach, and will comprise of: training all providers at health facilities to perform adherence assessments, adherence preparation and provide counseling using an adherence tool developed by the CBTSS team; integrating facility community nurses into the CBTSS team, including traveling with the CBTSS team; training HBC and community health workers (CHW) on the TB screening tool and on recognition of symptoms and signs of TB and other major opportunistic infections; training HBC and CHWs on common ARV side effects, and how to provide basic nursing services to patients during community visits; rolling out enrollment campaigns (ARV, CD4, pediatric testing days and HIV testing for families including pregnant women); participating in the NACP TWG on community health and treatment support to: (1) advocate for community-based testing of HIV for all family members (2) promote the AR adherence and treatment support model

A cornerstone of the AR model of care has been continuous quality improvement (CQI) by instilling a culture of data usage to influence clinical and management decisions (utilizing a process of small steps of change). In addition, AR plans to carry out on an annual basis chart abstraction and viral load and adherence questionnaires on a selected number of sites. The CQI team will also focus on: identifying reports health facilities generate on a monthly and quarterly basis for use at their own sites to ensure on-going improvement of service delivery, including increasing number of patients on ART per month; training health facility staff to implement Life Table analysis as part of routine data use, how to use local report generation to monitor their own activities and achievements. The CQI team will review findings from chart reviews with CTCs, introduce small tests of change upon discussion with CTC and hospital management as a follow-up to chart reviews at five health facilities. The CQI team will perform chart abstractions at five hospitals, administer adherence surveys at five hospitals, collect viral load samples and send them for analysis, perform statistical analysis of the data generated, disseminate results to health facilities, MOHSW, and

**Activity Narrative:** donors, collaborate with national partners of NACP to work on quality issues, document best practices at health facilities, disseminate best practices amongst partner health facilities, and replicate model practices at other partners' health facilities.

#### Pharmaceutical and supply chain management

There has been an established and documented gap in ARV management, particularly in forecasting, dosage monitoring, products selection (switching and initiation) and medicine information given to caregivers. To address this gap, AIDSRelief pharmaceutical management and supply chain team (ARPMSCCT) will provide continuous monitoring of ARVs in the national pipeline by liaising with Medical Stores Department (MSD) and NACP to get regular updates. They will relay that information to LPTFs. Likewise, feedback from LPTFs on inventory status will be communicated to relevant actors. ARPMSCCT will improve the ability of LPTF staff to use available ARV logistics management information systems (MIS) tools to forecast, order and dispense ARVs by providing centralized training and on-site mentorship. ARPMSCCT will improve the rational use of ARVs by: documenting ARV rational drug use issues (such as dispensers' knowledge through review of prescriptions) and dispensing records and feedback from patients. ARPMSCCT will advise on dosing, and dosing schedules, by providing easy to use information packages, national dosing charts and treatment updates. ARPMSCCT will establish therapeutic drug committees at the health facility level. AIDSRelief will develop a user friendly drug information leaflet (in Swahili) to be handed over during dispensing. The content will be basic ARV information on the specific drug, dosing and dosages, usage, drug interaction and side effects.

#### Laboratory

AR will expand MOHSW zonal quality assurance (QA) and quality control (QC) activities by working with regional and facility-level QA officers to support the zonal QA officers in conducting supportive supervision of all regional district and CTCs in the zone. AR will support implementation of the zonal external laboratory quality assurance activities by supporting the quarterly meetings, and ensuring enrollment and participation of four regional labs in national and international external quality assurance (EQA) programs. AR will support equipment services and maintenance by training 41 lab staff and four zonal equipment engineers on planned preventive maintenance. AR will support zonal equipment engineers to perform quarterly supervisions, and produce quarterly updates on equipment status, then report to the zonal director, ART partner and equipment engineer at MOHSW diagnostic.

AR will work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 41 CTC laboratory staff in logistics and planning and doing laboratory supplies and reagent forecasting to ensure uninterrupted quality laboratory services. AR will procure reagents for hematology, chemistry, CD4 count and DNA polymerase chain reaction (PCR) for early infant diagnosis.

AR will procure for two hard-to-reach care and treatment center laboratories: equipment for CD4, six chemistry and six hematology analyzers.

#### Program and Finance Support

This will be accomplished through:

sub agreements with all partners accompanied by agreed-upon workplans and budgets; provision of resources; supportive supervision and no fewer than quarterly meetings with all partners (including liaising with RHMTs and CHMTs); capacity building through finance and compliance training.

#### Linkages

AIDSRelief will reinforce established relationships with regional and district authorities, including RHMTs and CHMTs, faith-based networks and community based groups. Many of our 71 (65 LPTFs plus Christian Social Science Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church) current partners link to programs in Tanzania's portfolio including OVC and nutritional support, HBC, water resource development, micro enterprise and other international and private donors.

During year six, formal linkages will be strengthened between CTCs and groups providing home based palliative care in these areas, such as Tunajali. Outreach and adherence staff, using patient attendance data, will utilize these networks to follow up on missed appointments or patients lost to follow up. PLWHA groups will assist with scale up by performing as lay counselors and adherence support partners.

Specific efforts will be made, by engaging the facility management, to strengthen linkages between the CTC and TB units, RCH, out-patient and in-patient services within health facilities. In addition, referral linkages of local-level facilities to hospitals will be strengthened in order to maximize the provision within the continuum of care (prevention, PMTCT, care and treatment).

#### Areas of Emphasis and Populations

Capacity building of health care workers to offer quality care to PLWHA on ART; Supply chain management; Human resource development; Laboratory services strengthening;; Proper use and documentation of pediatrics information.

#### Monitoring and Evaluation

AIDSRelief will continue providing M&E technical assistance to 65 existing health facilities plus three community based groups. The technical assistance will be accompanied by regional and district-level MOHSW personnel. This approach will build the capacity of facility-based staff to use existing MOHSW tools for patient monitoring and tracking. This approach will also enhance the ability of MOHSW staff to provide quality supportive supervision. Initial and refresher trainings in the use of revised MOHSW data collection tools will be provided to 498 HCW's, including members of RHMT and CHMT. AR will provide physical improvements, including computerization of paper-based information systems at 35 hospital facilities, further enhancing their ability to generate and use data for quality improvement, patient management and reporting to MOHSW. Approximately 7% of project support is designated for M&E.

#### Sustainability

**Activity Narrative:** AIDSRelief will a) support RHMTs and CHMTs in planning, implementation, and supportive supervision, and to ensure ART support activities are included in the Council Comprehensive Health Plans (CCHPs), b) conduct joint supportive supervision with CHMT and RHMT members, c) support local partners (FBOs e.g. Christian Social Science Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church; CBOs), (c) support PLWHA groups to conduct adherence support activities; d) address policy issues around the use of lay counselors and task shifting amongst HCWs at the national level.

Specifically, AIDSRelief will work with stakeholders to develop a transition plan that transfers components of the care and treatment program over to local partners. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment. All activities will continue to be implemented in close collaboration with the Government of Tanzania to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support. Therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13449

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13449	3476.08	HHS/Health Resources Services Administration	Catholic Relief Services	6503	1514.08	Track 1.0	\$1,063,792
7692	3476.07	HHS/Health Resources Services Administration	Catholic Relief Services	4524	1514.07	AIDSRelief Consortium - Central	\$1,063,792
3476	3476.06	HHS/Health Resources Services Administration	Catholic Relief Services	2878	1514.06		\$1,063,792

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$295,741

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 2244.09

**Mechanism:** RPSO

**Prime Partner:** Regional Procurement Support Office/Frankfurt

**USG Agency:** Department of State / African Affairs

---

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 9234.23451.09

**Activity System ID:** 23451

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$7,000,000



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Infrastructure Improvements for Care and Treatment Clinics

**NEED and COMPARATIVE ADVANTAGE:**

USG is assisting the Government of Tanzania (GOT) to increase and improve available clinical space to meet the growing need for HIV care and treatment activities including provision of ARV and private space for patient counseling and testing. Existing care and treatment clinics (CTC) are crowded and need additional space to meet the increased patient load. New sites need renovation and addition of consultation rooms in order to provide quality ARV services.

The Regional Procurement Support Office/Frankfurt (RPSO) is providing Federal Agencies with contracting resources for renovation and construction of health care facilities. RPSO is working in collaboration with USG PEPFAR team, the Ministry of Health and several USG care and treatment partners. Proposed physical infrastructure improvements include upgrades of existing building space and addition of buildings in designated health facilities to provide patient examination areas, simple laboratory spaces, medical dispensaries, counseling and consultation rooms, sanitary facilities, dispensing pharmacies, reception offices and patient waiting rooms. These projects will improve patient flow, ensure confidentiality, improve and expand counseling services, upgrade hygienic laboratory conditions to contribute to quality patient care and enhance delivery of care and treatment services in the designated sites.

**ACCOMPLISHMENTS:**

Two IDIQs (Indefinite Delivery Indefinite Quantity) contracts have been written and competed, which is the first step for funding and planning the projects under a standardized mechanism. Initial meetings between RPSO staff and USG PEPFAR Staff began in February 2007 but the final awards were not made until May 2007 for Architectural and Engineering Services and until June 2007 for Construction Company Services. These IDIQs are valid for three years. For FY07 funds, RPSO funds managed by USG staff have been awarded to three A&E firms for 29 individual Care and Treatment Clinics for three partners. We are awaiting plus up funds to begin the remaining five projects for the fourth partner. In all, FY07 funds are being and will be used to renovate 34 designated medical facilities in the regions of Arusha, Mwanza, Kigoma, Tabora, Kilimanjaro, Dar Es Salaam, Pwani, Mara, Kagera and Shinyanga. Post renovation assessment of these initial projects and the process will help partners make good choices about their selections for future projects based on cost per project and increased number of patients served.

**ACTIVITIES:**

While the RPSO mechanism is still under evaluation and is not yet used across all USG partners in Tanzania, it has potential for a system that runs effectively and can legally serve USG partners to substantially improve infrastructure of medical facilities.

Consolidating infrastructure improvements will greatly reduce administrative and management burden from partners to allow a single country contact to oversee and coordinate the process for all RPSO activities across program areas in Tanzania.

As soon as better criteria for accepting projects have been established and cost-effectiveness has been evaluated, a more standardized approach across USG for renovation and construction should be feasible. The USG PEPFAR staff along with the A&E and construction firms engaged will be able to provide technical guidance to partners in outlining their projects. Articulating needs and planning accordingly has been difficult for partners in the past. By engaging highly trained and established professional teams there will be more accountability in terms of procurement and services. The companies that have been selected to design, manage and complete these projects are trusted and admired professionals in this industry and are accountable towards RPSO, which should lead to timely completion of planned projects.

There have been ample challenges in using the RPSO established IDIQ for infrastructure development activities within the PEPFAR program in Tanzania.

Although RPSO has advantages over non-centralized mechanisms, there are a couple of draw-backs. So far, none of the planned projects has started yet, mainly because of the need for intense communication before approval on various levels. Start of the first projects is anticipated for the beginning of October 2007. For FY 2008 a total of 91 projects are planned, including two projects for >\$ 1 million. Although no final figures are available for evaluation, it became obvious that the RPSO mechanism is costly. The main reason is that only a few firms in Tanzania are well versed in US Government legal documentation and language and these firms are expensive. Costs were initially underestimated and led to a smaller number of projects that could be initiated. The budget for RPSO increased substantially in FY 2007 to meet the ongoing needs.

**LINKAGES:**

RPSO activities are closely coordinated with Ministry of Health at the national, regional, and district level. From the beginning of each project, local representatives of the medical facilities are interviewed regarding local need, care and treatment partners are required to analyze their priorities within their regions and government representatives at the MOH are consulted to make sure the project is meeting an important need and the planned project is within the average standard.

**CHECK BOXES:**

The area of emphasis will be on the extension, addition, renovation and upgrading of MOH designated facilities for ARV services. Priorities for renovation and construction are mainly based on clinical needs for expanding ARV services. This can range from upgrading and expanding an existing site in order to accommodate more patients, or renovation of a lower level health center where ARV services are planned but can not be started due to limited space. The Care and Treatment partners in collaboration with the MOH make the decision on which medical facilities to target and then prioritize from that list depending on the resources available.

**M&E:**

In COP 08 this mechanism will be closely monitored and continually evaluated to provide the USG with data

**Activity Narrative:** that will be used to ensure good choices in terms of level of effort, resources and time vis-à-vis the number of patients served. USG realizes that the RPSO mechanism is relatively expensive and less flexible than local construction firms. However, this central mechanism is less prone to fraud and should deliver more standardized quality outcomes. For minor renovations below a budget of \$15,000, partners are encouraged to engage local construction firms to the extent possible. During this year USG PEPFAR staff will collect data to come up with additional criteria for future renovations and new construction projects. After FY 2008 enough experience should be available to decide whether RPSO should be used for all USG partners in future.

**SUSTAINABILITY:**

The renovated care and treatment clinics will be handed over to the district authorities who will be charged with maintenance of the buildings. Almost all of these facilities are being built according to local designs so that maintenance required is minimal. USG partners will monitor the maintenance process. All of the facilities are being outfitted with sufficient electrical outlets so in the event computers begin to reach these more remote areas they can easily be used in these facilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13578

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13578	9234.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6553	2244.08		\$6,228,000
9234	9234.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$3,898,898

**Table 3.3.09: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2290.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Bugando Medical Centre	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 3484.23452.09	<b>Planned Funds:</b> \$684,000
<b>Activity System ID:</b> 23452	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Strengthen and Expand comprehensive ART services in 6 regions of the Lake Zone.

NEED and COMPARATIVE ADVANTAGE: Lake Zone is estimated to have about 900,000 PLWHA, of these 180,000 require anti retroviral treatment. Hitherto, not more than 10,000 PLWHA are on antiretroviral treatment. The ART need gap is quite big, the training need of health care workers (HCW) is a challenge. BMC as a referral hospital, with highly trained national trainers, and an exemplary and innovative care and treatment clinic, has a comparative advantage to address this challenge through training and supportive supervision. Indeed, BMC has pioneered scale-up of ART to primary health facilities, introduction of a Pre-ART patient preparation course a network model with strong linkages with PLWHA support groups and community home based care programs in Mwanza. Thus, BMC is better placed to spearhead scale-up of quality ART service through training for ART delivery in the Lake Zone.

**ACCOMPLISHMENTS:**

1. BMC has been responsible for training initial and back-up teams for provision of ART services in all districts, regions, and FBO hospitals in the Lake Zone. As of 31st March 07 a total of 431 Health Care Workers (HCW) were trained in comprehensive HIV care, and 73 HCW were trained as Trainer of Trainers on Integrated Management of Adult Illnesses.
2. Developed a pre-ART patient preparation course.
3. Developed a network model of ART delivery with strong community links.
4. Introduced integrated HIV care with PMTCT and TB services.
5. Provided supportive supervision and mentoring to four regions in collaboration with Ministry of Health Social Welfare (MOHSW) and partners.

**ACTIVITIES:**

1. To strengthen and build human capacity for provision and scale-up of ART in the Lake Zone. 1a. Train 120 HCWs from primary health facilities using the Integrated Management of Adult and Adolescent Illness (IMAI) curriculum. 1b. Train 80 HCP from 35 districts and six regional hospitals on HIV pediatric care. 1c) Train 80.HCW in regional hospitals, district hospitals in Dried Blood Spot (DBS) specimen collection for infant diagnosis. 1d) Train 126 HCWs from six regional and 15 district PMTCT teams on HIV/AIDS care using the national curriculum, to enable them deliver ART at PMTCT sites. This is crucial to increase women's access to initiation of care and treatment. 1e. Train 36 Regional Health Management Team (RHMT) and 120 Council Health Management Team (CHMT) members on comprehensive HIV/AIDS management and supervision to strengthen their capacity to supervise HIV/AIDS services in their respective regions and districts. 1f) Training of 120 HCWs on new National algorithm for Rapid HIV testing to nonlaboratory personnel.
2. Recruit staff to strengthen existing capacity for ART training, mentoring, and supervision. 2a. Recruit one pediatrician to oversee training on pediatrics HIV/ADS care. 2b. Recruit four clinicians to help on ART trainings, precept ring at BMC HIV Clinics, supervise together with CHMTs and regional ART partners.
3. Strengthen linkages, networking, and referral with PLWHA support groups and communities (CBO, HBC, CMACs, Community leadership). This is crucial to ensure continuum and complementarity's of care, and to harness community resources to support HIV/AIDS care. 3a. Support monthly networking meetings between BMC and community stakeholders in Mwanza for joint planning, referral and networking. 3b. Conduct sensitization workshops for 80 community religious leaders, council members on HIV-related stigma and discrimination as major barriers to access care. It is important to enlist these community gatekeepers as agents of change to fight HIV-related stigma and discrimination. 3c. Train 60 PLWHA, community care givers on adherence, counseling, and treatment support. 3d. Conduct workshop for 50 traditional healers on basic HIV/AIDS sciences, prevention, and care and treatment.
4. Strengthen systems for quality assurance of HIV/AIDS care and treatment services in the lake zone. 4b. Conduct supportive supervision and mentoring to the six regional hospitals in collaboration with RHMTs and regional USG partners. 4c. Conduct an annual workshop to share experiences and best practices in implementing ART program in the lake zone.

**LINKAGES:**

Effective linkages have been established with: Mwanza Regional Health Management Team (RHMT) and CHMTs of the 7 Mwanza districts which oversee and implement HIV/AIDS services at the regional and district hospitals. (They also implement TB, and STI, RCH, EPI services which are important entry points to HIV/AIDS care and treatment.); The Mwanza Roman Catholic archdiocese, which supports five home based care programs in collaboration with several funding agencies. (We and also have links with other faith based organizations like ELCT Kagera and Muslim health services (BAKWATA health centre); Regional USG partners AIDS Relief, Columbia University and EGPAF who are supporting Mwanza and Mara, Kagera and Tabora regions respectively; BMC oversees HIV/AIDS services in the health sector on behalf of NACP/MOHSW; PLHIV Support groups, local and national, which provide ART adherence, support, and mobilization for the fight against HIV; Kivulini provides legal support to women. and provides OVC nutrition support.

**CHECK BOXES:**

Human capacity strengthening in terms of in service, training, and recruitment of required personnel to meet HIV and TB training, mentoring, and supervision needs. To strength systems for quality Assurance of HIV/AIDS care. Training will target health care workers in the Lake Zone..

**M&E:**

BMC caters for all program areas: (care & treatment, counseling & testing and laboratory services). Both paper-based and electronic tools will be used to capture trainees' profiles and addresses. The paper-based system will consist of training reports, and reports on mentoring and supportive supervision. We shall have

**Activity Narrative:** an electronic database of all training activity. Standard quality assurance tools for quality checks will be ensured. Recruitment of two M&E personnel, purchase of six computers, networking of computers, furnishing an M&E office, experience sharing visits/ meeting are important for improvements. Also, follow-up training and on-site mentoring will be conducted by trainers periodically, and refresher training will be done geared to needs.

**SUSTAINABILITY:**

BMC will ensure sustainability by training RHMT and CHMT to conduct supportive supervision, and train regional and district trainers to sustain HIV care at lower facilities. All trainings will use MOHSW training system. Periodic mentoring will ensure gradual task shifting.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13444

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13444	3484.08	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	6500	2290.08		\$684,000
7683	3484.07	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	4521	2290.07		\$400,000
3484	3484.06	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	2882	2290.06		\$300,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$684,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 10123.09

**Mechanism:** N/A

**Prime Partner:** Catholic Relief Services

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 5505.23453.09

**Planned Funds:** \$8,959,052

**Activity System ID:** 23453

## Activity Narrative: ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

### Need and comparative advantage:

AIDSRelief (AR) provides HIV care and treatment in four regions: Mwanza, Mara, Manyara, and Tanga, where prevalence ranges from 2-7%. To effectively scale up and provide quality services in these regions, care and treatment centers continue to require improved infrastructure, staff capacity building, strengthened supply chains and enhanced management systems. With four regionally-based teams working closely with Regional and Council Health Management Teams (RHMT and CHMT), faith and community-based groups, CRS' AIDSRelief clinical consortium has the capacity to provide the technical support and material inputs necessary to increase ART enrollment and support ongoing quality improvement.

### Accomplishments:

AIDSRelief supports the delivery of a comprehensive continuum of care for HIV-infected adults and children extending from health facilities to the community. By June 30, 2008, AIDSRelief was supporting 51 sites in four regions; 58,742 patients (77% of September 30, 2008 target) had been enrolled into care (male 20,635 and female 38,107) and 21,171 cumulative patients had been enrolled into ART (9,747 males and 17,424 female). 69%, or 18,685 patients (6507 male and 12,178 female), were actively enrolled as of June 30th 2008. That number represents 74% of the September 30th 2008 target. In the past year, notable achievements in addressing improved quality of care have included: increased health workers' clinical skills, strengthened systems in supply chain and laboratory support, improved strategic information skills and implementation at sites (with increased understanding, through computerization of medical records) and improved program management. Campaigns such as the "CD4 campaign" yielded a 100% increase in the number of CD4 measurements in a targeted number of sites. The median CD4 level in a 6 month cohort increased from a baseline of 128/mm<sup>3</sup> to 234/mm<sup>3</sup>; in a 12 month cohort, the baseline was 164/mm<sup>3</sup> and after 12 months was 311/mm<sup>3</sup>.

### Activities:

By February 2009, AR will continue to initiate ART treatment to adult patients. AR's strategies will comprise of: 1) increased HIV testing to bring more patients into the health system; 2) improved quality of HIV care and treatment; 3) decongestion and decentralization to lower level health facilities; and 4) reliable data that informs clinical providers and increases the quality of care, as well as feeding into donor and national government reporting.

### Clinical Management

Through clinical leadership, AIDSRelief, in conjunction with RHMTs and CHMTs, will focus on the following key activities: mentoring/preceptorship visits to assist clinical providers in the provision of quality HIV care and treatment; strengthening linkages and referrals between different clinical units within the health institution; promoting partner-initiated counseling and testing (PICT); promoting the three "I's" for TB: intensified case finding, INH prophylaxis and infection control; promotion of a family-centered approach to care in order to identify more HIV-exposed and infected infants and children; ensuring that CTC staff have basic ARV training as per The National AIDS Control Program (NACP) guidelines; training and mentoring clinical staff in the identification of first line regimen failure and rational switch to second line regimens; participation in NACP ART technical working groups (TWG) and advocating for increased opportunities for HIV testing and treatment in line with international guidelines and best practices; providing input into clinic organization, including appointment systems, triage and patient flows (critical levels of trained health professionals require attention be paid to maximizing these resources and appropriate task shifting). The nursing team will also focus on: training of CTC nurse coordinators and CTC-in-charge on roles, responsibilities, and management of CTC; training and mentoring nurses at health facilities on triaging, ART care, and community nursing; improving linkages with other services in the health facility, especially TB units and antenatal clinics (ANC) for PMTCT; training and mentoring nurses in CTC, RCH, and health centers to become proficient in WHO staging, ARV side effects and basics of OI diagnosis and management; collaborating with Nurses Council of Tanzania to develop guidelines and curricula for nurses to increase their role in ART provision.

Support for adherence is crucial for durable viral suppression. A critical component of the AR model of care has been adherence preparation and strong links from health facility to community through a variety of mechanisms, which include support groups and working through CBOs. Key activities for the Community-Based Treatment Support Services (CBTSS) will focus on both facility and community outreach, and will comprise of: training all providers at health facilities to perform adherence assessments, adherence preparation and provide counseling using an adherence tool developed by the CBTSS team; integrating facility community nurses into the CBTSS team, including traveling with the CBTSS team; training HBC and community health workers (CHW) on the TB screening tool and on recognition of symptoms and signs of TB and other major opportunistic infections; training HBC and CHWs on common ARV side effects, and how to provide basic nursing services to patients during community visits; rolling out enrollment campaigns (ARV, CD4, pediatric testing days and HIV testing for families including pregnant women); participating in the NACP TWG on community health and treatment support to: (1) advocate for community-based testing of HIV for all family members (2) promote the AR adherence and treatment support model

A cornerstone of the AR model of care has been continuous quality improvement (CQI) by instilling a culture of data usage to influence clinical and management decisions (utilizing a process of small steps of change). In addition, AR plans to carry out on an annual basis chart abstraction and viral load and adherence questionnaires on a selected number of sites. The CQI team will also focus on: identifying reports health facilities generate on a monthly and quarterly basis for use at their own sites to ensure on-going improvement of service delivery, including increasing number of patients on ART per month; training health facility staff to implement Life Table analysis as part of routine data use, how to use local report generation to monitor their own activities and achievements. The CQI team will review findings from chart reviews with CTCs, introduce small tests of change upon discussion with CTC and hospital management as a follow-up to chart reviews at five health facilities. The CQI team will perform chart abstractions at five hospitals, administer adherence surveys at five hospitals, collect viral load samples and send them for analysis, perform statistical analysis of the data generated, disseminate results to health facilities, MOHSW, and

**Activity Narrative:** donors, collaborate with national partners of NACP to work on quality issues, document best practices at health facilities, disseminate best practices amongst partner health facilities, and replicate model practices at other partners' health facilities.

#### Pharmaceutical and supply chain management

There has been an established and documented gap in ARV management, particularly in forecasting, dosage monitoring, products selection (switching and initiation) and medicine information given to caregivers. To address this gap, AIDSRelief pharmaceutical management and supply chain team (ARPMSCCT) will provide continuous monitoring of ARVs in the national pipeline by liaising with Medical Stores Department (MSD) and NACP to get regular updates. They will relay that information to LPTFs. Likewise, feedback from LPTFs on inventory status will be communicated to relevant actors. ARPMSCCT will improve the ability of LPTF staff to use available ARV logistics management information systems (MIS) tools to forecast, order and dispense ARVs by providing centralized training and on-site mentorship. ARPMSCCT will improve the rational use of ARVs by: documenting ARV rational drug use issues (such as dispensers' knowledge through review of prescriptions) and dispensing records and feedback from patients. ARPMSCCT will advise on dosing, and dosing schedules, by providing easy to use information packages, national dosing charts and treatment updates. ARPMSCCT will establish therapeutic drug committees at the health facility level. AIDSRelief will develop a user friendly drug information leaflet (in Swahili) to be handed over during dispensing. The content will be basic ARV information on the specific drug, dosing and dosages, usage, drug interaction and side effects.

#### Laboratory

AR will expand MOHSW zonal quality assurance (QA) and quality control (QC) activities by working with regional and facility-level QA officers to support the zonal QA officers in conducting supportive supervision of all regional district and CTCs in the zone. AR will support implementation of the zonal external laboratory quality assurance activities by supporting the quarterly meetings, and ensuring enrollment and participation of four regional labs in national and international external quality assurance (EQA) programs. AR will support equipment services and maintenance by training 41 lab staff and four zonal equipment engineers on planned preventive maintenance. AR will support zonal equipment engineers to perform quarterly supervisions, and produce quarterly updates on equipment status, then report to the zonal director, ART partner and equipment engineer at MOHSW diagnostic.

AR will work with Supply Chain Management Systems (SCMS) and the USG lab team to build the capacity of 41 CTC laboratory staff in logistics and planning and doing laboratory supplies and reagent forecasting to ensure uninterrupted quality laboratory services. AR will procure reagents for hematology, chemistry, CD4 count and DNA polymerase chain reaction (PCR) for early infant diagnosis.

AR will procure for two hard-to-reach care and treatment center laboratories: equipment for CD4, six chemistry and six hematology analyzers.

#### Program and Finance Support

This will be accomplished through:

sub agreements with all partners accompanied by agreed-upon workplans and budgets; provision of resources; supportive supervision and no fewer than quarterly meetings with all partners (including liaising with RHMTs and CHMTs); capacity building through finance and compliance training.

#### Linkages

AIDSRelief will reinforce established relationships with regional and district authorities, including RHMTs and CHMTs, faith-based networks and community based groups. Many of our 71 (65 LPTFs plus Christian Social Science Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church) current partners link to programs in Tanzania's portfolio including OVC and nutritional support, HBC, water resource development, micro enterprise and other international and private donors.

During year six, formal linkages will be strengthened between CTCs and groups providing home based palliative care in these areas, such as Tunajali. Outreach and adherence staff, using patient attendance data, will utilize these networks to follow up on missed appointments or patients lost to follow up. PLWHA groups will assist with scale up by performing as lay counselors and adherence support partners.

Specific efforts will be made, by engaging the facility management, to strengthen linkages between the CTC and TB units, RCH, out-patient and in-patient services within health facilities. In addition, referral linkages of local-level facilities to hospitals will be strengthened in order to maximize the provision within the continuum of care (prevention, PMTCT, care and treatment).

#### Areas of Emphasis and Populations

Capacity building of health care workers to offer quality care to PLWHA on ART; Supply chain management; Human resource development; Laboratory services strengthening;; Proper use and documentation of pediatrics information.

#### Monitoring and Evaluation

AIDSRelief will continue providing M&E technical assistance to 65 existing health facilities plus three community based groups. The technical assistance will be accompanied by regional and district-level MOHSW personnel. This approach will build the capacity of facility-based staff to use existing MOHSW tools for patient monitoring and tracking. This approach will also enhance the ability of MOHSW staff to provide quality supportive supervision. Initial and refresher trainings in the use of revised MOHSW data collection tools will be provided to 498 HCW's, including members of RHMT and CHMT. AR will provide physical improvements, including computerization of paper-based information systems at 35 hospital facilities, further enhancing their ability to generate and use data for quality improvement, patient management and reporting to MOHSW. Approximately 7% of project support is designated for M&E.

#### Sustainability

**Activity Narrative:** AIDSRelief will a) support RHMTs and CHMTs in planning, implementation, and supportive supervision, and to ensure ART support activities are included in the Council Comprehensive Health Plans (CCHPs), b) conduct joint supportive supervision with CHMT and RHMT members, c) support local partners (FBOs e.g. Christian Social Science Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church; CBOs), (c) support PLWHA groups to conduct adherence support activities; d) address policy issues around the use of lay counselors and task shifting amongst HCWs at the national level.

Specifically, AIDSRelief will work with stakeholders to develop a transition plan that transfers components of the care and treatment program over to local partners. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment. All activities will continue to be implemented in close collaboration with the Government of Tanzania to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support. Therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13452

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13452	5505.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$12,800,000
7694	5505.07	HHS/Health Resources Services Administration	Catholic Relief Services	4525	2368.07	AIDRelief Consortium TZ Budget	\$8,070,000
5505	5505.06	HHS/Health Resources Services Administration	Catholic Relief Services	2888	2376.06	AIDSRelief Consortium	\$3,620,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,106,315

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 10762.09

**Mechanism:** Intl Track 1.0

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 25484.09

**Planned Funds:** ██████████

**Activity System ID:** 25484

**Activity Narrative:** THIS IS A NEW ACTIVITY FOR FY 2009.

Need and comparative advantage:

USG Tanzania is committed to build capacity of the local government and their district health management teams to expand and improve clinical services for PLWHA. Implementing partners are working closely with the district teams to jointly plan, implement, monitor and support programs at facility level. While existing contract mechanisms with some major implementing partners are ageing, there is a clear recognition that support to the districts for various aspects of program management needs to continue.

USG Tanzania through its implementing partners is fully supportive of the district network model and sees this approach as an essential component for sustainability.

Activities:

FY2009 funds will be used to issue an RFA for international organizations (public or private hospitals, faith-based organizations, or non-governmental organizations) who either have already demonstrated their capacity as sub-recipients under treatment partners or have a history of operating successfully international HIV care and treatment programs. The purpose of the RFA is to fund a limited number of programs through CDC/Tanzania to scale up HIV/AIDS services. Specific requirements will be laid out to ensure that the organizations have systems in place to qualify for direct funding from the USG, that the organizations have appropriate linkages and referrals for an effective continuum of care, and that the direct funding arrangement will contribute to USG scale-up goals.

There are no targets attached to this activity as details still need to be laid out.

Linkages: The awardee will partner with other stakeholders and the Government of Tanzania in the establishment of regionally integrated programs that will satisfy PEPFAR care and treatment objectives. All programs are also intended to build on and not duplicate existing services.

Target Population: Patients with HIV and their families are the main target population in the selected regions.

M&E: A formal and comprehensive monitoring and evaluation (M&E) plan will be developed prior to program implementation. The M&E plan will also delineate responsibilities for data collection, reporting, analysis, and dissemination. Standardized processes for quality assurance (e.g., record keeping, data management, adherence to procedures and policies) and for quality control of service delivery.

Sustainability

The awardee will working with regional and district authorities in the day to day activities of the program within the existing system. Planning, implementation and monitoring of the activities will be done jointly with the district staff. All awardee activities will be in line with Tanzania HIV AIDS Strategy. The awardee will hire local technical staff and build capacity of infrastructure and human resource. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 8842.28575.09

**Planned Funds:** \$200,000

**Activity System ID:** 28575



**Activity Narrative:** This PHE activity was approved for inclusion in the COP. The PHE tracking ID associated with this activity is TZ.07.0135.

THIS PHE ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The objective (7) involving assessment of primary health centres will now be included in a second phase for this project. The second phase will provide information on the costs associated with HIV treatment when provided in (a) primary health centers, and (b) mature sites receiving reduced levels of direct technical assistance and oversight from USG treatment partners. These two situations represent important models for the future of HIV treatment delivery in Tanzania. Tanzania is planning rapid scale-up of HIV treatment at lower levels of the health system, and is one of the first two countries participating in the WHO/UNAIDS/USG collaboration for scale-up of HIV treatment in primary health centers (along with Mozambique).

In contrast to these new sites, it is anticipated that as existing sites mature it will be necessary for them to 'graduate' to lower levels of technical assistance and oversight, and potentially be transitioned to 'remote support' where technical assistance is provided indirectly through the district-level activities. Graduating sites to remote support is seen as a solution to the increased TA and support needs created by the expanding number of treatment sites. Transitioning mature sites to remote support will free up resources which can then be devoted to newly initiated sites. It is unclear what efficiency gains will be realized by this change to remote support, and it is also unclear what essential support activities will need continued funding to ensure that the quality of treatment is maintained. Sample selection, protocol and other design elements for phase two will be finalized based on the results generated by the first phase. In addition, it is intended that phase two will extend and expand the roles played by local collaborators, to strengthen local capacity for economic evaluation.

\*END MODIFICATION\*

Title of Study: Public health evaluation on the cost and cost-effectiveness of HIV treatment to support resource planning

Expected Timeframe of Study and Funds: Year Two.

Project initiated in calendar year 2007, with planning-and-assessment activities conducted in October 2007, year one field data collection anticipated for November 2007, and year one data analysis completed by mid-calendar year 2008; the field data collection for year two is anticipated to occur in the latter part of calendar year 2008 with subsequent data analysis completed by early calendar year 2009. The FY 2007 budget was \$279,000. FY 2008 budget is \$100,000 for a total two-year budget of \$379,000.

Local Co-investigator:

Local co-investigator to be identified during planning-and-assessment visit in October 2007. It is expected to be Ministry of Health, Department of Policy and Planning.

Project Description:

The specific objectives of the analysis are 1) to estimate the annual per-person costs of providing quality comprehensive ART for adult and pediatric clients; 2) to evaluate the range of ART costs across settings; 3) to inform resource allocations decisions to meet the targets of the Emergency Plan; 4) to guide 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; and, 7) to assess the differing resource needs that arise from extension of treatment to primary health care (PHC) settings. The final objective has been added since the original conception of the project, to address information needs arising from efforts to extend HIV treatment services to PHCs. Specifically, the PHE will add additional sites to the sample, all PHCs, in order to assess how the expected costs of providing comprehensive HIV treatment change with the change in the treatment delivery settings.

Status of Study: The evaluation study comprises three complementary components: calculation of costs, assessment of program outcomes (from a complementary project) and estimation of program cost-effectiveness. The costing component of the proposed evaluation builds on the methods and tools developed for the centrally funded five-country costing targeted evaluation. This approach takes advantage of well-honed data collection and analysis tools and assures comparability of costing data across country settings. The cost of comprehensive treatment will be estimated at the facility-level data and will be collected to capture the full cost (financial and economic) of operating the program, including both USG and other-than-USG sources of support. The cost data will be fully disaggregated by input type and programmatic activity to which the input is directed, and will track the source of support for each cost component. Costs for pediatric and adult care will be split. In addition, patient non-medical direct costs for time and travel to access treatment will be estimated through patient surveys.

The cost-effectiveness of HIV treatment will be assessed in the sample facilities, utilizing the cost and health outcomes data collected at each site. An initial proposal of outcomes would utilize retrospective chart review to identify a successful patient as one who 1) was retained in the program 12 months after initiation of ART, and 2) had demonstrated treatment success based on the best available indicator. 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 is 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.

The protocol has been developed with only minor modifications expected following the planning-and-assessment visit in October of this year. The human subjects review in Tanzania and the US has not yet been completed, but the protocol on which this PHE is based was previously determined to be IRB-exempt so significant delays in implementation because of human subjects issues are not anticipated. The planning and field data collection for this project was initially delayed because of late enactment of the FY 2007 budget and injury to the principal investigator earlier in the calendar year.

**Activity Narrative:** Lessons Learned: None to date.

**Information Dissemination Plan:**

Evaluation findings will be shared orally and in a written report with key stakeholders. Data from the study may also be presented at scientific meetings and published in scientific journals. Prior to initiating data collection, issues of scientific dissemination and co-authorship will be agreed upon by the USG country team, the costing study team and other stakeholders as appropriate.

**Planned FY 2008 Activities:**

Planning and assessment visit by investigators (October 2007); field data collection in initial sample sites is anticipated to begin in November 2007; data analysis for the initial study sites to occur in mid-2008; field data collection in the PHC sites is planned for late 2008.

**Budget Justification for FY08 Monies: (in US\$)**

Salaries/fringe benefits: 60,000  
 Equipment: nil  
 Supplies: nil  
 Travel: 35,000  
 Participant Incentives: nil  
 Laboratory testing: nil  
 Other: 5,000  
 Total: 100,000

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13657

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13657	8842.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$100,000
8842	8842.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$279,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation \$200,000

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 8872.09

**Prime Partner:** To Be Determined

**Mechanism:** New PHEs

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

---

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 16535.28576.09

**Activity System ID:** 28576

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** [REDACTED]

**Activity Narrative:** This PHE activity was approved for inclusion in the COP. The PHE tracking ID associated with this activity is TZ.08.0147.

THIS IS AN ONGOING PHE ACTIVITY. THE ACTIVITY HAS NOT CHANGED FROM FY 2008.

**Title of Study:**

New multi-country study: Enabling People Living with HIV/AIDS (PHA) to serve as change agents for HIV prevention and treatment adherence.

**Expected Timeframe of Study:**

2 years. The protocol will be developed, the intervention will be implemented, and data will be collected during the first eighteen months of the project. Following that, there will be analysis and report and manuscript preparation

**Local Co-investigator:**

This is a multi-country evaluation coordinated by Dr. Alex Coutinho, Director Designate of the Infectious Diseases Institute in Kampala, Uganda and will be carried out with PEPFAR support in Uganda, South Africa, and Tanzania. The local partner(s) remain to be determined but will be selected from among the current PEPFAR-Tanzania treatment partners.

**Project Description:**

The goal of this PHE is to develop a model for enabling PHA to serve as change agents for prevention, adherence, disclosure and stigma reduction within their social networks and communities; and to test the effectiveness of this approach. The process will include creating/sustaining a stigma-free clinic environment as a secure platform for clinic-based outreach; training PHA to be change agents using Appreciative Inquiry adapting established behavioral interventions; assessing resulting behavior change among change agents and their social networks; and determining the cost of rolling out this model.

**Evaluation Question: Hypothesis:**

Empowering people living with HIV/AIDS using appreciative training techniques will enable them to influence behavior, attitudes and well being—within their own social networks. If effective, this will be a sustainable approach to community management of prevention and HIV as a chronic disease.

**Methods:**

Clients attending the participating HIV treatment clinics will be randomly selected (by age groups and sex) and enrolled in four cohorts. Selected clients will undergo training program that uses the Appreciative Inquiry Technique and is based on the curriculum: "Stepping Stones and Understanding and Challenging HIV Stigma: A Toolkit for Action". The intervention will be implemented using a step-wedge design so that individuals act as their own controls until they receive the intervention. Study subjects will undergo interview assessments every three months over an 18-month period with assessments up to nine months pre- and six months post-receipt of intervention to assess the change in their behaviors. The structured survey will address knowledge and self perceptions of stigma, HIV risk, sexual behavior, and adherence. Participants will also be asked about encounters in which they spoke to members of their network about their HIV status. Quantitative measures of changes in adherence and risk behavior will be through pill counts, viral loads and condom usage. Disclosure and advocacy will be measured by the quantity and quality of the interactions reported. Other measures will include changes in health characteristics (CD4 count, viral load, ART status, length of time on treatment). Finally, a self-administered mental health screening tool (SRQ20) will be used to evaluate changes in participants' coping strategies, as a result of the intervention.

Knowledge and behavior in the subjects' networks will be assessed through social network analysis. This is a method that enables measurement of change in the quality and quantity of communication between the focal individual and his/her social network. Study subjects will be asked to provide the names of up to 30 people in a social network spanning sex partners, family, friends, work associates, lenders, and community organizations (such as churches and schools). Every six months, these people will be interviewed to determine whether the study subject has spoken with each of their network members about the following: (a) preventing HIV/AIDS (e.g., abstinence, faithfulness, or condoms); (b) testing for HIV; (c) disclosing HIV status to friends, family member or sexual partners; or (d) seeking appropriate care and adhering to treatment. We will then ask whether any behavioral action resulted from those discussions (e.g., has the social network member been tested?).

**Technical Assistance**

This project has been developed in collaboration with a number of collaborators who will provide necessary technical support. International collaborators include individuals with skills in network analysis (Rand Corporation, US); health economics (Rand Corporation, US); Appreciative Inquiry (Kensington Consultation Centre, UK); and GIS/community mapping (Participatory Inquiry into Religious Health Assets, Networks and Agencies; and the African Religious Health Assets Programme). In addition, Professor Keith McAdam, who has developed this project during his tenure as Director of the Infectious Diseases Institute, will provide on-going support for evaluation design and implementation.

**Population of Interest:**

The study participants are HIV-infected persons receiving antiretroviral therapy at participating HIV treatment sites. The sample size is 480 persons and is selected to assess differences in proportion of network contacts disclosed to; proportion who used a condom at last sex; and proportion of contacts going for VCT.

**Information Dissemination Plan:**

There will be regular conference call and e-mail interactions between partners in the project in order to discuss design process and preliminary observations. Two times each year there will be physical exchanges between the three country programs, and as part of these exchanges there will be two stakeholder meetings each year that will rotate between sites. Dissemination priorities will include

**Activity Narrative:** publishing peer-reviewed articles on findings in key policy journals; and engaging Ministries of Health and PEPFAR in incorporating findings into their country policies and activities. Local investigators in each country will be encouraged to take the lead in this process.

Budget Justification: Salary/fringe benefits: \$190,000  
 Equipment: nil  
 Supplies: \$10,000  
 Travel and consultant fees: \$60,000  
 Participant Incentives: \$35,000  
 Laboratory testing: \$25,000  
 Training (120 x 12 weeks x 4 cohorts): \$80,000  
 TOTAL: \$400,000

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16535

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16535	16535.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$400,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation



**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 8872.09

**Mechanism:** New PHEs

**Prime Partner:** To Be Determined

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Adult Treatment

**Budget Code:** HTXS

**Program Budget Code:** 09

**Activity ID:** 16482.28577.09

**Planned Funds:**

**Activity System ID:** 28577

**Activity Narrative:** THIS IS AN ONGOING PHE ACTIVITY. THE ACTIVITY IS UNCHANGED FROM FY 2008.

Title of Study: Impact of primary drug resistance on virological failure of first-line regimen in Tanzania

Expected Timeframe of Study: Two years

Local Co-investigator:

Dr. Said Aboud; Dr. Chalamilla Guerino; Prof. Ferdinand Mugusi; Dr. Claudia Hawkins; Dr. Shabbir Ismail; Dr. Wafaie Fawzi; Dr. Cecile Tremblay.

Project Description:

Prevalence of baseline antiretroviral drug resistance ranges from five percent to twenty percent depending on the length of antiretroviral use in a given population, and treatment practices. Baseline drug resistance could affect response to first-line regimen. Furthermore, non-B subtype, prevalent in Tanzania, may develop different mutation patterns under the selective pressure of ARVs. We propose to evaluate the prevalence of baseline drug resistance in our cohort of HIV-infected treatment-naïve individuals to better inform first-line regimens and to follow annual trends of baseline drug resistance. Further, to characterize mutation patterns evolving in our patient population, to optimise second-line regimen selection.

Evaluation Question:

1. To evaluate the prevalence of baseline drug resistance in our treatment-naïve patient population:
  - a. to study the prevalence of drug resistance mutations according to ARV classes
  - b. to evaluate whether specific mutations, such as the K65R mutation, are common in our treatment-naïve population and could jeopardize the effectiveness of our first-line regimens
2. To characterize the resistance mutations associated with treatment failure
  - a. to evaluate the pattern of drug resistance mutations associated with treatment regimen
  - b. to evaluate whether our second-line regimen is likely to succeed in the context of these mutation patterns

Methods:

Our methodology is based on the standardized CDC/WHO protocol entitled 'The population based monitoring of HIV Drug resistance emerging during treatment and related program factors in sentinel ART sites in resource limited settings' to facilitate cross-site comparisons of baseline resistance data..

Our patient population will be selected from HIV+ subjects enrolled in the MDH program in Dar es Salaam. Pre-treatment samples on 100 randomly selected patients will be collected to evaluate baseline resistance. Follow up resistance testing will be performed on these individuals at 12 months or when treatment failure occurs, whichever comes first. Resistance testing on 100 samples on patients with virological failure to first line ART will also be performed. Resistance testing will then be performed on baseline samples of the patients that have mutations present at the time of failure. All of the samples will be identified so that results can be given back to the patients and to inform decision making. Time of entry into the cohort will be taken into account in identifying the sampling frame as rates of resistance may change over time in a population.

Plasma HIV RNA will be extracted from samples obtained from treatment-naïve individuals. Sequencing will be performed using a standard protocol with an ABI sequencer in Botswana Harvard Partnership in Gabarone. Sequences will be analyzed using Sequencer 4.5 (Gene Codes Corporation software, Ann Arbor, MI). As a part of internal Quality Assurance/Quality Control, the Botswana laboratory uses routine phylogenetic analysis and compares sequencing results on plasma RNA and proviral DNA generated in Botswana and in Boston. Analysis of drug resistance mutations and subtype analysis will be performed using the Stanford University HIV Resistance Database. Results will then be confirmed using the Los Alamos HIV blast tool (LANL). An analysis of resistance patterns will be performed by subtype if the frequency of resistance is sufficient. The comparison will be analyzed using a non-parametric statistical analysis (Mann-Whitney test using Statistical Packages for Social Scientists 12.0 for Windows). Clinical data will be collected on each patient at baseline and follow up for inclusion in the analysis. Baseline data will include: the date of ART initiation, ART regimen, sex, DOB, age, prior ART exposure, CD4 count and date, WHO stage, viral load and date. Follow up data will include: modifications to therapy during follow up, level of adherence, CD4 counts and dates, viral loads and dates, endpoint status (death, loss to follow up etc.) and date.

Population of Interest: To assess the prevalence of baseline drug resistance, 100 plasma samples will be selected randomly from patients attending the first visit within the same quarter of a calendar year. Follow up samples on these patients will also be collected as stated in the methods above.

To evaluate resistance mutations patterns associated treatment failure, we will collect 100 plasma samples at treatment failure (defined as detectable viral load after six months of therapy). They will be sequenced and analyzed for resistance mutations. Baseline pre-therapy samples will also be sequenced among those patients who have resistance mutations at treatment failure to evaluate whether baseline resistance was present. About 15,000 individuals are presently on antiretroviral therapy. With an expected failure rate of 10 to 20% after 24 weeks of treatment, the proposed 100 samples could be collected within the first year of the study.

Information Dissemination Plan:

We plan to involve local stakeholders including National AIDS Control Programme, Ministry of Health and Social Welfare and implementing partners early in the development of the research protocol. Results of the study will be disseminated to these local stakeholders. Results will also be presented at scientific meetings such as the Conference on Retroviruses and Opportunistic Infections or the Resistance Workshop and manuscripts will be submitted to scientific journals.

Budget Justification: Salary/fringe benefits: \$21,000 (Graduate Student to perform genotypic and

Tanzania Page 558

**Activity Narrative:** phylogenetic analysis of the results)  
 Equipment: nil  
 Supplies: nil  
 Travel: \$1500 (one presentation of results at an international meeting)  
 Participant Incentives: nil  
 Laboratory testing: (400 samples at \$150/samples) \$60,000  
 Other e.g. transport of samples: \$2,500  
 Total: \$85,000

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16482

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16482	16482.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$85,000

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

**Total Planned Funding for Program Budget Code: \$2,134,121**

**Program Area Narrative:**

**PEDIATRIC CARE AND SUPPORT**

There are approximately 140,000 children living with HIV in Tanzania. By the end of 2007 only 11,176 had ever received ART. Because there is only limited surveillance data specific to children available in Tanzania, estimates of burden have been based on modeling, and targets have been developed in relation to the number of adults receiving services. The Government of Tanzania (GoT) is committed to pediatric HIV care and treatment and mandates that 25% of all patients on ARV should be children.

Tanzania's five year strategy for implementation of care and treatment services for HIV-infected and exposed children focused primarily on procurement of appropriate formulations (both through PEPFAR support and GoT with partners), development of pediatric care and treatment guidelines, and development of key capacities such as diagnosis of HIV in children including early infant diagnosis through PCR testing and identification of HIV-exposed children at various entry points. General services (IMCI, EPI) for children in Tanzania are well run, though there has been limited progress in implementing services for HIV-exposed and infected children. Guidelines for care and treatment of children with HIV have been developed, and pediatric formulations of key drugs (ARVs, cotrimoxazole) are available. Several partners support high quality pediatric care and treatment initiatives on limited scales; for example, a warm consultation line and a Child-Centered Family Care Clinic (CCFCC) has been developed at the Kilimanjaro Christian Medical Center in Moshi. Despite this progress, there have been some important barriers to scale up of pediatric services (such as absence of policies related to testing children for HIV including age-specific counseling). Only a small proportion of those reached during early scale up of HIV care and treatment services were children, most of whom were older children (between 5 and 15). According to the PEPFAR Annual Progress Report in 2007, children represented 9.2% of those on ARV treatment and approximately the same proportion in care.

Achievements during the past few years should set the framework to allow for the capacity to provide HIV services for children. One key step has been the development of a national Pediatric HIV Technical Working Group at the Tanzania National AIDS Control Programme (NACP). This group is comprised of pediatricians and other technical members from treatment partners, NACP, UN organizations, and the Tanzanian Pediatric Association. The objective of this group is to move the pediatric agenda forward, mainly on infant identification, testing, and Provider-initiated Testing and Counseling (PITC), as well as age-specific care and support for HIV-infected children. In addition, in March 2008, the first national pediatric HIV conference included key stakeholders such as the NACP, the USG, and the Tanzania Pediatric Medical Association. It was the occasion for the launch of the national HIV Early Infant Diagnosis guidelines. Another important step is the home testing of families of index HIV patients, recently initiated in two regions. This effort is resulting in additional children being tested and referred for treatment.

One critical barrier to scale up has been the absence of guidelines for testing infants and children, which has been addressed to some degree. In April 2008, Tanzania released guidelines for HIV testing and counseling in clinical settings. These guidelines promote HIV testing as part of the standard of care for all persons attending health care facilities and support the testing of children when the health care worker (HCW) has determined that testing is in the best interest of the child. The guidelines require verbal consent for testing of children from parents or recognized legal guardians. These guidelines open the door for expansion of testing of children in clinical settings. However, there is an urgent need to address remaining policy issues (i.e., testing children

with no designated guardian present), develop practices and guidelines for disclosure to children, and develop training materials, job aids, and approaches to implementation.

USG staff, in collaboration with Columbia University and other partners, have also worked to address key limitations related to early diagnosis for infants (EID). EID capacity has been established at the level of the four Zonal referral hospitals. These laboratories participate in the external quality assurance program supported by CDC Atlanta, and have performed well. Guidelines for EID have been launched as above, materials have been developed for training of HCWs in collection of dried blood spot samples, HCWs have been trained, and systems for sample transport have been established. Lab technicians have also been trained at Bugando Medical Center for each of the zonal laboratories. However, the equipment is currently being installed at the other zonal laboratories. The guidelines suggest that a PCR testing should be done for all HIV-exposed infants at 4-6 weeks, or first maternal-child health (MCH) visit.

A review of the initial phase of early infant diagnosis is planned for early 2009 and the findings will inform the way forward.

The package of services recommended for children includes clinical assessment, baseline CD4 and viral load testing (where available), cotrimoxazole for exposed infants, all HIV infected infants < 1, and all children with stage II, III, or IV disease, and growth and development monitoring. The national guidelines recommend identification of a designated care provider, and provision of services to the families of infected children and ART. The recommended first-line regimens are AZT/3tc/NVP for young children and AZT/3tc/EFV for children over three. Children with documented HIV and clinical disease or immunologic damage are prioritized for treatment. ART is recommended for children with known HIV exposure and advanced clinical disease, even if it has not been possible to confirm HIV infection.

Tools to assist with pediatric services (for example, a dosing wheel developed by the Clinton Foundation and a dosing chart developed by Baylor University and other partners) have been distributed and are available in the field. Based on site visits to partners, providers report providing cotrimoxazole to HIV-exposed and infected children, but actual rates of uptake are unknown because documentation requires strengthening and no formal assessment has been done.

With FY 2008 funding from the USG, University Research Council provided technical assistance to support development of guidelines for infant feeding. Additional FY 2008 funds will support the development of a pilot food supplementation program that will be operated on the MCH platform. During FY 2009, Baylor College of Medicine will initiate the development of specialist pediatric HIV treatment centers in the Southern Highlands (Mbeya) and (Mwanza) through a public-private partnership. Part of their mandate will be to enhance the provision of pediatric care and support, particularly age-specific counseling, home-based care services, and palliative care. They will also help to develop manpower and systems at local levels so that HIV positive children can be better identified and cared for to the greatest extent possible, at the lowest and most convenient service site, which includes the home.

The specific designation of funding for pediatric care and treatment activities in FY 2009 has helped to frame the need for and increase attention to pediatric services. Pediatric services will be discussed during national partner meetings and treatment partners will have specific targets to provide care and treatment to children. Home-based care providers will be expected to employ specific strategies to increase the number of children under their care.

Funding for the NACP and Zanzibar Ministry of Health and Social Welfare (MOHSW) has been designated for pediatric activities and will support ongoing work related to policy and guideline development, development of training programs, and supportive supervision.

Efforts to improve infrastructure will specifically address pediatric needs. For example, care and treatment facilities constructed through RPSO funding will include pediatric rooms, with careful attention to infection control and appropriate furnishings.

Specific partners will be tasked with discreet elements of pediatric care and treatment, to provide technical assistance to the MOHSW, and to assist partners with implementation of harmonized practices (which has been successful in other service elements). For example, EGPAF will take on issues related to infant identification and follow up at routine visits, and Columbia University coordinates early infant diagnosis. Family Health International will work with NACP to include specific pediatric home-based services in the update of guidelines.

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 25453.09	<b>Planned Funds:</b> \$1,000
<b>Activity System ID:</b> 25453	



**Activity Narrative:** THIS IS A NEW ACTIVITY

**TITLE:** Pediatric Care: Basic Health Care Management and Staffing

**NEED and COMPARATIVE ADVANTAGE:** 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.

**ACTIVITIES:** In FY 2009 the USG will collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare, and other key partners to strengthen technical and program capacity for implementing PEPFAR. This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother-to-child transmission, laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs. In FY 2009, this funding will support the in-country Pediatric Care: Basic Health Care/Support program staff at the US Centers for Disease Control. The staff will travel to various sites for supportive supervision and basic program evaluation of pediatric care activities, and travel to provide technical assistance in various technical meeting in enhancement of national pediatric care guidelines and its implementation.

**SUSTAINAIBILITY:** The technical assistance and support provided by the USG through cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.10: Activities by Funding Mechansim**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: Pediatric Care and Support

**Budget Code:** PDCS

**Program Budget Code:** 10

**Activity ID:** 25454.09

**Planned Funds:** \$4,000

**Activity System ID:** 25454

**Activity Narrative:** THIS IS A NEW ACTIVITY

**TITLE:** Pediatric Care: Basic Health Care Management and Staffing

**NEED and COMPARATIVE ADVANTAGE:** 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.

**ACTIVITIES:** In FY 2009 the USG will collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare, and other key partners to strengthen technical and program capacity for implementing PEPFAR. This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother-to-child transmission, laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs. In FY 2009, this funding will support the in-country Pediatric Care: Basic Health Care/Support program staff at the US Centers for Disease Control. The staff will travel to various sites for supportive supervision and basic program evaluation of pediatric care activities, and travel to provide technical assistance in various technical meeting in enhancement of national pediatric care guidelines and its implementation.

**SUSTAINAIBILITY:** The technical assistance and support provided by the USG through cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4082.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Selian Lutheran Hospital - Mto wa Mbu Hospital	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 6515.23565.09	<b>Planned Funds:</b> \$17,000
<b>Activity System ID:</b> 23565	

**Activity Narrative:** THIS IS A NEW ACTIVITY

TITLE: Pediatric Care and Support

NEED and COMPARATIVE ADVANTAGE: There are an estimated 25,000 HIV-positive people in the Arusha area of northern Tanzania. Among them, over 11,000 have been enrolled into care and support, and approximately 8,500 have been initiated on antiretroviral therapy (ART). Selian AIDS Control Program Care and Treatment Services provides care and treatment to patients suffering from HIV/AIDS, while prioritizing the needs of children. Regardless, there is room to improve on pediatric case-finding to increase the number of children receiving care and support.

Selian is a faith-based initiative with a comprehensive and integrated spectrum of HIV/AIDS-related services, including support for orphans and vulnerable children (OVC), counseling and testing, prevention of mother-to-child transmission (PMTCT), and facility- and home-based care and support. Selian provides ART for children through a network of three facilities; Selian Hospital, Arusha Town Clinic, and Kirurumo Health Centre at Mto wa Mbu.

ACCOMPLISHMENTS: By September 2008, Selian has enrolled approximately 310 children in three care and treatment clinics (CTCs), which constitute 7% of all patients. All children were provided with care and support, including treatment for opportunistic infections. Nearly 100 children were receiving cotrimoxazole prophylaxis. In addition, 235 were provided with care and support through the OVC program, and 23 others were directly provided with food support from the World Food Programme (WFP). Other children were indirectly supported through their parents on ART who were WFP food beneficiaries.

ACTIVITIES: In FY 2009, Selian shall:

1. Continue to provide care and support for all enrolled children at three CTCs. The program will increase enrollment of children from 310 to 470 into the care and support program through recruitment in PMTCT and provider-initiated testing and counseling, particularly in pediatrics in- and outpatient departments. Selian will provide treatment for opportunistic infections and cancers to children, as well as provision of Cotrimoxazole prophylaxis, and will ensure continuous availability of the required pharmaceuticals and medical consumables. HIV-positive patients will also receive pain assessments and management. Selian will provide orientation on child counseling to ART nurses, counselors and Voluntary Adherence Counselors for psychological support, and refer children to the home-based care (HBC) program for spiritual counseling and social support.
2. Intensify efforts in nutritional support for HIV-positive children. Specifically, Selian will support and conduct anthropometric measurements and determine nutritional status using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. Selian will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in dietary assessments of patients and the provision of nutrition counseling and education.
3. Initiate early infant diagnosis for babies under 18 months old born to HIV-positive mothers, working with Columbia and EGPAF to strengthen the program.
4. Intensify case-finding among those in households receiving HBC and OVC services. Refer children with specific needs to related programs (e.g., to the OVC program for nutrition, as well as school uniforms and materials for those attending school).
5. Provide a basic package of medical support, economic support and malaria interventions (through linkage with national Under Five Insecticide-Treated Mosquito Nets, if applicable) for all HIV-positive children.

LINKAGES: Selian will ensure that it continues to provide services that support a continuum of care model for children by providing HIV-related services within its sites and internal referral system with HBC, TB, OVC, PMTCT and the HIV pediatric clinic started at Selian hospital. Selian will strengthen relationships with other child survival programs such as immunization, malarial initiatives, and nutritional support. In addition, Selian will strengthen organizations and health facilities to provide an easy referral system for children in need. Selian will also continue to cooperate closely with other providers in the area, especially the CTC at St. Elizabeth's Hospital in Arusha and the Mt. Meru Regional Hospital. Selian will also link with other pediatric AIDS programs in Tanzania, especially Elizabeth Glaser Pediatric AIDS Foundation, Columbia ICAP Program for Early Infant Diagnosis, and the Baylor International Pediatric AIDS Initiative for the purpose of sharing experiences, best practices, tools, and materials.

SUSTAINABILITY: Selian is a Tanzanian faith-based organization providing ART services. The capacity built through this project will remain within the organization. As an integrated component of health services, the services are sustainable as long as there is direct support through the Government of Tanzania.

M&E: Selian uses the national ART monitoring system. In FY 2009, the three CTCs will continue to utilize paper and electronic systems to collect, manage and analyze pediatric HIV care and support data. Technical assistance for M&E will be provided for three organizations (CTCs). Staff will be trained on M&E. Five percent of the budget is attributed to M&E.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13588

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13588	6515.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$325,000
7803	6515.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$220,000
6515	6515.06	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4082	4082.06		\$300,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$500

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3745.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Pastoral Activities & Services for People with AIDS	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 12392.23563.09	<b>Planned Funds:</b> \$39,000
<b>Activity System ID:</b> 23563	

## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Pediatric Care and Support

NEED and COMPARATIVE ADVANTAGE: PASADA is a faith-based organization providing comprehensive HIV services to a catchment population of 1,300,000. The need for antiretroviral therapy (ART) services in the region is still high, evidenced by the increasing number of HIV-positive clients registered; currently over 36,000, with 10,300 active clients. By the end of September 2008, 1,141 pediatric cases will be receiving care and support. During FY 2008 PASADA decentralized ART services to a total of 11 satellite sites, including PASADA Upendano clinic, which is the headquarters. Decentralization is an important strategy in bringing services closer to those who need them, reducing indirect costs for the poor target population, reducing stigma and discrimination and involving the community in responding to the needs of those affected by and infected with HIV/AIDS. In addition to outreach activities, PASADA has also engaged in training on ART management, renovation of facilities, and ensuring pharmaceutical supplies are available. PASADA is well-placed to expand the provision of quality ART services, as the program offers a continuum of care from prevention and voluntary counseling and testing to home-based palliative care (HBC), TB diagnosis and treatment, prevention of mother-to-child transmission (PMTCT) and support for orphans and vulnerable children (OVC). Strong linkages between the PASADA sites and programs in the continuum of care, community volunteers, community groups and members, help to ensure a supportive environment for families and their children.

PASADA "graduated" from sub-grantee status to direct partnership with USG in FY 2007. By September 2008, 1,141 children were receiving care and support, and 800 of whom were receiving cotrimoxazole prophylaxis. A significant proportion of children receiving HIV care and support are malnourished, and currently only few receive nutritional support through very limited resources via linkages with OVC and HBC programs. Sexual education for adolescents has been continuously provided through peer education in collaboration with the OVC program. The establishment of pediatric clinics in PASADA (three per month) plays a major role in stigma reduction with regard to care and support for pediatric cases. In addition, the clinics are more conducive venues for disclosure. Availability of drugs for opportunistic infections (OIs) has enabled treatment of OIs among pediatric patients, resulting in improvement of patients' health status and a return to normal life.

ACTIVITIES: With FY 2009 funding, PASADA will:

1. Identify children who have been exposed HIV and ensure they continue to be followed in the care and treatment clinic (CTC). Refer children as necessary for early infant diagnosis.
2. Refer mothers who are found to be HIV-positive to the CTC for evaluation and follow-up
3. Maintain the two-way referral system for children receiving OVC support and facility-based care and support.
4. Intensify efforts in nutritional support for HIV-positive children. Specifically, PASADA will support conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. PASADA will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, PASADA will participate in a pilot therapeutic supplemental feeding program.
5. Continue to provide a basic package of medical support, economic support and malaria interventions (through linkage with national Under Five Insecticide-Treated Mosquito Nets, if applicable) for all HIV-positive children
5. Continue to support interdisciplinary teams composed of social workers, counselors and clinicians, who work together with families on challenging cases and intervene from many different aspects to reach solutions (Family-Centered Care)
6. Implement institutional organization strengthening, including improvement of management skills, financial management and accountability through: ensuring regular transport for activities, ensuring regular maintenance and insurance of project vehicles, buildings, etc., maintaining security services of the organization, and ensuring communication and general organizational support.

LINKAGES: PASADA will ensure that it continues to provide services that support a continuum of care model by providing HIV-related services within its sites and also through linkages with public and private faith-based organizations and continued strong linkages with communities. Linkages with other programs will be ensured by:

- Ensuring women attending PMTCT services are also referred to the CTC for pre ART care and the follow up of their infants
- Providing referral forms with feedback mechanisms to ensure patients referred from TB or PMTCT program are tracked
- Emphasizing screening of all TB patients for HIV; eligible patients will be initiated on ART
- Establishing PMTCT, TB, and ART services under one roof
- Printing educational materials and promoting ART community mobilization and sensitization activities
- Access materials developed for pediatric AIDS programs by the Baylor International Pediatric AIDS Initiative (e.g., pediatric treatment guides for patients, pediatric palliative care materials, etc.)
- Continuing collaborative links with government agencies (e.g., TACAIDS, National AIDS Control Programme (NACP), National TB Control Program, and Global Fund) and government health facilities (e.g., Muhimbili National Hospital, Ocean Road Cancer Hospital and Temeke District Hospital), with some specific NGOs involved in Pediatric HIV/AIDS and children's services (e.g., Elizabeth Glaser Pediatric AIDS Foundation, Columbia, Baylor, Pact, Pathfinder International, Catholic Relief Services, Action Aid, and HelpAge International).
- Continuing to work closely with Archdiocese of Dar es Salaam Parish Health Committees, Small Christian Communities, local community groups and different faith groups, including the Muslim community. Promotion of interfaith collaboration in the fight against HIV/AIDS is one of PASADA's priorities, particularly through the Community Education and prevention program.

**Activity Narrative:** M&E: PASADA will use the ART monitoring system developed and updated by the Ministry of Health and Social Welfare and NACP, which tracks all patients on facility-based care and treatment. PASADA's CTC and its ten satellite facilities use the national paper-based tools to collect patient data, which is then entered into the national CTC2 database. Data entry, management and analyses is centrally located at PASADA, where the electronic system generates national (NACP) and USG reports as well as feedback reports to the CTC teams and PASADA management for informing patient management and program improvement. All departments involved in the care and support program hold regular M&E meetings to review progress, discuss issues of concern, and chart the way forward. The CTC2 database at PASADA is currently managing data from the PASADA CTC as well as five satellite sites. The database will have data from one CTC and five satellites by September 2008, and one CTC and ten satellites by September 2009. SI Targets: To do above activities, PASADA will support training of 150 healthcare workers in SI and provide technical assistance to ten satellite dispensaries.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13562

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13562	12392.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$378,530
12392	12392.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$50,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 3621.09

**Mechanism:** N/A

**Prime Partner:** Harvard University School of Public Health

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Care: Pediatric Care and Support

**Budget Code:** PDCS

**Program Budget Code:** 10

**Activity ID:** 17324.23561.09

**Planned Funds:** \$275,721

**Activity System ID:** 23561

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Pediatric HIV Care and Support in Dar es Salaam

**NEED and COMPARATIVE ADVANTAGE:** Out of the approximately three million people living in Dar es Salaam region, nearly 300,000 (8.9%) are estimated to be people living with HIV/AIDS (PLWHA). Of these, an estimated 20%, or 60,000, are thought to be HIV-positive children requiring care and support. Collaboration between the Harvard School of Public Health, Dar es Salaam City Council, and Muhimbili University of Health and Allied Sciences, collectively known as MDH, has been conducting training and research for more than 15 years. This collaboration has improved the health system including space, laboratory facilities, training base, patient monitoring and tracking loss to follow-up. There is strong commitment from the local authorities to advance HIV care and treatment services, particularly for children.

**ACCOMPLISHMENTS:** By September 2008, 36 sites will be providing comprehensive HIV care services, including antiretroviral therapy (ART) and care and support. These include 20 public and 16 private facilities. A total of 5,000 pediatric HIV patients will be receiving HIV care and support, 91% of whom have been provided with Cotrimoxazole prophylaxis. Various efforts have been exerted to increase the early identification and diagnosis of HIV/AIDS in pediatric patients. Early infant diagnosis (EID) has now been made possible through instituting DNA polymerase chain reaction (PCR) testing at all sites and recently using the dried blood spot (DBS) method. Possible entry points into pediatric HIV care and treatment include following patients from Prevention of Mother-to-Child transmission (PMTCT) programs, regular immunization visits, care and treatment center (CTC) visits of mothers, as well as children attending outpatient departments for other services. Staff at these points have been trained on addressing HIV exposure, testing, and referral, and designated staff will ensure follow up. Pediatric testing has been introduced at all entry points of the facilities. A child-friendly atmosphere has been created through special pediatric care and treatment days to attract more eligible children into HIV care.

**ACTIVITIES:** With FY 2009 funding, MDH shall:

1. Expand comprehensive pediatric HIV care and support from 36 to 42 sites  
HIV care and support services will be expanded to six additional public dispensaries; two in each of the three districts (to be identified with the district and regional medical offices). By end of FY 2009, 10,000 HIV-positive children (16.1% of eligible patients in Dar) will be enrolled into HIV care and support services in Dar es Salaam.
2. Strengthen pediatric AIDS care and support  
Increase pediatric enrollment from 10% to 16% by strengthening CTC linkages with PMTCT programs, using antenatal and immunization care to identify HIV-exposed infants; strengthening Provider Initiated Testing and Counseling in maternal and child health clinics and inpatient wards. Sick children attending immunization clinics will be evaluated and referred for HIV testing. EID through DNA-PCR will be made available at all entry points and in all supported sites. All HIV-infected children will be encouraged to enroll into the care program. MDH will promote innovative strategies to increase pediatric care enrollment such as "pediatric only days." All health care workers (including non-pediatricians) will receive training on strategies of identifying and enrolling eligible children, as well as providing treatment, care, and support for pediatric AIDS patients. All HIV-positive children enrolled into HIV care will be followed-up regularly and continuously assessed for their ART eligibility, both clinically and via laboratory parameters. The children under care and support will receive follow-up counseling and Cotrimoxazole prophylaxis, and other clinical concerns will be assessed and managed accordingly.
3. Provide the necessary technical and financial support to meet the human resource requirements for strengthened pediatric care and support programs  
MDH will recruit and hire staff within the city and district municipal systems. The initiative will ensure acceptable compensation, create a positive work environment, and provide training and career planning to ensure job satisfaction and retention.
4. Procure and provide various pediatric non-ARV medications  
MDH will support sites in procuring and managing stocks of pediatric non-ARV drugs for treatment of opportunistic infections when they are not otherwise available through the Medical Stores Department. MDH will link with malaria programs to ensure that children have access to insecticide-treated bed nets. Emphasis will also be on strengthening Integrated Management of Childhood Illnesses through training of staff and improved management of general pediatric diseases.
5. Support the national program through the Ministry of Health and Social Welfare (MOHSW) and the national referral lab  
MDH will support procurement of essential lab equipment, test kits, reagents and consumables for the 42 sites when it is not otherwise available through Government of Tanzania systems. MDH will reinforce laboratory testing activities, reporting at central and district health center laboratories in order to increase yield and efficiency. The program will establish new site laboratories to decentralize testing. MDH will support and provide DBS DNA PCR testing for EID in Dar es Salaam and Eastern zone sites. MDH will support human resource capacity building through hiring and laboratory trainings, and will provide supportive supervision for testing and implementation of the lab quality assurance and control program. MDH will provide regular maintenance services and repairs for lab equipment and instruments.
6. Implement a Quality Management Program (QMP)  
MDH has developed a comprehensive quality of care assessment and improvement program which has indicators on all aspects of HIV prevention, treatment, care, and support, including those for pediatric HIV care. Data is regularly collected and used to monitor and improve the quality of patient care. QMP covers all existing as well as new sites. All national M&E indicators are included in the QMP.
7. Strengthen community links

**Activity Narrative:** MDH is working very closely with the community-based health care (CBHC) system through the three municipalities to track all pediatric patients who missed regular clinic visits, as well to provide home-based care. The program will continue to develop and expand related referral and communication channels. In addition, MDH will intensify efforts to strengthen the working relationships with the CBHC system to ensure continuity of pediatric HIV care at the community and household levels. MDH will give special attention to orphans and vulnerable children (OVC), and seek out linkages to existing networks and organizations providing specialized care for OVC.

8. Build capacity of MDH health care providers and District Health Management Teams (DHMTs) in provision of care and support to pediatric HIV-positive patients  
MDH will provide year-round training sessions (introductory and refresher) on the full spectrum of pediatric HIV care, based on the national curricula. Priorities include: onsite training and follow-up, monthly supportive supervision with DHMTs, preceptorship opportunities, systems strengthening, and logistical improvements. In consultation with the DHMTs, the program will offer further training opportunities for selected MDH staff.

9. Intensify efforts in nutritional support for PLWHA  
Currently, MDH is providing nutritional information and counseling to all patients. In FY 2009, clients will also receive multivitamin supplements, and those with severe malnutrition will be referred for nutritional therapy at the Muhimbili National Hospital. MDH will recruit and train a nutrition coordinator and assistant, and ensure one available nutritionist at each site. New activities for nutritional support for OVC are currently being developed (e.g., food by prescription and weaning support). MDH will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. MDH will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. Finally, MDH will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

LINKAGES: MDH is putting all systems in place to be able to screen, diagnose, and initiate anti-TB treatment for pediatric HIV patients as per the national guidance. The program will continue to work with partners such as PATH in HIV counseling and testing for pediatric TB patients, and initiate ART for all eligible patients. MDH will continue referring to and working with other organizations providing services at community and household levels (e.g., Pathfinder) to ensure continuity of care, including clinical, psychological, spiritual, social, preventive, and palliative care for pediatric patients. Pediatric patients will be linked with various wraparound programs to provide additional nutritional counseling and support, reproductive health, family planning, malaria control, safe water, and sanitation.

M&E: MDH will continue to collaborate with the National AIDS Control Programme (NACP) to implement the national M&E system for pediatric care and treatment. Patient records at all sites will be managed electronically using the national CTC2 database for generation of NACP and USG reports, as well as for local-level use for program planning, monitoring and improvement. MDH will provide ongoing and regular support through training and supportive supervision to all HIV care sites to build capacity for optimal data use. The program will support training for at least 75 health care workers and data personnel in SI, and provide technical assistance to all 42 CTCs, three district offices, and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes and to document the lessons learned, which will be shared through various forums including conferences and publications.

SUSTAINABILITY: MDH is working with regional and district authorities in the day-to-day activities of the program within the existing system. Planning, implementation, and monitoring of the activities are done in collaboration with the district staff. All MDH activities will be aligned with the Council Health Plans. MDH will continue to build district capacity in infrastructure and human resource. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17324

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17324	17324.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$200,000



---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

**Economic Strengthening****Education****Water****Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2369.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Elizabeth Glaser Pediatric AIDS Foundation	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 16353.23557.09	<b>Planned Funds:</b> \$250,124
<b>Activity System ID:</b> 23557	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Expanding Pediatric Care and Support Services in Six Regions

NEED and COMPARATIVE ADVANTAGE: There are approximately 140,000 children living with HIV in Tanzania. By December 2007, fewer than 23,000 children less than 15 years of age had ever been enrolled in care and treatment. The national care and treatment center (CTC) register does not report any data concerning the percentage of children with severe malnutrition, but clinicians report high numbers, as weight charts were introduced during FY 2008 at all sites supported by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

ACCOMPLISHMENTS: By end of FY 2008, approximately 5,000 children were receiving care and treatment, about 2,000 of whom were on antiretroviral therapy (ART). Of all children receiving care, over 3,000 (62%) were documented to be receiving Cotrimoxazole. EGPAF trained 70 reproductive and child health (RCH) service providers on non-ART care and staging including re-identification of HIV-positive mothers and their exposed children. A training course for lay counselors was developed, focusing on children and their parents, and 48 lay counselors were trained. These lay counselors are involved in service provision at testing and treatment sites, as well as in community sensitization and linkages to community-based organizations. EGPAF trained 143 community and religious leaders on care and treatment for HIV-positive children and their families. At the zonal hospital in Moshi and the regional hospital in Arusha, malnourished patients are supported with either formula or ready-to-use therapeutic food, which is supplied by UNICEF.

EGPAF took the lead in organizing and facilitating the First National Conference on Prevention, Care and Treatment of HIV in Children in March 2008 in Dar es Salaam, and serves in the lead role on the Pediatric AIDS Working Group under the National Care and Treatment Steering Committee.

ACTIVITIES: To implement a specific framework for pediatric HIV care, EGPAF will:

1. Improve identification, enrollment, and retention of HIV-positive and exposed children by training health workers; implementing provider-initiated testing and counseling (PITC) at all contact points; implementing early infant diagnosis (EID) using dried blood samples; strengthening linkages between prevention of mother-to-child transmission and care and treatment so as to follow the exposed infant; and improving infrastructure to provide child-friendly services.
2. Strengthen M&E for pediatric HIV care and treatment
3. Strengthen psychosocial support for HIV-infected and affected children
4. Strengthen government leadership and improve community involvement in scaling-up pediatric care and treatment. The program will strengthen links to community support groups, especially for orphans and vulnerable children (OVC). To ensure that children have access to insecticide-treated bed nets, the program will link with malaria control programs in the area. For other essential pediatric care, EGPAF will link with child survival programs offered through the Maternal Child Health (MCH) Clinics.
5. Intensify efforts in nutritional support for children living with HIV/AIDS. Specifically, EGPAF will support CTCs to conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. EGPAF will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, EGPAF will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program, and refer patients with a BMI <18.5 to nutritional support and/or further medical attention. Finally, EGPAF will promote safe infant and young child feeding practices and link with other organizations addressing household food security and economic strengthening to ensure vulnerable families have access to these services.

LINKAGES: To strengthen community linkages and follow-up, EGPAF will integrate lay counsellors into service provision and promote regular team meetings between the various entry points in one institution (e.g., outpatient departments, MCH clinics, TB clinic). With the rollout of PITC and EID, facilities will begin to use new registers to allow improved patient tracking and follow-up. EGPAF will collaborate with home-based care providers, traditional healers and birth attendants, volunteers and PLWHA groups to strengthen participation in antenatal care, voluntary counselling and testing, prevention of mother-to-child transmission, RCH services and follow-up of HIV-infected and exposed children. Finally, the program will map existing initiatives and collaborate with other organizations to strengthen care of HIV-positive children and OVC, such as KIWAKKUKI, Mildmay International, Makoye Resources and Technologies Agency, Pathfinder, the Tanzania Social Action Fund, and the World Food Programme.

M&E: EGPAF will continue to collaborate with the National AIDS Control Programme (NACP) and MOHSW to implement the national M&E system for care and treatment in the facilities where EGPAF provides technical assistance. Efforts will continue to focus on transitioning from using the national paper-based tools to electronic versions in all CTCs. The program will provide funds for each, initiating the CTC to purchase a computer that will be used to store patient monitoring data. Quality of data will be assured through supportive supervision by EGPAF regional M&E officers working in collaboration with trained Council and Regional Health Management Teams (CHMT and RHMT) members, where possible.

EGPAF will continue to collect reports from sites to be submitted to the NACP as requested by the MOHSW. EGPAF will also continue to share regional data reports with Regional AIDS Coordinators. EGPAF will work with CTCs to assist with generation of simple data reports for use by the sites in planning (e.g., to improve appointment scheduling and drug forecasting) and for feedback and quality improvement. Currently, all initiating CTCs are using the national Microsoft Access-based CTC2 database.

SUSTAINABILITY: EGPAF is committed to sustainability and plans to continue to work through local authorities to create ownership, putting the responsibility of sustainability into their hands. Training and mentoring of CTC staff, RHMTs, and CHMTs to build technical and management capacity, and continuing

**Activity Narrative:** to use national standards and guidelines also helps ensure sustainability. EGPAF will participate in the GOT budgeting and planning cycles at district and regional levels to ensure integration of all programs.

Geographic Coverage Areas: (Regions) Arusha, Kilimanjaro, Tabora, Shinyanga, Lindi, Mtwara

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16353

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16353	16353.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6512	2369.08		\$200,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 18377.23545.09	<b>Planned Funds:</b> \$228,000
<b>Activity System ID:</b> 23545	

## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Tunajali Care and Treatment – Pediatric Facility-based Care and Support

NEED and COMPARATIVE ADVANTAGE: Deloitte Consulting Limited, working in partnership with Family Health International (FHI) and Emerging Markets Group (EMG) is the primary care and treatment partner in Dodoma, Iringa, Morogoro and Singida. Under the Tunajali (Kiswahili for “we care”) program, this partnership endeavors to strengthen existing structures in sites accredited as Care and Treatment Centers (CTCs) in order to scale-up access to care and treatment. Although sustained treatment is the primary objective, this cannot happen in isolation of the basic care and support services that ensures comprehensive pediatric HIV care. Tunajali aims to ensure that at least 10%-15% of patients on care are children. Since inception in FY 2007, the Deloitte/FHI/EMG partnership has gained significant recognition and respect in the regions served, and established strong working relationships with the regional and district Government of Tanzania (GOT).

ACCOMPLISHMENTS: The program will have enrolled an estimated 63,000 cumulative clients on care by the end of September 2008. Of these, 5,670 will be pediatric clients, and an estimated 75% will be receiving Cotrimoxazole prophylaxis. All patients attending CTCs are routinely assessed for pain and nutritional status. In addition, the program will train 78 healthcare workers in pediatric antiretroviral care and support and 10 healthcare workers per region in Early Infant Diagnosis (EID).

Initiatives that contribute to the provision of pediatric treatment include regular supportive supervision visits that focus mainly on 1) the importance of EID with suspected cases of exposed infants and infants/children with suspected HIV referred for Provider-Initiated Testing and Counseling (PITC), and 2) promotion of a family-centered approach to services at CTCs and other clinics. This is achieved by establishing family clinics on a specific day of the week in five of the large hospitals, allowing for more focused management for parents and children, and convenient access to Prevention of Mother-to-Child Transmission (PMTCT) services. At health centers and dispensaries, successful adherence to pediatric care has been earned by ensuring that parents and children have same-day appointments; promoting child-friendly environments through play areas and refreshments; and ensuring that a pediatric nurse or clinician is available.

Training of healthcare workers using the national pediatric care and treatment curriculum has contributed to raising awareness and making staff more receptive to PITC. Additionally, referrals from targeted pediatric entry points including PMTCT, Maternal and Child Health (MCH), pediatric wards, pediatric outpatient (OPD) clinics and home-based care (HBC) testing at pilot sites in Tunajali regions also contributed to reaching more children. In two major hospitals, establishing testing corners in the pediatric ward was very productive. This was made possible by offering pediatric management training of at least two health care workers from all sites using the national curriculum, as well as EID training of 20 MCH and hospital nurses from Iringa. This training resulted in raising awareness to care and treatment opportunities for children and PITC resulting in referral increase at sites. Linking with American International Health Alliance (AIHA) Twinning preceptor program, through which pediatricians specialized in antiretroviral therapy (ART) are attached to three hospitals, has ensured availability of pediatric care and support services and contributed to the accomplishments of Tunajali. Finally, establishing strong linkages with FHI's Abbott-funded PMTCT Plus Program in Dodoma yielded a significant increase in referrals of children to CTCs.

Strengthening linkages with the Tunajali HBC program increased the number of orphans and vulnerable children (OVC) referred for care and treatment. Two mission hospitals provided comprehensive care, including nutritional assessments, counseling and supplements (through donations) for children registered on-site as well as for those referred from neighboring government CTCs.

ACTIVITIES: FY 2009 funding will be used to scale up ongoing pediatric care and support services in 39 CTCs, with the goal of reaching at least 86 health centers providing ART services. Tunajali will work closely with local authorities to prioritize health centers in high prevalence areas. The program will provide grants to support activities that will specifically target children, ensuring that services for this population meet the minimum standards of care as defined by the national guidelines. Activities supported will include: minor renovations to accommodate expansion of services to include and improve ART services; procurement of furniture and equipment; purchase of buffer stocks of Cotrimoxazole, pediatric formulations, lab reagents and other commodities to complement Medical Stores Department supplies; procurement of motorcycles for supportive supervision visits and transporting samples; and training of health center staff in ART provision, PITC, adherence counseling, and Monitoring and Evaluation (M&E), using national guidelines and curriculum.

The program will also focus on encouraging the establishment of a family-centered approach to care for those sites which have not already adopted this practice. This includes the establishment of family clinics on a specific day in the week to facilitate a more focused-care approach targeting the entire family; where not possible, the program will continue to promote scheduling of same-day appointments for mothers and children, ensuring the availability of clinical staff to provide care services, including Cotrimoxazole preventive therapy, access to insecticide-treated nets (ITNs) through vouchers, nutritional assessments (anthropometry, Body Mass Index), referrals for supplements, health education to mothers or guardians, including dosages, adherence, hygiene and nutrition. Emphasis will also be placed on treatment of opportunistic infections and other HIV/AIDS-related complications, including malaria and diarrhea, and pain and symptom management. The program will also expand the initiative of establishing testing corners within the pediatric wards; this has shown to be an effective means of PITC as reported by the two sites where this is already established. Tunajali will also participate in planned food by prescription pilot programs for patients who qualify.

Linkages with PMTCT, MCH, under-five clinics or pediatric/OPD clinics to CTCs will continue to be an integral approach in the program where patients identified mainly through PITC will then be referred to the CTC, using nurse escorts to ensure accompanied referrals to the CTC. Due to staff shortages, this initiative will be expanded to an additional four district hospitals in this year.

**Activity Narrative:** Expansion of pediatric care services to health centers is a challenge not only because only a very small number of health center staff has had specific pediatric care and treatment training, but also because most sites are only just starting on adult HIV care and treatment in general, which hampers them from focusing on pediatric care. The program will continue to train healthcare workers in the provision of pediatric care, since this area is now commanding the special attention that was lacking toward encouraging PITC and increasing enrollment of children and adolescents on treatment. In addition, at least 20 healthcare workers from each region will undergo EID training in Mbeya, and to the extent possible, Deloitte will partner with Baylor's Pediatric AIDS Initiative to train health workers through attachments. This year, the program will also make concerted efforts towards the provision of on-site mentoring and supportive supervision by Tunajali teams working in collaboration with health management teams. The program will also link with both the Baylor program and the AIHA Twinning program for clinical mentors to ensure specialized approaches for children.

**LINKAGES:** The program will continue to focus on strengthening linkages with programs aimed at increasing the number of children accessing ART and improving the quality of treatment. An important linkage is between facility-based care and support and HBC. This link is critical as all care and support cannot be done at the facility. Tunajali will strengthen referrals between the CTC to the community HBC. The district-based Continuum of Care Committee, which is chaired by the District AIDS Coordinator and whose membership includes community-based organizations providing HBC, will ensure an effective referral system within each district. The program will also strengthen its links with the Tunajali HBC/OVC program, planning together in order to target some of their sub-grantees who run day cares for OVC, providing an opportunity for counseling and referral to CTCs for appropriate management.

Tunajali will continue to collaborate with partners offering PMTCT, namely EngenderHealth in Iringa and FHI/Abbott in Dodoma. Follow-up care and support for mother-child pairs who access PMTCT services is essential to ensure the continuum of comprehensive care. In Morogoro and Singida, Tunajali will implement PMTCT activities and facilitate referrals between CTC and PMTCT clinics for additional supportive services. In addition, Tunajali will link with the Baylor Pediatric AIDS Initiative, particularly in the hard-hit HIV prevalence areas of Iringa.

Where possible, patients will be referred to other services that exist in some communities for nutritional support, ITNs, and safe water, as Tunajali aims to ensure that resources are optimized so that as many children as possible have access to the comprehensive package of care. Presently resources are leveraged by linking with programs that already are available in communities (e.g., nutrition programs already operating in Iringa, or the under five campaign for ITNs throughout Tanzania).

**Lab support:**

The provision of care and treatment services requires access to reliable laboratory services for initial assessment prior to initiation of ART, and monitoring for response to treatments and/or toxicity. Tunajali will continue to support lab services at all CTCs by funding minor renovations when necessary; purchasing solar panels for remote sites lacking electricity; supporting the upkeep of equipment at all sites through regular maintenance and repair services; procuring essential equipment and commodities, including CD4 machines, automated hematology and biochemistry machines where lacking; and stocking surplus reagents and other supplies to complement supplies from the Ministry of Health and Social Welfare (MOHSW). The program will also support transporting samples for testing for facilities lacking adequate lab services.

Induction and refresher training for personnel involved in the program will also be supported. A lab technician has been hired, whose role is to ensure that all sites maintain good links and collaboration with the MOHSW Diagnostic Services Department for troubleshooting, whilst also ensuring that quality assurance and control systems are maintained. Partnerships with referral labs for service delivery and organizations such as AIHA (which provides lab technical assistance) will continue. The program will also set up systems for all sites for the transportation of dried blood samples for DNA Polymerase Chain Reaction testing at sites that offer these services, such as Village of Hope for sites in Dodoma and Morogoro, and Mbeya for sites in Iringa and Singida.

**M&E:** Tunajali will continue to collaborate with the National AIDS Control Programme (NACP) and MOHSW to implement the national M&E system for care and treatment in its four regions. Efforts will continue to focus on transitioning from using the national paper-based tools to electronic versions in all CTCs. The program will provide funds for each, initiating the CTC to purchase a computer that will be used to store patient monitoring data. Quality of data will be assured through supportive supervision by Tunajali regional M&E officers working in collaboration with trained Council and Regional Health Management Teams (CHMT and RHMT) members where possible.

Tunajali will continue to collect reports from sites to be submitted to the NACP as requested by the MOHSW. Tunajali will also continue to share regional data reports with Regional AIDS Coordinators. Tunajali will work with CTCs to assist with generation of simple data reports for use by the sites in planning (e.g., to improve appointment scheduling and drug forecasting) and for feedback and quality improvement. Currently, all initiating CTCs are using the national Microsoft Access-based CTC2 database. In addition to encouraging timeliness of reports, the program will support installation of internet services (and fax where this is not possible) in CTCs to facilitate report submissions. The program will also provide technical support to all sites that have a computer and internet connection. In FY 2009, Tunajali will support training of 250 healthcare workers on M&E and electronic data management, provide technical assistance to 125 health facilities, four regional offices, and 27 RHMT and CHMT.

**SUSTAINABILITY:** Tunajali is committed to sustainability and plans to continue to work through local authorities to create ownership, putting the responsibility of sustainability into their hands. Training and mentoring of CTC staff, RHMTs, and CHMTs to build technical and management capacity, and continuing to use national standards and guidelines also helps ensure sustainability. Authorities are continually informed of lessons learned and innovative approaches, such as the family-centered approach to treatment

**Activity Narrative:** and facilitating the adoption and updating of national norms, standards and guidelines. Tunajali will participate in the GOT budgeting and planning cycles at district and regional levels to ensure integration of all programs.

Geographic Coverage Areas: (Regions) Iringa, Morogoro, Dodoma, Singida

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18377

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18377	18377.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$200,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$40,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechansim**

**Mechanism ID:** 10123.09

**Mechanism:** N/A

**Prime Partner:** Catholic Relief Services

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Care: Pediatric Care and Support

**Budget Code:** PDCS

**Program Budget Code:** 10

**Activity ID:** 16354.23555.09

**Planned Funds:** \$267,276

**Activity System ID:** 23555

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Pediatric Care and Support

**NEED and COMPARATIVE ADVANTAGE:** Despite increased numbers of children accessing antiretroviral therapy (ART), only 7% of eligible children are receiving treatment. There is a need to increase access to services, especially for younger children. With four regionally based teams working closely with Regional and Council Health Management Teams (RHMTs), faith- and community-based organizations (FBOs and CBOs), AIDSRelief provides necessary technical and material support to increase enrollment of children under 15 in 65 care and treatment clinics (CTCs). To scale up pediatric care and support services effectively in Tanga, Manyara, Mwanza, and Mara regions, AIDSRelief intends to build on its family-centered approach by increasing staff skills and knowledge, improving infrastructure, strengthening early infant diagnosis (EID) and enhancing supply chain and management systems. Hospital outpatient departments, reproductive and child health clinics (RCH), and pediatric wards will serve as entry points to bring more children into care and treatment. In addition, AIDSRelief is working closely with the Ministry of Health and Social Welfare (MOHSW), Bugando Medical Centre (BMC), and Baylor International Pediatric AIDS Initiative (BIPAI) to strengthen pediatric AIDS care and support.

**ACCOMPLISHMENTS:** Since initiating care and treatment programs in July 2004, AIDSRelief has promoted a comprehensive package of support to HIV care and treatment partners, enabling them to respond to the needs of patients along a continuum of care, and promoting the conditions necessary to achieve durable viral suppression. As of the end of FY 2008, over 51 AIDSRelief-supported HIV care and support centers located in four regions are providing care to approximately 60,000 patients. Of these, over 5,000 are children in care (8%). Approximately 90% of these children are receiving Cotrimoxazole.

**ACTIVITIES:** AIDSRelief will provide care and support for all children registered to local partner facility sites. AIDSRelief strives to approach the target that children be at least 12% of all HIV patients on care. In order to increase testing of infants and children at multiple entry points, AIDSRelief shall:

- Initiate community mobilization campaigns for pediatric testing days
- Advocate for increased community-based HIV testing with the National AIDS Control Programme (NACP)
- Follow children born to HIV-positive mothers from PMTCT programs to as to ensure infants are monitored and tested and infant feeding practices minimize transmission of HIV.
- Facilitate training of staff at health facilities for EID by collaborating with NACP and Columbia University

To reach additional children requiring care and support, AIDSRelief shall also:

- Promote EID and initiate testing at supported sites
- Promote family-centered care and Cotrimoxazole prophylaxis
- Collaborate with BIPAI to develop a zonal Pediatric Center of Excellence at BMC
- Increase staff knowledge and skills through centralized and onsite trainings
- Promote integration of services and provider-initiated testing and counseling between care and treatment, RCH, outpatient, and inpatient wards

To improve the quality and comprehensiveness of services, AIDSRelief shall

- Provide onsite clinical mentoring of all HIV care and support facilities, regular supportive supervision to all 65 partner facilities, and ongoing quality improvement
- Provide ongoing training and retraining for a total of 498 care and treatment staff
- Perform nutritional assessments using appropriate anthropometric measurements on all children receiving care and support, and ensuring those who are malnourished either receive food by prescription or are referred for nutritional support.
- Ensure access to prophylaxis, diagnosis and treatment of opportunistic infections
- Link with malaria control programs to ensure access to insecticide treated bed nets for children
- Ensure that children are referred to other child survival programs, strengthening existing Integrated Management of Childhood Illnesses practices in the Maternal Child Health (MCH) Clinics.

To strengthen local capacity and systems, AIDSRelief shall:

- Expand regional laboratory capacity and improve pharmaceutical management
- Strengthen financial and administrative systems

Laboratory activities include: training laboratory staff on specimen collection, providing means for specimen transportation, and hiring and training a lab engineer to support maintenance of lab equipments.

AIDSRelief has also supported the purchase of six hematology machines, six chemistry machines and five Facs Count Machines for local partner facility sites, as well as two ELISA machines. Local partner facilities have also received general laboratory consumables. Training was focused on onsite mentorship during site visits.

Program and finance support will be accomplished through provision of resources, capacity-building through finance and compliance training, and supportive supervision.

In addition, to strengthen pharmaceutical and supply chain management, AIDSRelief shall continue to monitor pediatric HIV/AIDS commodities in the national pipeline by liaising with Medical Stores Department and NACP for regular updates and to relay information to and from local partner facility sites. AIDSRelief will also improve the ability of partner facilities to select, forecast, store, order and dispense pediatric HIV/AIDS commodities by providing centralized training and onsite mentorship. Also, rational use of pediatric HIV/AIDS commodities will be achieved by incorporating a pediatric treatment component into the rational use of medicines trainings, providing easy-to-use information packages and national dosing charts and treatment updates, and technical support on use of the national Integrated Logistics System tools to accurately capture pediatric requirements.

AIDSRelief will develop (or adapt if one exists) a drug information leaflet for caregivers (in Swahili) to be

**Activity Narrative:** handed over during dispensing. The content will be basic ART information on the specific drug, dosing and dosages, usage, drug interaction and side effects.

**M&E:** AIDSRelief will monitor and report on the uptake and enrollment of HIV-infected children per site, focusing on identifying HIV-exposed infants. AIDSRelief will also strengthen the capacity of sites, districts, and regions to properly document, analyze and interpret data, and empower staff on data ownership and use; AR will hire additional data clerks for new sites. In collaboration with sites, AIDSRelief will introduce the International Quality (IQ) Care data package to sites that have larger data size (Muheza, Seko Toure, Bombo, and Bugando) and can accommodate large numbers of patients. The IQ tool will be introduced to all new sites and strengthened at older sites to support validation of data and provide quality reports.

**SUSTAINABILITY:** To ensure sustainability, AIDSRelief will empower Regional Health Management Teams (RHMT) and Council Health Management Teams (CHMTs) in planning, implementation and supportive supervision, and ensure ART-related activities are included in the Comprehensive Council Health Plans (CCHP). AIDSRelief will also conduct joint supportive supervision with CHMT and RHMT members. Lastly, AIDSRelief will continue working with FBOs and people living with HIV/AIDS (PLWHA) to support children on care and treatment.

**LINKAGES:** AIDSRelief's established relationships with regional and district government and local organizations, including RHMTs, CHMTs, FBOs and CBOs reinforce linkages for improved patient support. Many of the 65 local partner facilities, plus the Christian Social Services Commission (CSSC), Archdiocese of Mwanza, African Inland Church of Tanzania (AICT), Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church (KMT), link to other complementary programs in Tanzania's portfolio, including services for orphans and vulnerable children, nutritional support, home-based care (HBC), water resource development, microenterprise, and other support from international and private donors.

During program year six, formal linkages will be strengthened between CTCs and groups providing HBC in these areas. Through onsite mentorship and centralized training, AIDSRelief will strengthen information sharing and utilization between CTCs and MCH clinics. Outreach and adherence staff, using patient attendance data, will utilize these networks to follow-up on missed appointments or patients lost to follow-up. Groups of PLWHA will assist with scale-up by performing roles as lay counselors and adherence support partners.

**M&E:** AR will continue to provide monitoring and evaluation (M&E) technical assistance to 65 local partner facility sites. Support will be provided to all facilities on a quarterly basis by AR staff accompanied by RHMT and CHMT members. This approach will build the capacity of facility-based staff to use existing MOHSW tools for patient monitoring and tracking as well as enhance the ability of local partner facility staff to provide quality supportive supervision. Initial and refresher trainings in the use of revised NACP data collection tools will be provided to 498 healthcare workers, including members of RHMT and CHMT. Physical improvements include computerization of paper-based information systems at the 35 hospital facilities, further enhancing their ability to generate and use data for quality improvement, patient management and reporting to MOHSW and other stakeholders. Approximately 7% of project support is designated for M&E.

**SUSTAINABILITY:** AR will support RHMTs and CHMTs in planning, implementation, and supportive supervision, and pediatric care and support activities are included in the CCHP and facilitate supportive supervision to be done by CHMT and RHMT. AR will also support local FBOs (e.g., AICT, ELCT, CSSC, Anglican Church of Tanzania, KMT and Archdiocese of Mwanza); CBOs (e.g., Tanga AIDS Working Group); and non-governmental organizations in each region. In addition, AR will support groups of PLWHA to conduct adherence support activities. Also to enhance sustainability, AR will address policy issues around the use of lay counselors and task shifting amongst healthcare workers at national level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16354

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16354	16354.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$200,000



## Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

## Economic Strengthening

## Education

## Water

Table 3.3.10: Activities by Funding Mechanism

<b>Mechanism ID:</b> 1136.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 16426.23543.09	<b>Planned Funds:</b> \$54,000
<b>Activity System ID:</b> 23543	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

**TITLE:** Providing Comprehensive Pediatric Care and Support Services at Tanzania People's Defense Force Health Facilities

**NEED and COMPARATIVE ADVANTAGE:** The Tanzanian People's Defense Forces (TPDF) has a network of military hospitals, health centres, and dispensaries throughout the country, supporting a total of over 30,000 enlisted personnel and an estimated 60-90,000 dependants. Eighty percent of patients at these hospitals are civilians living in nearby communities. The eight TPDF hospitals offer district-level pediatric care and support services with the largest hospital, Lugalo, located in Dar es Salaam, serving as a national referral center for military medical services. PharmAccess International (PAI) has been working with the TPDF on health issues since 2003, and is poised to increase access to pediatric HIV care and support in the military facilities across Tanzania.

**ACCOMPLISHMENTS:** TPDF, in partnership with PAI, has expanded HIV/AIDS care and treatment for adults and children to eight military hospitals and nine satellite sites. By the end of FY 2008, services will be available at 15 new health centres/satellite sites and four mobile centers. This will bring the total to 36 sites, providing voluntary counseling and testing and care and treatment services, along with early infant diagnosis (EID). Since mid-2008, dried blood spots (DBS) from HIV-exposed children attending the eight military hospitals have been transported to one of Tanzania's four zonal hospitals for diagnosis through DNA polymerase chain reaction (PCR). One satellite site (in Mwenge, Dar es Salaam) has a dedicated pediatric care and treatment clinic (CTC) and ward that is supervised by pediatric staff from Lugalo Hospital. By the end of FY 2008, over 300 HIV-positive children 15 or less had received care and support services.

Organizations of women living in the barracks around the TPDF hospitals were trained in FY 2008 to advocate for HIV testing, promote treatment adherence, and provide psychosocial and nutritional support to HIV-positive patients. The women play a key role in identifying and supporting HIV-positive children

**ACTIVITIES:** In FY 2009, PAI will offer provider-initiated testing and counseling (PITC) as part of the annual medical check-up of all military employees. It is anticipated that this exercise will increase the number of children tested and the number enrolled into care and treatment. It is anticipated that PAI will provide care and support to a total of 800 children through TPDF facilities, putting additional emphasis in FY 2009 on nutritional assessment and support and linkages for exposed children with community OVC support programs.

Specifically, PAI will:

- Train 48 personnel from eight military hospitals and 84 personnel from the 28 satellite health centers on pediatric HIV and TB diagnosis, care and support, with an emphasis on EID.
- Train 200 volunteers from the barracks in pediatric HBC, to assist in patient follow-up and to provide management for care and support activities.
- Conduct community education and mobilization through "Open House" days at each facility to increase access to services and HIV testing.
- Strengthen the referral system between health centres and hospitals, between district and regional hospitals to increase EID at CTCs, and between health facilities and community programs that provide care and support services to vulnerable children.
- Reinforce PITC as a regular part of all clinical services at the pediatric outpatient department, TB unit, and various wards.
- Transport DBS samples from HIV-exposed children to the four referral hospitals in Tanzania with capacity for pediatric DNA PCR testing (Muhimbili in Dar es Salaam, Kilimanjaro Christian Medical Center in Moshi, Bugando in Mwanza and the Mbeya Referral Hospital).
- Provide drugs for opportunistic infections to HIV-positive children (not yet on ART) at the TPDF health facilities or at the nearest district or regional hospitals.
- Monitor the quality of pediatric services at the TPDF hospitals and health facilities through linkages with regional supportive supervisory teams at Lugalo hospital and Mwenge health centre, as well as through quarterly TPDF meetings (attended by all chief clinical staff)

In FY 2009, PAI will intensify its efforts in nutritional support for people living with HIV/AIDS (PLWHA). Specifically, PAI will evaluate children and women in the breastfeeding period for malnutrition and offer nutritional counseling and support. PAI will support CTCs to conduct anthropometric measurements and determine nutritional status of children using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. PAI will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, PAI will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, PAI will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

**LINKAGES:** PAI will strengthen linkages with prevention activities under the TPDF program by promoting measures such as PITC, counseling and testing, prevention of mother-to-child transmission, TB/HIV treatment, family planning, and OVC support. The program will refer all HIV-infected patients for further evaluation of qualification for TB treatment within each facility; and establish formal referrals from the health centers to TPDF or local hospitals for CD4 and TB testing. PAI will ensure linkages with organizations of women living in the barracks for HBC, nutritional support and adherence counseling. For children in the surrounding communities, the program will develop linkages with existing local non-governmental organizations (NGOs) operating in those communities to ensure a continuum of care. PAI will continue to collaborate with Regional and Council Health Management Teams (RHMT/CHMT) and with USG treatment partners for supportive supervision purposes and technical assistance. PAI will also link with Pediatric AIDS programs underway through Baylor International Pediatric AIDS Initiative, Columbia University, and

**Activity Narrative:** Elizabeth Glaser Pediatric AIDS Foundation to take advantage of tools, materials, and lessons learned.

M&E: Data will be collected electronically and by paper-based tools. All sites will have computers with a database and output functions as developed by University Computing Center for the National AIDS Control Program (NACP). PAI will train 76 data-entry clerks for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, TPDF headquarters' team, NACP, RHMTs and CHMTs.

SUSTAINABILITY: In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the forces. Health facilities of the military forces are under the administration of the Ministry of Defense, rather than the Ministry of Health and Social Welfare. PAI will encourage the Office of the Director of Medical Services to integrate care and treatment activities into military health plans and budgets at the facility and national level. To improve administrative capacity, PAI will work with military authorities to build local authorities' technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16426

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16426	16426.08	Department of Defense	PharmAccess	6551	1136.08		\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$2,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,500

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1221.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Columbia University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 16352.23549.09	<b>Planned Funds:</b> \$254,000
<b>Activity System ID:</b> 23549	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Pediatric Care and Support

NEED and COMPARATIVE ADVANTAGE: By the end of FY 2008, Columbia University (CU) had enrolled over 30,000 HIV-positive patients into care, only 2,280 of whom were children under 15 years. In Tanzania, an estimated 130,000 children are born to HIV-positive women annually. Columbia has been a leader in setting up Early Infant Diagnosis (EID) systems, but there are many other components of pediatric care and support that need additional attention.

ACCOMPLISHMENTS: CU established the model of HIV/AIDS services on a maternal and child health (MCH) platform in Tanzania, integrating antiretroviral therapy (ART) into reproductive health services. CU has successfully supported the Ministry of Health and Social Welfare (MOHSW) to develop national guidelines, trained national and zonal trainers, and provided training and technical support to all USG partners and the Clinton Foundation to implement the EID program in all zones. More than 2,600 HIV Exposed Infants (HEI) have been identified, over 2,000 of whom have begun Cotrimoxazole preventive therapy and were tested for HIV using DNA polymerase chain reaction (PCR). Over 310 HIV-positive infants and children have been diagnosed through this program. Currently 379 (17%) of the 2,280 pediatric patients ever enrolled into care at CU-supported sites are children below two years; the target is to increase the enrolment to 30%.

ACTIVITIES: In 2009, CU will intensify support to care and treatment centers (CTCs) and antenatal feeder sites to address pediatric care through specialized training, additional staffing, and site mentoring. CU will also introduce specialty clinics, support structures, and Child-Friendly Corners. In addition, the program will develop four regional hospitals into pediatric model centers providing family-focused pediatric units equipped with all infrastructure and resources for provision of comprehensive HIV/AIDS care and treatment. The hospitals will also serve as training units where health care workers from other facilities come for practical demonstration on how to care for HIV-exposed infants (HEI) and HIV-positive children. These models will be developed in consultation with the new Baylor Pediatric Initiative, in order to take advantage of their experience in other countries and to share materials and tools that have already been developed.

Specifically, CU shall:

1. Increase identification and retention in care of HEI. Strengthen national and regional EID program through training 240 healthcare workers; train and provide onsite clinical mentoring to staff on identification of HEI from maternal antenatal records; follow-up HEI including regular provision of Cotrimoxazole prophylaxis; counsel on safer infant feeding practices; and establish the final infection status of the child at six weeks after weaning. Strengthen the current monitoring system and detect HIV infection occurring while during breast feeding through monitoring of growth failure and other clinical signs and symptoms that can alert health workers. Strengthen linkages of Expanded Program of Immunization (EPI) and MCH clinics (where HIV-exposed infants receive basic care) and clinics for care and treatment. Strengthen adherence and follow-up of HEI through mother-to-mother support groups. Continue to strengthen sample transportation system for the Dried Blood Spot process and delivery of results.

2. Strengthen the coverage and quality of care and support for HIV-infected children and infants. All new CTCs and major renovations will establish a Child-Friendly Corner. Increase enrolment by training 600 healthcare workers, and enhance clinical mentorship skills for Provider-Initiated Testing and Counseling in MCH services, pediatric wards, and pediatric outpatient clinics. Support counseling and testing for siblings of HIV-positive children and children of HIV-positive parents. Ensure HIV-positive children receive and remain on Cotrimoxazole preventive therapy according to national guidelines. Introduce pain management strategies at regional facilities through training, assessing, measuring, and managing symptoms. Develop and enhance systems and linkages to maintain children in care through membership in CU's International Center for AIDS Care and Treatment Programs (ICAP) Adherence and Psychosocial Support Groups and the use of peer educators to trace missed appointments. Develop or use already developed pediatric screening tools for TB infection, TB diagnostic algorithm, and TB/HIV job aids for children living with HIV. Include nutritional assessments and child counseling, including anthropometric, symptom and dietary assessment to support clinical management of HIV-positive children prior to and during ART. This will include nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and waterborne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices. Procure pediatric equipment for effective nutritional assessment (weighing scales, stadiometers, MUAC tapes, etc). Support the rollout of nutritional assessments through training health care workers. Strengthen linkages to malaria control programs and access to insecticide-treated bed nets. Capacitate four regional hospitals to provide exemplary pediatric services and skill-building to health care workers from other lower level sites.

3. Adolescent-friendly services: Establish adolescent-friendly clinics at the three regional hospitals and provide them with the psychosocial support necessary for comprehensive care including HIV/STI education, promotion of healthy lifestyles, fostering healthy coping techniques, and promoting HIV/AIDS risk reduction.

4. Establish regional laboratory networks in four regions. Lab systems for integrating EID in the wards, sample transport, effective lab tests, and analysis for children will be included in lab trainings.

LINKAGES: In addition to areas noted above, CU will partner with the National AIDS Control Programme and MOHSW to track utilization of care and support service provision by monitoring EID and pediatric care and treatment activities. CU will also link with the new Baylor International Pediatric AIDS Initiative to ensure a cohesive approach to the provision of pediatric care and support and to reduce potential for duplication of effort.

M&E: CU was a key partner in developing the national M&E tools for Prevention of Mother-to-Child Transmission and EID, and these will be implemented at all CU sites. At 30 of the 70 sites to be supported

**Activity Narrative:** in FY 2009, patient-level CTC databases including pediatric data will be implemented.

SUSTAINABILITY: Please see Pediatric ART above. In addition, community and PLWHA groups are a core component of ICAP's approach to ensure family-focused care, links to facility and community groups.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16352	16352.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$750,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 1135.09

**Mechanism:** N/A

**Prime Partner:** Mbeya Regional Medical Office

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: Pediatric Care and Support

**Budget Code:** PDCS

**Program Budget Code:** 10

**Activity ID:** 16530.23541.09

**Planned Funds:** \$80,000

**Activity System ID:** 23541

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Expanding Pediatric HIV Care and Support in the Mbeya Region

NEED and COMPARATIVE ADVANTAGE: Mbeya is one of the regions with a high HIV prevalence (7.9%). It is estimated that there are 300,000 HIV-positive people in need of services in this region, 20% of whom should qualify for antiretroviral therapy (ART). It is estimated that of these 300,000 individuals, 70,000 are children less than 15 years of age.

ACCOMPLISHMENTS: In FY 2008, the Mbeya Regional Medical Office (MRMO) supported pediatric treatment services in 18 established care and treatment center (CTC) sites. The program trained 100 health care workers on provision of antiretroviral services, including pediatric ART, bringing the total trained in the region to 300. As of the end of FY 2008, MRMO has over 18,000 people enrolled in care and support, approximately 6% of whom are children.

ACTIVITIES: All hospitals under the MRMO in the region support the provision of pediatric ART services, though a majority of children are still identified through the Mbeya Regional Hospital (MRH). As part of FY 2008 and FY 2009 activities, the US Department of Defense (DOD) will continue working with the MRMO and MRH to strategize the decentralization of identification and enrollment of patients to lower-level facilities in order to increase uptake of services. More health facilities will be renovated and health workers trained on pediatric ART management, including early infant diagnosis (EID) and psychosocial counseling to improve adherence and disclosure in children. Collection and transportation of dried blood specimens (DBS) to the zone reference laboratory will be improved. These will be key components of the overall improvement of pediatric ART services at the district level, including expansion to health centers. Existing CTC staff will receive refresher training on pediatric ART management and scale-up. The specialized pediatric HIV/AIDS outpatient center is developed through FY 2009 - FY 2010 at the MRH in partnership with Baylor International Pediatric AIDS Initiative (BIPAI). The pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers and provide specialized services where required. This latter partnership will be executed through the MRMO, and will significantly augment activities in support of the pediatric HIV services scale-up throughout the region.

In FY 2009, ART services, including pediatric care and support, will be expanded to 20 more health centers. Focus will be on high density areas along trade routes while also identifying isolated rural communities in which the health center provides the only source of regular medical services. This expansion will bring the total number of CTC sites supported in the region to 54 by September 2010. Pediatric services will be available in over 77% of all facilities, and to more than 95% of the population.

Specifically, MRMO will:

1. Expand pediatric HIV care and support services, using the revised national ART guidelines, to a total of 20 primary healthcare facilities in the region covering all eight districts (Mbeya Urban, Mbeya Rural, Mbozi, Kyela, Rungwe, Ileje, Mbarali and Chunya). Work with the Council Health Management Team (CHMT) and facility directors to develop and implement facility-based work plans and program linkages. Scale up EID services to all primary health care facilities, and ensure that all HIV-exposed children are initiated on Cotrimoxazole prophylaxis as appropriate.
2. Continue to improve the quality of pediatric care, link with and implement the national quality improvement initiative. Provide nutritional education and counseling with nutrition support to HIV/AIDS malnourished children after Body Mass Index assessments, and counseling services to caregivers to prevent and manage food- and waterborne diseases, and improve infant and young children feeding practices. Provide psychosocial support and counseling to include disclosure. The program will link with the Presidential Malaria Initiative for the distribution of insecticide-treated nets to infants and HIV-positive children. Ensure all HIV-exposed children are initiated on Cotrimoxazole prophylaxis based on national guidelines. Strengthen and reinforce implementation of standard operating procedures for laboratory monitoring. Expand mentoring and supportive supervision beyond the district-level facilities through regional medical teams. Improve pediatrics record/data collection, working with DOD, CHMT, and facility staff to analyze data that informs improvement of services.
3. Increase the number children on ART. Promote and support routine counseling and testing of mothers and their children at all contact points in the health facilities, including antenatal clinics (ANC), labor and delivery wards, immunization clinics and pediatric inpatient wards. Conduct mobile pediatric care and support services to the rural areas including hard-to-reach poor communities. Continue to roll-out EID to 20 health centers in Mbeya by training health workers on sample management and transportation. Train ANC, CTC, and postnatal clinic staff on EID with an emphasis on collection and transportation of DBS, which will be sent to the MRH.
3. Reinforce and expand provider-initiated testing and counseling (PITC) to all facilities. Train 60 staff in pediatric inpatient wards and outpatient clinics in HIV counseling and testing, actively promoting PITC for all patient contact points, including immunization clinics, and antenatal clinics. Continue to sensitize hospital staff and clients in counseling and testing as a regular part of all outpatient services, including the TB clinic. Train health care workers on infant feeding counseling and improved practices using the national curriculum.
4. Reinforce the comprehensive nature of clinical services by strengthening referral systems for services within a facility among wards and clinics. Use site coordinators to conduct daily checks on registers in pediatric outpatient clinics, inpatient wards, maternal and child health (MCH) and TB clinics to keep track of patients referred to the CTC. Also, ensure appropriate referrals to other services, particularly the MCH clinics so that children benefit from important child survival interventions. Strengthen and formalize referrals of pediatric patients to and from community-based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations (FBOs) serving orphans and vulnerable children (OVC) in their

**Activity Narrative:** communities through facility-based social workers.

5. Ensure that appropriate commodities, equipment, and related skills are in place. Assist in the acquisition of reagents, medications, and clinical supplies through local distributors when they are not available through central mechanisms. Work with facility pharmacists in improving capacity in pediatric ART forecasting, stock management and ordering. Procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education.

**LINKAGES:** This activity is linked to activities under this partner in prevention of mother-to-child transmission (PMTCT) and adult care and support care, as well as those of the other regions in this zone (Rukwa and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control. It also is linked to the BIPAI activity to scale up pediatric AIDS services and skills building in the zone.

The MRMO will continue to promote pediatric outreach services from the facilities to the communities targeting rural and poor communities. Each facility will have lists of NGOs, CBOs, FBOs, and home-based care providers involved in providing services to OVC and HIV-positive children, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as point of care for the community organizations. Finally, MRMO will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

**M&E:** Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above. M&E activities for all the CTCs under the MRMO are supported by technical assistance from the DOD SI team based at the MRH. Data at each CTC is collected using standardized forms based on National AIDS Control Programme (NACP) and facility data needs. It is entered into the electronic medical record system and transported to the DOD data center located at the MRH. There it is analyzed, NACP and USG reports are generated and feedback is provided to CTC teams for use in patient management. The number of CTCs supported by MRMO will be 22 and 34 by September 2008 and September 2009 respectively.

**SUSTAINABILITY:** The MRMO is ensuring sustainability through strengthening of the facility and capacity building of healthcare providers, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening systems, such as the improved capacity of CHMT, the regional supportive supervisory team and the zonal weekly ART meetings (as part of existing zonal support and routine MRMO functions). All pediatric HIV care interventions will be integrated in the districts' comprehensive council health plans so that future support for the program is seen as part of the overall district plans.

Geographic Coverage Areas: (Regions) Mbeya

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16530

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16530	16530.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$200,000

### Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

### Human Capacity Development

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

### Economic Strengthening

### Education

### Water

Table 3.3.10: Activities by Funding Mechanism

<b>Mechanism ID:</b> 1027.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Mbeya Referral Hospital	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 25448.09	<b>Planned Funds:</b> \$74,000
<b>Activity System ID:</b> 25448	



## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Expanding Pediatric Care and support Services in the Southern Highlands Zone

NEED and COMPARATIVE ADVANTAGE: The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania. It operates in the Southern Highlands offering direct primary clinical services, referral level services, zonal, and national in-service training as well as degree programs. MRH has established health service referral systems among four regions (Mbeya, Iringa, Rukwa, and Ruvuma) serving a catchment population of over six million people.

In 2004, under PEPFAR funding and multiple donor support, a Center for Infectious Disease (CID) was initiated. Presently, it accommodates an infectious disease clinic and a zonal training center with a referral level laboratory that has capacity to support early infant diagnosis (EID) and viral load monitoring. The CID supports a continued expansion of antiretroviral therapy (ART) and clinical care needs as well as a forum for practical training for medical and laboratory staff to improve both adult and pediatric HIV/AIDS care and treatment services. Pediatric outpatient HIV care is presently provided at CID and Meta, the center's maternal and reproductive health clinic postnatal clinic, while inpatient care is provided by the MRH Pediatric Department.

The MRH is tasked with coordinating and overseeing the quality of pediatric services in the zone, but does not have pediatricians to undertake these specialized pediatric services to include HIV/AIDS care and treatment. In addressing the long-term need for specialists at the MRH and capacity within the zone, the hospital has established a specialized pediatric HIV/AIDS outpatient center in partnership with the Baylor International Pediatric AIDS Initiative (BIPAI). The center will serve as a referral center and provide pediatric ART training for health workers in the regional zone. Also, pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers, and provide specialized services where required. It is anticipated that progress with BIPAI in establishing this center will be completed within the FY 2009 – FY 2010 period. However, direct funding to the MRH will be required under this submission to maintain the level of pediatric treatment and zonal support at the MRH until Baylor has completed construction of the pediatric center, and training of needed clinical staff for this facility.

ACCOMPLISHMENTS: The MRH began full recruitment of patients in January 2005, and now boasts a patient load of over 8,500 on care and support, 1,420 of whom are children. The MRH has provided training, which includes a pediatric component, to all ART-certified providers and clinical staff in the zone. It also provides technical supervision on pediatric care to the hospitals in the Mbeya, Rukwa, and Ruvuma regions, contributing to quality services for a pediatric patient population of over 3,392.

Under existing funding, the MRH has increased efforts to identify pediatric cases early by tracking children born to HIV-positive mothers, and through provision of provider-initiated testing and counseling (PITC) at Meta during postnatal follow-up, as part of immunizations clinics, at outpatient clinics and inpatient wards. These efforts will continue to be built upon with the addition of EID in the facility for improved access to pediatric services.

ACTIVITIES: All hospitals in the Mbeya Region, under the auspices of the Mbeya Regional Medical Office (MRMO), provide pediatric HIV care services, but identification of a majority of children in need of HIV/AIDS treatment is primarily done through the MRH. At the MRH, children undergo their initial evaluation, and are then referred to the regional and district hospitals for management. This is due to the higher quality of service and better infrastructure provided by MRH, as the development of pediatric expertise is still being developed at the lower level facilities.

As part of FY 2008 and FY 2009 activities, the US Department of Defense (DOD) and MRH will work with the MRMO to develop strategies beyond PITC to continue decentralized identification and enrollment of pediatric patients to district facilities and increased uptake of services. Also, MRH and MRMO will strategize to build the capacity of five satellite health facilities to decongest the Meta Postnatal Clinic and the MRH. These will be the key components of the overall improvement of pediatric services throughout the region.

Specifically, the MRH will:

1. Provide care and support to pediatric patients, both in the main MRH CTC at Meta clinic and at satellite health centers. Provide nutritional education, counseling, and support to HIV-positive malnourished children after a Body Mass Index assessment. The initiative will include counseling services for caregivers to prevent and manage food- and waterborne infections caused by infant and young children feeding practices. Provide psychosocial support and counseling to include disclosure. Link with the Presidential Malaria Initiative to distribute insecticide-treated nets to infants and HIV-positive children. In coordination with the Mbeya Regional Medical Office, directly support satellite health centers within the municipality to provide pediatric ART in order to help decongest the MRH CTC at Meta. Continue to sensitize hospital staff and clients in PITC as a regular part of all pediatric outpatient services, including the TB clinic. Reinforce pediatric record/data collection. Work with DOD and facility staff to collect, record, and analyze data to inform quality improvement of services. Continue to provide evaluation for malnutrition and nutritional counseling to all HIV-positive pediatric clients as part of both care and treatment programs. Procure and distribute commodities for pediatric ART services when they are not available through the central procurement mechanism. Ensure all HIV-exposed and infected children are initiated on Cotrimoxazole prophylaxis, based on national guidelines.
2. Provide support to zonal facilities to ensure standard operating procedures for pediatric clinical services. Conduct bimonthly visits to facilities in the zone through supportive supervisory teams consisting of a medical officer, a clinical officer and a nurse. Establish an efficient dried blood specimen (DBS) transportation system to the zone reference laboratory in the MRH. Facilitate the training of community health workers on pediatric HIV/AIDS care and support.

**Activity Narrative:** 3. Increase enrollment of children in ART care and treatment services from 11% to 15% of the patient population. Promote routine counseling and testing of mothers and their children at all contact points in the health facility, including Meta's maternal and child health (MCH) labor and delivery wards, immunization clinics, and female and pediatric inpatient wards. Train health care workers on pediatric HIV management. Train antenatal clinic, postnatal clinic and CTC staff on EID with an emphasis on collection and transportation of DBS. Train healthcare workers on identification of exposed infants and children eligible for Cotrimoxazole prophylaxis. Train healthcare workers on infant feeding counseling and practices using the national curriculum.

4. Increase emphasis on nutritional aspects of care by procuring the necessary equipment for effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, MRH will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, MRH will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services.

5. Strengthen the referral system between HIV services points at the MRH. Use site coordinator to conduct daily register checks in pediatric outpatient clinics, inpatient wards, MCH, and TB clinics to keep track of patients referred to the CTC. Strengthen and continue to formalize referrals of children to and from community-based organizations (CBOs), non-governmental organizations (NGOs) and faith-based organizations (FBOs) serving OVC and HIV-positive children in their communities through the facility's social workers.

**LINKAGES:** This activity is linked to activities under this facility in TB/HIV and adult care and support, as well as those of the regions in this zone (Mbeya, Rukwa, and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control. It also is linked to the BIPAI activity to scale up pediatric AIDS services and skills building in the zone.

The MRH will continue to promote outreach services from the facilities to the communities. It has a list of NGOs, CBOs, FBOs, and home-based care providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. This list is displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, are further strengthened through a facility social worker serving as the point of contact for the community organizations.

**M&E:** The MRH is the central hub for the zonal electronic medical record system (EMRS) supported with direct technical assistance from DOD. This EMRS is critical for patient management and program monitoring in support of ART in the Southern Highlands. The system currently supports nine sites in Mbeya region and three sites each in Rukwa and Ruvuma regions. The EMRS is linked to the national CTC2 and CTC3 databases and is capable of producing national reports and identifier-stripped data for national analyses. Patient records at the MRH CTC are entered at the clinic immediately upon completion of the patient visit, and electronically transferred to the data center. There, the data is synthesized and fed back to the CTC team for use in patient management. **SI Targets:** In FY 2008, the DOD SI team will train 60 healthcare workers in M&E regions and provide technical assistance to 53 CTCs in three regions

**SUSTAINABILITY:** The MRH is accomplishing this through building the capacity of other health care facilities and their staff, sensitizing community members, and advocating through influential leaders. This is also being accomplished by strengthening systems, such as the zonal supportive supervisory team and the zonal weekly ART meetings as part of existing zonal support functions

**New/Continuing Activity:** New Activity

**Continuing Activity:**

## Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

## Economic Strengthening

## Education

## Water

Table 3.3.10: Activities by Funding Mechanism

<b>Mechanism ID:</b> 1138.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Rukwa Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 25449.09	<b>Planned Funds:</b> \$38,000
<b>Activity System ID:</b> 25449	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Expansion of Pediatric HIV Care and Support Services in Rukwa Region

**NEED and COMPARATIVE ADVANTAGE:** The Rukwa region in Tanzania has an HIV prevalence rate of 4.5%, with an estimated 20,000 children 14 years of age or less in need of care and treatment. The Rukwa Regional Medical Office (RMO) supports the implementation of pediatric prevention, care, and treatment programs throughout the region. As in other regions, Rukwa will be scaling-up pediatric services from the district hospitals to the health centers and dispensaries. As a US Department of Defense (DOD) partner, and as a region under the supervision of the Mbeya Referral Hospital (MRH), rollout of pediatric care, support, and antiretroviral therapy (ART) in this region will mirror that in Mbeya and Ruvuma.

**ACCOMPLISHMENTS:** Currently, over 500 children from the region are on ART, with nearly 1,000 receiving care and support. Over 75 health workers have been trained in ART management including treatment of children with HIV and AIDS. Two district laboratories at the Nkasi and Mpanda District Hospitals have been renovated, equipped, their staff trained, and systems are up and running, performing both hematology and chemistry assays. Provider-initiated testing and counseling (PITC) has been implemented in all the hospitals in the region, and supportive supervision teams have now been extended to facilities below the district level to expand pediatric care and support services at all health centers in the region.

**ACTIVITIES:** To scale up pediatric HIV/AIDS services in Rukwa effectively, care and treatment centers (CTCs) require significant infrastructure improvements, staff capacity-building, strengthened supply chains and enhanced management systems at the district hospitals and health centers. Provision of pediatric services is challenging due to the poor conditions of the roads, particularly during the rainy season when they are impassible. DOD is stationed personnel in Rukwa to work more closely with the Regional Medical Officer, the District Medical Officers, and Regional and Council Health Management Teams (RHMT and CHMT) to provide direct technical and material support necessary to improve site capacity. Technical assistance and input from other USG treatment partners will continue to play a major role in scaling-up pediatric treatment services in this region. In partnership with the Baylor International Pediatric AIDS Initiative, a specialized pediatric HIV/AIDS outpatient center is being developed at the MRH. Pediatricians working within this facility will conduct outreach services to mentor pediatric ART and HIV care providers and provide specialized services where required. This partnership will contribute significantly to the activities to be executed through the Rukwa RMO in support of pediatric HIV services throughout the region.

Under FY 2009 funding, the Rukwa RMO and DOD will provide significant inputs to roll out pediatric HIV/AIDS care and treatment to 20 additional health centers, bringing the total number of facilities to 23 by September 2010. That will provide pediatric HIV care and treatment coverage at all facilities identified by the National AIDS Control Program (NACP), and ensure that services are available in all four of the districts in the region.

In FY 2009, the Rukwa RMO will expand pediatric care and support services to 20 primary health care facilities in the region, covering all four districts (Rukwa Urban, Rukwa Rural, Mpanda, and Nkasi), using the revised national ART guidelines. In support of this goal, the program will work with the CHMT and facility supervisors to develop facility-based pediatrics HIV care work plans and oversee implementation. To ensure availability of treatment, the Rukwa RMO will assist in the acquisition of reagents, medications, and clinical supplies through local distributors when not available through central mechanisms, and work with facility pharmacists in improving forecasting, stock management, and ordering of pediatric drugs and supplies. The program will also scale up early Infant diagnosis (EID) services to reach all primary health care facilities.

The Rukwa RMO will continue to improve the quality of pediatric care and implement the national quality improvement initiative. Psychosocial support and counseling, including promoting HIV status disclosure, will be provided to all clients, and a link with the US Presidential Malaria Initiative and the national voucher scheme will provide insecticide-treated nets to infants and HIV-positive children. The program will strengthen and reinforce implementation of standard operating procedures for laboratory monitoring and maintenance of pediatric records, and expand mentoring and supportive supervision beyond the district-level facilities through regional medical teams. The program will also improve pediatric record/data collection, working with DOD, CHMTs and facility staff to analyze data that informs improvement of services. To serve hard-to-reach poor communities, the Rukwa RMO will conduct mobile pediatric ART care and support services, particularly with the collaboration of the Baylor program that is being initiated in Mbeya.

The Rukwa RMO will increase pediatric case finding through reinforced and expanded PITC to all facilities. This includes training 60 staff in pediatric inpatient wards and outpatient clinics in HIV care and treatment; providing PITC to all patient contact points, including immunization clinics and antenatal clinics; and continuing to sensitize maternal and child health (MCH) clinical staff and clients on voluntary counseling and testing as a regular part of all pediatric care services. The program will train health care workers on infant feeding counseling and practices, using the national curriculum, and follow children born to HIV-positive women identified through prevention of mother-to-child transmission (PMTCT) programs. The Rukwa RMO will continue to improve and strengthen referrals between ANC, TB, and CTC services for evaluation of HIV-positive children. Finally, the program will train ANC and CTC staff in the collection of dried blood spots (DBS) for EID, who will send samples to the MRH for HIV testing; and ensure all HIV-exposed and infected children are initiated on Cotrimoxazole prophylaxis as appropriate.

The Rukwa RMO will reinforce the comprehensive nature of clinical services by strengthening referral systems for services available within a facility. Site coordinators will conduct daily checks of registers in pediatric outpatient clinics, inpatient wards, MCH and TB clinics to track pediatric patients referred to the CTC. The program will strengthen and formalize referrals to and from community-based organizations (CBOs), non-governmental organizations (NGOs), and faith-based organizations serving children, especially those who are orphaned and most vulnerable.

**Activity Narrative:** In FY 2009, the Rukwa RMO will intensify efforts in nutritional support for HIV-positive children. Specifically, the program will support CTCs to conduct anthropometric measurements and determine nutritional status of children using Body Mass Index calculations and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. The Rukwa RMO will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, the Rukwa RMO will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, the RMO will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services, and include counseling services for caregivers to prevent and manage food- and waterborne diseases, and improve infant and young children feeding practices.

**LINKAGES:** This activity is linked to activities under this partner in PMTCT and palliative care, as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB case management and infection control. In particular, this activity will be linked with the new Baylor International Pediatric AIDS Initiative that will establish a pediatric AIDS Centre of Excellence at MRH with outreach services and strengthening of health worker skills in pediatrics to regions in the Southern Highlands Zone.

The Rukwa RMO will continue to promote pediatric outreach services from the facilities to the communities. Each facility has/will have lists of NGOs, CBOs, and home-based care providers involved in providing services to OVC and HIV-positive children. These lists will indicate geographical coverage and the types of services offered. These lists are displayed in the CTCs and other clinics/wards so that health staff can refer clients to those organizations. The program will strengthen these referrals, as well as referrals from community organizations to the facility, through staff serving as the point of care at the facility for the community organizations.

**M&E:** Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above. M&E data activities for all the CTCs under the Rukwa RMO are supported by technical assistance from the DOD Strategic Information team based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the Electronic Medical Record System and transported to the DOD data center located at the MRH. There, it is analyzed, NACP and USG reports are generated, and feedback is provided to CTC teams for use in patient management.

**SUSTAINABILITY:** Rukwa RMO attempts to ensure sustainability through capacity building of health care providers, sensitization of community members, and advocacy through influential leaders. Sustainability is also accomplished by strengthening systems, such as the improved capacity of CHMTs, the regional supportive supervisory team, the zonal weekly ART meetings (as part of already existing zonal support), and routine Rukwa RMO functions. All pediatric HIV care interventions will be integrated in the districts' comprehensive council health plans so that future support for the program is seen as part of the overall district plans.

Geographic Coverage Areas: (Regions)  
Please list the regions: Rukwa

**New/Continuing Activity:** New Activity

**Continuing Activity:**

### Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

Table 3.3.10: Activities by Funding Mechanism

<b>Mechanism ID:</b> 1139.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ruvuma Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 25450.09	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 25450	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Expansion of Pediatric HIV care and support Services Ruvuma Region

NEED and COMPARATIVE ADVANTAGE: Over 7,000 patients are on antiretroviral therapy (ART) at all five district hospitals in the Ruvuma region. Of those, only 481 (6%) of patients are children under the age of 15. However, within the regional hospitals, 100 staff have received formal training in pediatric HIV and AIDS service provision.

ACCOMPLISHMENTS: In FY 2008, the Ruvuma Regional Medical Office (Ruvuma RMO) supported pediatric care and support services in four established care and treatment centers (CTCs) and several prescription refill sites. The laboratories at the Mbinga and Tunduru District Hospitals were renovated and equipped, laboratory technicians were trained, and the laboratories now have the capability to conduct hematology and chemistry assays. To support the rollout of early infant diagnosis (EID), the Ruvuma RMO has provided training for 40 health care workers, who have begun to collect and transport dried blood spot (DBS) samples to the Mbeya Referral Hospital (MRH) for analysis. Provider-initiated testing and counseling (PITC) is being implemented in all the hospitals to increase testing and enrollment into treatment for HIV-positive children. Pediatric and adult care and support, as well as ART services, will be expanded to a total of 12 facilities by September 2008, ensuring 50% coverage of facilities in the region.

ACTIVITIES: To scale up pediatric care and support services in Ruvuma effectively, health facilities require significant improvement in infrastructure, capacity building of staff, strengthened supply chains, and enhanced management systems at the district hospital and health center level. To meet these objectives, the Ruvuma RMO will renovate facilities, provide staff trainings, and streamline the procurement and supply chain. The US Department of Defense (DOD) has stationed skilled personnel in Ruvuma to work closely with the Regional Medical Office, District Medical Office, Regional and Council Health Management Teams (RHMT and CHMT), faith-based organizations (FBOs) and community-based organizations (CBOs) to improve the rate of program implementation and roll out. The DOD provides direct technical and material support to expand care and support services of HIV-positive children in Ruvuma.

The MRH, in partnership with Baylor International Pediatric AIDS Initiative, is developing a specialized pediatric HIV/AIDS outpatient center, to be completed during FY 2009 and FY 2010. The pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers and provide specialized care services where required. This partnership will significantly enhance activities in support of pediatric HIV services scale-up throughout the region.

Under FY 2009 funding, the Ruvuma RMO and DOD will roll out pediatric care and support, based on the revised national guidelines, to 20 additional health centers covering five districts, bringing the total number of facilities to 44 by September 2009. All of the facilities are National AIDS Control Programme (NACP) identified facilities supporting pediatric ART in the region. The program will support the training of health care workers in EID and infant feeding counseling and practices. The Ruvuma RMO will work with the CHMT and facility supervisors to develop facility-based pediatric care plans and oversee implementation of these plans, and scale up EID services to all health care facilities. To ensure availability of treatment, the Ruvuma RMO will assist in the acquisition of reagents, medications, and clinical supplies through local distributors when not available through central mechanisms, and work with facility pharmacists to improve capacity in forecasting, stock management and ordering of pediatric drugs and supplies.

The Ruvuma RMO will continue to improve the quality of pediatric care and implement the national quality improvement initiative. Psychosocial support and counseling, including disclosure, will be provided to all clients, and a link with the Presidential Malaria Initiative and the national voucher scheme will provide distribution of insecticide-treated nets to infants and HIV-positive children. The program will ensure that all HIV-exposed and infected children are initiated on Cotrimoxazole prophylaxis based on national guidelines, and conduct mobile pediatric care and support services for the rural areas, including hard-to-reach poor communities. Mentoring and supportive supervision beyond the district-level facilities will be supported by the Ruvuma RMO and provided through regional medical teams. The program will also strengthen and reinforce implementation of standard operating procedures for laboratory monitoring, and improve pediatrics record/data collection, working with DOD, CHMT and facility staff to analyze data that informs improvement of services.

The Ruvuma RMO will increase pediatric case finding through reinforced and expanded PITC to all facilities. This includes training 60 staff in inpatient wards and outpatient clinics in pediatric HIV care and treatment to promote PITC for all children (contact points will include immunization clinics and antenatal clinics); continuing to sensitize maternal and child health (MCH) clinical staff and clients in voluntary counseling and testing as a regular part of pediatric outpatient services; and promoting and supporting routine counseling and testing of mothers and their children at all contact points in the health facilities, including antenatal clinics (ANC), labor and delivery wards, immunization clinics and female and pediatric inpatient wards. In an effort to increase the number of children on ART, the program will continue to roll out EID to 20 health centers in Ruvuma by training health workers on DBS sample management and transportation to the MRH for analysis. The Ruvuma RMO will support evaluation of HIV-positive children for care and treatment by strengthening referrals between ANC, prevention of mother-to-child transmission (PMTCT), TB, and CTC services.

The Ruvuma RMO will reinforce the comprehensive nature of clinical services by strengthening referral systems for services available within a facility. Site coordinators will conduct daily checks of registers in pediatric outpatient clinics, inpatient wards, MCH and TB clinics to track pediatric patients referred to the CTC. The program will strengthen and formalize referrals to and from CBOs, NGOs and FBOs serving children, including orphans and vulnerable children (OVC).

In FY 2009, the Ruvuma RMO will intensify its efforts in nutritional support for people living with HIV/AIDS (PLWHA). Specifically, the program will support CTCs to do nutritional assessments on children, using

**Activity Narrative:** anthropometric measurements and Body Mass Index calculations, as well as other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. The Ruvuma RMO will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes and stadiometers. The program will conduct training in the use of these tools, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, the Ruvuma RMO will ensure the identification of clients eligible for the pilot therapeutic supplemental feeding program. Finally, the program will link with other organizations addressing household food security and economic strengthening to ensure PLWHA have access to these services, and include counseling services for caregivers to prevent food- and waterborne diseases, and improve infant and young children feeding practices.

**LINKAGES:** This activity is linked to activities under this partner in PMTCT and palliative care, as well as those of the other regions in this zone (Mbeya and Rukwa). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in the areas of pediatric care and TB infection control. In particular, this activity will be linked with the new Baylor International Pediatric AIDS Initiative that will establish a pediatric AIDS Centre of Excellence at MRH with outreach services and strengthening of health worker skills in pediatrics to regions in the Southern Highlands Zone.

The Ruvuma RMO will continue to promote pediatric outreach services from the facilities to the communities. Each facility will display lists of NGOs, CBOs, and home-based care providers involved in providing services to OVC and HIV-positive children, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations. The program will strengthen these referrals, as well as referrals from community organizations to the facility, through staff serving as point of contact for the community organizations.

**M&E:** Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above. M&E data for all CTCs under the Ruvuma RMO are supported by technical assistance from the DOD SI team based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the Electronic Medical Record System and transported to the DOD data center located at Mbeya referral hospital. There, it is analyzed, NACP and USG reports are generated, and feedback is provided to CTC teams for use in patient management.

**SUSTAINABILITY:** As with other DOD partners in the Southern Highlands of Tanzania, the Ruvuma RMO ensures sustainability through strengthening of the facility and capacity building of health care workers. This includes the sensitization of community members and advocacy through influential leaders. Sustainability is also accomplished by strengthening systems, such as the improved capacity of CHMT, the regional supportive supervisory team, and the zonal weekly ART meetings (part of already existing zonal support and routine Ruvuma RMO functions). All pediatric HIV care interventions will be integrated in the districts' comprehensive council health plans so that future support for the program is seen as part of the overall district plans.

**New/Continuing Activity:** New Activity

**Continuing Activity:**



## Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood
- \* TB

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,000

## Economic Strengthening

## Education

## Water

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 10671.09

**Prime Partner:** Baylor College of Medicine  
International Pediatric AIDS  
Initiative/Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** PDCS

**Activity ID:** 25451.09

**Activity System ID:** 25451

**Mechanism:** BIPAI

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Care: Pediatric Care and  
Support

**Program Budget Code:** 10

**Planned Funds:** \$500,000

## Activity Narrative: THIS IS A NEW ACTIVITY

NEED and COMPARATIVE ADVANTAGE: Tanzania ranks ninth globally in the total number of deaths for children under five years old; amounting to approximately 188,000 in 2006 (UNICEF). HIV/AIDS ranks among the five leading causes of pediatric mortality throughout Tanzania; in high prevalence regions such as Mbeya, HIV/AIDS may represent the second leading cause of pediatric mortality (UNICEF, TACAIDS 2008). Considerable effort has been initiated by several USG agencies and partners, including the US Department of Defense (DOD), Columbia University, and AIDSRelief, to ensure coverage of pediatric HIV/AIDS services. Baylor will collaborate with these partners to strengthen the national effort to address pediatric HIV and AIDS. In addition, Baylor will work with treatment partners to support the scale-up of family-centered pediatric HIV/AIDS care and treatment throughout Tanzania, especially the Lake and Southern Highlands Zones.

The Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) was established in 1996 to foster international HIV/AIDS prevention, care, and treatment, health professional education, and clinical research. As the largest university-based program worldwide dedicated to improving the health and lives of HIV-infected children, operating in several countries, BIPAI brings a wealth of experience to Tanzania. The mission of BIPAI and its affiliated non-government organizations (NGOs) is to conduct a program of high-quality, high-impact, highly ethical pediatric and family-centered HIV/AIDS care and treatment, health professional training, and operational research relevant to the local context.

BIPAI is also one of 23 Fogarty International Center-funded AIDS International Training and Research Programs, which supports the advanced training of African and other international fellows at Baylor College of Medicine in Houston, Texas. As the principal technical assistance partner to UNICEF in pediatric and family HIV/AIDS care and treatment, BIPAI literally accesses the cumulative experiences and best practices of more than 120 countries, on every continent. The skill set developed by BIPAI over the course of more than a decade of work in providing care and treatment services to HIV-infected children and families in resource-poor settings provides a nearly ideal basis for the program.

BIPAI brings a Public-Private Partnership to this program, engaging resources from the Abbott Foundation and the Bristol-Myers Squibb Foundation, as well as private contributions, to make an equal match for support.

ACTIVITIES: The goal of the program is to focus attention on pediatric HIV/AIDS services, augmenting treatment partners' efforts and reducing HIV/AIDS-related morbidity and mortality among infants, children, and adolescents in Tanzania. This will be achieved through the scale-up of comprehensive pediatric and adolescent HIV/AIDS care and support services in the zonal regions of Mbeya and Mwanza. The program will bring focus to the needs of HIV-positive children, and will complement ongoing care and treatment services. It will develop a pediatric-centered approach intended to build the number of providers who are competent to care for HIV-positive children at both referral hospitals and lower-level facilities. Scale-up of pediatric HIV/AIDS prevention, care, and treatment services will initiate in Mbeya and Mwanza, and will proceed in two phases. Phase One involves the provision of pediatric specialists and establishment of a transitional clinic for the provision of family-centered pediatric HIV/AIDS prevention, care and treatment at the zonal referral hospital, and the construction of two Pediatric AIDS Centers of Excellence to serve as the zonal hub of upcoming activities. Phase Two will primarily occur in subsequent fiscal years, but during FY 2009, BIPAI will perform an assessment and develop the plan for program will roll-out, first to the region and then to the larger zones. It will initiate outreach services to district hospitals and health centres. Based on needs and gaps determined during Phase One, additional Baylor Pediatric AIDS Corps (PAC) physicians and local health professionals will be recruited to support programs initiated in Phase One. BIPAI will continue to support and strengthen referral hospital activities.

Specifically, in FY 2009 the program will:

1. Provide comprehensive primary and HIV/AIDS specialty care and support to all known HIV-infected children following a ten-point Pediatric HIV Management Plan and a Basic Care Package developed by BIPAI, based on experience in other countries. The Management Plan will be adapted to the Tanzanian setting and serve as the cornerstone element of the initiative. The Plan and Basic Care Package includes infant feeding counseling, other nutritional support, Cotrimoxazole prophylaxis, access to early infant diagnosis, malaria interventions, safe water interventions, immunization, treatment for opportunistic infections (OIs) or other acute needs, adolescent care and support, and linkages to routine maternal-child health services. Shortfalls in pediatric staffing will be addressed through the placement of PAC physicians to work side-by-side with Tanzanian health workers for effective mentoring. The program will build on existing maternal-child health services, wrapping around child survival, malaria, and Prevention of Mother-to-Child Transmission programs.
2. Expand case finding for children who are HIV-positive through strengthened pediatric HIV/AIDS counseling and testing using a family-centered testing model, especially by supporting and expanding existing hospital-based testing and counseling. The identification of an HIV-infected mother will provide the opportunity to test other family members, including other children and male partners. For children less than 18 months of age, DNA PCR (polymerase chain reaction) equipment is already available in Mwanza and Mbeya. HIV-exposed infants who test negative, but are still breastfeeding, can be identified for continued care, monitoring, and Cotrimoxazole prophylaxis until after weaning, when a definitive HIV diagnosis can be made. HIV-positive children will be screened for OIs and identified OIs will be managed according to national guidelines. The program will work closely with the TB/HIV group to modify and update guidelines and adopt appropriate tools to screen and identify HIV-positive children likely to be exposed to or have TB. The program will provide Isoniazid preventative therapy, as indicated, as well as TB treatment.

The program will extend services to OVC through the Most Vulnerable Children's Committees and community support groups, so that HIV-exposed children can be identified, tested, and provided with appropriate follow up.

**Activity Narrative:** 3. In collaboration with the Ministry of Health and Social Welfare (MOHSW), district hospitals, and local stakeholders, BIPAI pediatric faculty will initiate ongoing training of health professionals in Mbeya and Mwanza regions using a three-pronged approach, including didactic trainings, practical clinical attachments, and on-site support supervision and mentorship. In addition, BIPAI health professionals will provide supportive supervision and mentorship by working side-by-side with local health professionals to deliver family-centered HIV/AIDS care and treatment in their own health facilities.

4. Work with Columbia University, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and other key partners to inform pediatric HIV policy and strengthen the local human resource and health system capacity to provide comprehensive, family-centred paediatric HIV/AIDS care and support services. BIPAI will also work with other partners, as requested, to strengthen approaches to increase identification and care and support services to HIV-positive children.

5. Work with major training institutions, e.g., Bugando University of Health Sciences, to enhance the training curriculum and methods for pediatric care, and strengthen practicum opportunities for health worker trainees.

6. Sensitize and mobilize local government authorities, people living with HIV/AIDS (PLWHA) and the general population to support the provision of pediatric and family-centered pediatric HIV/AIDS prevention, care, and treatment services. The program will conduct surveys of community-based organizations located in the Mwanza and Mbeya zones/regions, and launch a program of community mobilization in the first quarter of 2009. The goals of these community outreach initiatives include improving the knowledge of the benefits and availability of pediatric and family-centered HIV/AIDS care and treatment; mobilizing adults to have at-risk infants children tested for HIV and subsequently enrolled into care as necessary; supporting patient appointment and treatment adherence; enhancing patient retention in care, i.e. reduce the number of patients lost to-follow-up; and identifying orphans and vulnerable children (OVC) who may have been exposed to HIV at birth.

Program and general family-centered HIV/AIDS service information will be provided through entertainment, media opportunities for public awareness,, and printed materials, such as leaflets or pamphlets. Mobilization will concentrate on the services most needed and having the greatest impact.

**LINKAGES:** All programs are intended to build on and not duplicate existing services. BIPAI will be committed to collaborative partnerships with existing USG-supported partners, especially AIDSRelief and the Touch Foundation in Mwanza, Columbia University, and EGPAF in other areas of the Lake Zone, the US DOD in Mbeya, Deloitte/Family Health International in Iringa, and EGPAF at Kilimanjaro Christian Medical Centre. BIPAI staff on the ground in Tanzania will collaborate with the MOHSW Pediatric AIDS Working Group through the National AIDS Control Programme (NACP) community leaders, Most Vulnerable Children's Committees who oversee OVC care in the community, and other stakeholders to ensure that OVC benefit from these services and that there is effective integration of program activities and services into the existing landscape. BIPAI staff will liaise with community leaders to develop and "brand" the program.

**M&E:** A formal and comprehensive M&E plan will be developed prior to program implementation. The M&E plan will also delineate responsibilities for data collection, reporting, analysis, and dissemination. The program will standardize processes for quality assurance (e.g., record keeping, data management, adherence to procedures and policies) and for quality control of service delivery. In the interim, BIPAI will work with the USG, MOHSW/NACP to agree upon an M&E system. It will ensure a computerized patient database and electronic medical record. Summary reports of activity at individual sites and across the whole network will be prepared and circulated on a monthly basis. More complex evaluations of program impact also will be considered (e.g., impact on patient quality of life, community socioeconomic status, health facility status).

**SUSTAINABILITY:** The success of BIPAI models includes the establishment of multi-tiered public-private alliances for 1) the construction of the Centers of Excellence and satellite centers; 2) sustainable operational support through public-private partnerships; 3) provision of decentralized comprehensive, family-centered pediatric HIV/AIDS prevention, care and treatment services; 4) technical assistance and capacity building initiatives for health professional training and health systems strengthening; and 5) community mobilization initiatives to support family-centered pediatric HIV prevention, care and treatment services. Once the Centers of Excellence are completed and operational, BIPAI will commit to securing resources for the improvement of existing MOHSW periphery facilities in both zonal regions which will act as satellite Centers for decentralized care and health professional training platforms.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$100,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 25452.09	<b>Planned Funds:</b> \$12,000
<b>Activity System ID:</b> 25452	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Providing HIV/AIDS Pediatric Care and Support to the Tanzania Police Force and Prisons Service

NEED and COMPARATIVE ADVANTAGE: The Police and the Prisons Service has a network of hospitals, health centers, and dispensaries throughout the country, supporting a total of over 39,000 enlisted personnel, an estimated 100,000 dependants, 40,000 prisoners, and tens of thousands of other civilians. The hospitals offer district-level services with the largest hospitals, Kilwa Road Police and Ukonga Prison Hospital, both located in Dar es Salaam, serving the role of national referral centers for this population. Currently, the smaller police and prison hospitals and health facilities need to be refurbished, significant improvements in health care worker training and quality of clinical services need to be made, and laboratory services need to be expanded. Many of these sites are unable to fulfill the minimum criteria for HIV/AIDS care and treatment as defined by the Ministry of Health and Social Welfare (MOHSW). Currently only one police hospital (Kilwa Road) and one prison hospital (Ukonga) participate in the National Care and Treatment Program. The Prison Service started antiretroviral therapy (ART) services in two hospitals and nine health centers; however, these services were initiated without proper laboratory capacity, training of staff, quality assessments, and monitoring and evaluation processes as required by the National Care and Treatment Program, with the exception of the hospital at Ukonga Prison.

The hospitals and health centers of Police and Prisons Service do not only serve enlisted personnel and their dependents, but also civilians living in the vicinity of the health facilities. Approximately 80% of the patients are civilians. HIV prevalence in Tanzania is estimated to be 7%, though rates are thought to be higher in the Uniformed Forces. PharmAccess International (PAI) is well poised to continue to address the needs of the Police and Prisons Service hospitals and health centers to improve coverage, and strengthen and expand care and treatment activities. Contributions made by PAI to the HIV program are in line with the national Health Sector HIV strategy.

The program has introduced provider-initiated HIV testing and counseling (PITC), which should lead to the identification of a large number of personnel requiring care and treatment. The police and prison health facilities need to be prepared to increase capacity for testing, as well as the resulting increase in patient load. Immigration officers are also included in this initiative; PAI will ensure that they are informed about the availability of HIV/AIDS services provided by Prison and Police health facilities. They will be encouraged to use the services of these facilities, free of charge. They also will be encouraged to bring children for testing and, when necessary, care and support. Presently, only a small proportion of patients under care and support are children.

ACCOMPLISHMENTS: PAI has worked with the Police, Prisons, and Immigration Department (TPPI) to provide comprehensive quality care and treatment services in five zonal police and five zonal prison hospitals. Presently, services are being expanded to another 13 police and 13 prison health facilities.

ACTIVITIES: IN FY 2009, PAI will:

1. Expand the number of hospitals and health centers under the TPPI, strengthening their focus on pediatric care and support
  - Renovate counseling rooms, laboratory, and pharmacy space at ten police and ten prison health centers
  - Conduct initial and refresher ART training of 120 medical staff from the health centers, providing additional focus on the care and support of children who are HIV-positive
  - Train 200 volunteers from the barracks in basic home-based care, who can be helpful in identifying exposed children
  - Conduct community education and mobilization through "Open House" days at each facility to increase access to services and partner/family testing
  - Strengthen the referral system between the TPPI health facilities, district and regional hospitals for antenatal services, adult and infant diagnosis, Prevention of Mother-to-Child Transmission, (PMTCT), ART and TB/HIV at care and treatment centers (CTC)
2. Provide care and support to a total of 200 children: 70 from police facilities, 90 from prison facilities and 15 from Immigration
  - Include 'prevention with positives' as a critical part of all HIV services
  - Evaluate patients for malnutrition and offer nutritional counseling and support, especially for women in the breastfeeding period, and recently weaned children
  - Procure drugs to treat opportunistic infections when not available through the central mechanism
  - Reinforce PITC as a part of all inpatient and outpatient services
  - Scale up early infant diagnosis through dry-blood spot/DNA Polymerase Chain Reaction laboratory networks
  - Manage complications including malaria and diarrhea (providing access to pharmaceuticals, insecticide treated nets, and safe water interventions)
  - Continue to improve patient record/data collection, working with Police and Prison headquarters and facility staff to collect, record, and analyze data
  - Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and Ukonga Prisons and Kilwa Road Police Hospital
  - Improve quality of care and support services through quarterly TPPI meetings, attended by all chief ART staff
  - Provide supervision of services at all facilities
3. Ensure proper lab capacity is developed at all hospitals for patient monitoring and OI diagnosis
  - Provide CD4 equipment to Kilwa Road Police and Ukonga Prison Hospital
  - Provide standard operating procedures and training in quality assurance and control, and link with regional and district quality assurance systems
  - Provide refresher trainings for technicians in TB and HIV diagnosis (adults and infants), hematology and biochemistry analysis and proper equipment maintenance

**Activity Narrative:** - Procure lab reagents and consumables when not available through the national supply chain system

LINKAGES: Administration of the hospitals and health centers of the TPPI falls under the Ministry of Home Affairs, rather than the MOHSW. Care and treatment services under this program will ensure a close linkage with National AIDS Control Programme (NACP) and the National TB and Leprosy Programme. Clients found to be HIV-positive will be referred for further evaluation and qualification for PMTCT, TB screening, and treatment and care services within the facility. PAI will strengthen linkages with prevention activities under the HIV/AIDS program of Police and Prisons, including promotion and counseling of preventive measures for HIV-positive persons, PITC, counseling and testing, PMTCT, TB/HIV and support for orphans and vulnerable children. The program will also link with the new Baylor International Pediatric AIDS Initiative to take advantage of their experience, best practices, tools, and materials related to pediatric care and support.

Linkages have been established with the Regional and District Health Management Teams. PAI will continue this collaboration, and work together with implementing partners, for supportive supervision purposes and technical assistance.

The program will establish linkages and referrals between health centers and TPPI or district and regional hospitals for CD4 and TB testing, and provide referrals for complicated cases. PAI will ensure linkages with organizations of women living in the barracks; it is anticipated that these women will also operate as caregivers within the barracks. Neither non-governmental organizations (NGOs) nor other private social support organizations are permitted to work within the barracks; however, for clients in the surrounding communities, PAI will form linkages with existing local NGOs in order to provide a continuum of care.

M&E: Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center for the NACP. To support M&E Processes, PAI will provide training for 76 data-entry clerks. PAI will continue to promote the synthesis and use of data by facility staff, TPPI headquarters, NACP, and the District and Regional Management Teams.

SUSTAINABILITY: In the TPPI Forces, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. PAI will encourage the Offices of the Directors Medical Services to integrate treatment activities in their health plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with administrators to build the local authority's technical and managerial capacity to manage the program, as well as incorporate data collection and analysis as part of regular health service planning and management.

Geographic Coverage Areas: Dar es Salaam, Mwanza, Mbeya, Moshi, Zanzibar  
Please list the regions

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$8,573,486

Table 3.3.11: Activities by Funding Mechanism

<b>Mechanism ID:</b> 1228.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 27111.09	<b>Planned Funds:</b> \$47,000
<b>Activity System ID:</b> 27111	
<b>Activity Narrative:</b> THIS IS A NEW ACTIVITY.	

TITLE: USAID Management & Staffing for Pediatric ARV services

These funds will support one new half-time position for a staff member who will assist the mission in coordinating activities and providing technical direction within the pediatric treatment program area.

During the next fiscal year, USAID will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW) /National AIDS Control Program (NACP) and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. USAID will provide direct technical support for all of its Pediatric HIV programs, which are implemented in collaboration with Tanzanian governmental and non-governmental organizations under ART regionalization. The non-governmental implementing partners have established offices in Tanzania to support the GOT carry out HIV treatment programs including Pediatric HIV activities that have received renewed attention and specific funding. A key area of focus will ensure Pediatric HIV services provided are comprehensive and integrated with other key HIV interventions such as early infant diagnosis and immunization etc. In FY 2009, this funding will support 50% time for the in-country Pediatric HIV program staff. In-country program staff will work with implementing partners to expand Pediatric HIV services, strengthen supervision systems, and conduct routine monitoring and evaluation. In-country staff will assist other non-governmental partners by ensuring compliance with national care and treatment policies and guidelines, harmonizing care and treatment training efforts, and facilitating the exchange of lessons learned among partners. Finally, staff will conduct site visits throughout mainland Tanzania.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Table 3.3.11: Activities by Funding Mechanism

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 16480.23471.09	<b>Planned Funds:</b> \$48,000
<b>Activity System ID:</b> 23471	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Providing HIV/AIDS Pediatric ART to the Tanzania Police Force and Prisons Service (including children from and inmates)

**NEED and COMPARATIVE ADVANTAGE:**

PharmAccess will work with Police, Prisons and Immigration Department to provide comprehensive pediatric care and treatment services in 10 zonal Police and Prison hospitals in FY08 and 16 Police and Prison health facilities in FY09.

The Police and the Prisons Service have a network of hospitals, health centers and dispensaries throughout the country, supporting a total of over 39,000 enlisted personnel and estimated 100,000 dependants, 40,000 prisoners and tens of thousands other civilians. The hospitals offer district level services with the largest hospitals, Kilwa Road Police and Ukonga Prison Hospital, both located in Dar es Salaam, serving the role of national referral centers for these Forces. The other Prison and Police hospitals and health facilities need to be refurbished, the level of training of the health care providers and the quality of clinical services, including pediatric services, is very poor and laboratory services are often non-existent. All sites are, by far, not fulfilling the minimum criteria for HIV/AIDS Care and Treatment as defined by the MOHSW. Currently only one Police (Kilwa Road) and one Prison Hospital (Ukonga) participate in the National Care and Treatment Program (NCTP). Prisons Service started ARV services in 2 hospitals and 9 health centers without the necessary laboratory capacity, training of staff, assessments, M&E, etc, as required by the NCTP, with the exception of the hospital at Ukonga Prison. None of the police and prison hospitals or health centers has trained staff on pediatric HIV/AIDS services.

The hospitals and health centers of Police and Prisons do not only service personnel from these Forces and their dependents, but also civilians living in the vicinity of the health facilities. In fact 80% of the patients is civilian. PharmAccess is poised to address the needs to improve coverage and access to strengthen and expand care and treatment activities for adults and children in the Police and Prisons hospitals and health centers/satellite sites across Tanzania for their personnel and civilians, including inmates and children of female inmates. PAI's contributions ensure a close service linkage of the HIV program of these Forces being implemented in line with the national Health Sector HIV strategy.

Provider-initiated HIV testing and counseling will be introduced in FY07 and FY08. PMTCT services start in 5 police and 5 prison clinics under FY08 funding and will be extended to 26 sites in FY09. HIV+ persons will be counseled to advocate HIV-screening of family members, including children. For the same purpose, counselors and home-base care providers will be trained to do home visits. PCR testing of new-borns starts under FY08 funding. Blood samples from HIV-exposed children will be taken at all police and prison VCT and PMTCT sites and will be sent to the four referral hospitals in Tanzania capable of doing pediatric PCR testing.

It is anticipated that these actions together will lead to the identification of a large numbers of adults and children requiring care and treatment. Therefore the police and prison health facilities need to be prepared for a stark increase in testing and in an increase in patient load, including children.

Immigration officers will be informed about the availability of HIV/AIDS services provided by Prison and Police health facilities. They will be encouraged to use the (free) services of these facilities. Personnel and dependents from Immigration will therefore be mentioned in and be part of all COPS that are written for Police, Prisons.

**ACCOMPLISHMENTS:**

The ART Program the Police, Prisons and Immigration Forces, funded by PEPFAR/USAID, has only started in July 2008

**ACTIVITIES:**

The program will increase the number of health facilities under the TPPI Program providing pediatric services in both hospitals and health centers: Specific activities will include:

Conduct initial and refresher ART training, including pediatric ART training, to medical officers and counselors / nurses from the targeted hospitals and health centers; Train and re-train clinicians, nurse-counselors, laboratory technicians and pharmacy assistants in HIV and TB diagnosis of infants; Renovate and furnish pediatric ward and clinic space dedicated for counseling of parents and children at Kilwa Road and Ukonga Hospital, the national referral and training hospitals for Police and Prisons; Strengthen the referral system between the TPPI health facilities and CTCs of District and Regional hospitals for ANC services, infant diagnosis, care and treatment.

Provide ART children from both Police, Prison and Immigration facilities; Reinforce provider initiated counseling and testing (PICT) as a regular part of all pediatric services. Blood samples through dried blood spots (DBS) from HIV-exposed children will be taken at all police and prison VCT and PMTCT sites and will be sent to the four referral hospitals in Tanzania capable of doing pediatric PCR testing Muhimbili in Dar es Salaam, KCMC in Moshi, Bugando in Mwanza and the Referral Hospital of Mbeya.

Provide ART and drugs for OI to the HIV+ children fulfilling the criteria for treatment at the police and prison health facilities or at the nearest District or Regional Hospital; Monitor quality of pediatric services at 10 hospitals and 16 health facilities through linkages with regional supportive supervisory teams and Ukonga and Kilwa Road Hospitals as well as through quarterly TPPI ART meetings (attended by all chief ART staff); Continue to improve patient record/data collection, working with Police and Prison HQ and facility staff to collect, record and analyze data to inform improvement of services.

Ensure proper lab capacity is developed at ten police and prison hospitals and 16 health centers or ensure that this capacity to monitor infants on ART is available at the referral hospitals; Provide standard operating procedures and training in QA/QC, linking with regional and district QA systems; Train and re-train technicians in TB and HIV diagnosis (adults and infants), hematology and biochemistry analysis and proper equipment maintenance; Procure lab reagents and consumables when not available through national supply chain system.

**LINKAGES:**

Administration of the hospitals and health centers of the Police and Prisons is not under the MOHSW but



**Activity Narrative:** under the Ministry of Home Affairs. Care and treatment services under this Program will ensure a close linkage with national HIV/AIDS program coordinated by NACP and the National TB and Leprosy Program (NTLP). HIV-infected men, women and children will be referred for further evaluation and qualification for PMTCT, TB screening and treatment and Care services within the facility. Linkage will be strengthened with Prevention activities under the HIV/AIDS Program of Police and Prisons, including promotion and counseling of preventive measures for HIV+ persons, PITC, C&T, PMTCT, TB/HIV and OVC. Linkages will be established as well as referral for HIV+ from the health centers to Police and Prison hospitals or District and Regional hospitals for CD4, TB testing and for referral of complicated pediatric cases. PharmAccess will ensure linkages with organizations of women living in the barracks. We anticipate that these women will also operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the barracks. However for clients in the surrounding communities, we anticipate to form linkages with existing local NGOs operating in those communities so as to ensure continuum of care. Linkages have been and will be established with the Regional and District Health Management teams. PAI will continue to collaborate with Regional and District Health Management teams and with Partner organizations, for supportive supervision purposes, and technical assistance.

**M&E:**  
Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, Police and Prison HQ, NACP and the district and regional management teams.

**SUSTAINABILITY:**  
In the Police, Prisons and Immigration Forces, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. Health facilities of these Forces are under the administration of the Ministry of Home Affairs, not under the Ministry of Health. PAI will encourage the Offices of the Directors Medical Services to integrate treatment activities in their Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with administrators to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16480

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16480	16480.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$800,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$4,800

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Treatment: Pediatric Treatment

**Budget Code:** PDTX

**Program Budget Code:** 11

**Activity ID:** 5506.23467.09

**Planned Funds:** \$4,000

**Activity System ID:** 23467

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE:ARV Services, Management and Staffing, GHAI funding

NEED and COMPARATIVE ADVANTAGE:

Management and staffing funds are split between Base and GHAI to ensure continuity of activities and no interruption in staff funding. This activity relates to # 9399.

FY 2008 funds will support a total of four full time staff. Three technical staff 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 two full-time specialists given the scope and magnitude of the treatment roll-out in Tanzania, and the evolving responsibility of the USG in the coordination of the various ARV treatment partners.

In addition, one administrative specialist will assist the team with all logistical and communication work. With the enormous growth of the program during the last fiscal year, this position has become a critical addition to the team.

Finally, a public health advisor will be integral part of the team by providing data analysis for program planning and evaluation.

In FY 2008, USG/Tanzania ART implementing partners will assist the GOT in scaling up ARV services to additional sites throughout the country, especially to lower level health care facilities. USG partners will continue providing some level of support, and will be integrated within the regional and district annual health budget and plans.

In support of this, the technical full-time staff members will work directly with implementing partners, both governmental and non-governmental partners, 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 a necessary. One staff member, in addition to the focus on ARV Services, will help oversee the ongoing integration of non-ARV services such as PMTCT, TB/HIV and Care. One specialist will mainly focus on the multi-dimensional strategic approach to pediatric HIV/AIDS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13653

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13653	5506.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$496,828
7841	5506.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$16,412
5506	5506.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$350,000

---

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$400

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 4082.09

**Prime Partner:** Selian Lutheran Hospital - Mto  
wa Mbu Hospital

**Funding Source:** GHCS (State)

**Budget Code:** PDTX

**Activity ID:** 6518.23462.09

**Activity System ID:** 23462

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Treatment: Pediatric Treatment

**Program Budget Code:** 11

**Planned Funds:** \$68,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: SELIAN LUTHERAN HOSPITAL: PEDIATRICS TREATMENT PROGRAM

**NEED AND COMPARATIVE ADVANTAGE:** There are an estimated 25,000 HIV-positive people in the Arusha area of northern Tanzania. Among them, over 11,000 have been enrolled into treatment, care and support. While approximately 8,500 have been initiated on antiretroviral therapy (ART), very few are children. Selian AIDS Control Program Care and Treatment Services provides care and treatment to patients suffering from HIV/ AIDS, while prioritizing the needs of children. Selian is a faith-based initiative with a comprehensive and integrated spectrum of HIV/AIDS-related services, including support for orphans and vulnerable children (OVC), counseling and testing, prevention of mother-to-child transmission (PMTCT), and facility- and home-based care and support. Selian provides ART for children through a network of three facilities; Selian Hospital, Arusha Town Clinic, and Kirurumo Health Centre at Mto wa Mbu.

**ACCOMPLISHMENTS:** As of September 2008, Selian has enrolled over 300 children in its three care and treatment clinics (CTCs), which accounts for 7 % of all enrolled patients. Total children on ART totaled 191, with 161 actively receiving treatment. By Sept 2008,164 children will have ever started ART. The total number of children enrolled in ART below the age of two years is 15. Selian also has started an intensive pediatric clinic for HIV-positive children.

**ACTIVITIES:** With FY 2009 funding, Selian will:

Continue to provide and expand pediatric ART services at three CTCs following the national guidelines for ART. Through more intensive case finding and early infant diagnosis, more HIV-positive children will be enrolled. The program will also increase the number of children on treatment by end of FY 2009 through recruitment in PMTCT and provider-initiated testing and counseling (PITC), especially in pediatrics outpatient department clinics, including maternal and child health clinics. The project will ensure continuous availability of pharmaceuticals and medical consumables appropriate for children. In addition, Selian will continue to improve quality pediatric ART treatment services through innovative on-site continuing education for all program staff. Provide orientation on child counseling to ART nurses, voluntary adherence counselors, and promote the use of expert clients. Funds will also be used to Perform nutritional assessments on pediatric patients on treatment and monitor nutritional status using Body Mass Index (BMI) calculations, growth monitoring, and other appropriate measurements such as mid-upper arm circumference (MUAC). Selian will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, Selian will link HIV-positive children who are severely malnourished to the World Food Program nutritional support. Lastly FY 2009 funds will be used to expand lab capacity in all three CTCs to be in-line with provision of quality pediatrics services, by maintaining and procuring modern equipment and supplies and test kits. Train staff and promote quality assurance to attract more clients.

**LINKAGES:** Selian will ensure that it continues to provide services that support a continuum of care model for pediatrics by providing several reproductive health and HIV-related services within its sites, and through its referral system with palliative care, TB, OVC, PMTCT and Selian Hospital for ART treatment. Selian will strengthen relationships and linkages with other organizations. Selian will also continue to cooperate closely with other providers in the area, especially the CTC at St. Elizabeth's Hospital in Arusha and the Mt. Meru Regional Hospital. Selian will also link with other pediatric AIDS programs in Tanzania, especially Elizabeth Glaser Pediatric AIDS Foundation, Columbia ICAP Program for Early Infant Diagnosis, and the Baylor International Pediatric AIDS Initiative for the purpose of sharing experiences, best practices, tools, and materials.

**CHECK BOXES:** Selian is actively engaged in providing in-service training for its staff. The training will include special emphasis on quality ART treatment for pediatrics. Selian will also put a special priority on food support from the World Food Program for children on ART.

**M&E:** Selian uses the national ART monitoring system. In FY 2009, the three CTCs will continue to utilize paper and electronic systems to collect, manage and analyze HIV care and treatment data. Technical assistance for M&E will be provided for three organizations. 5% of the budget will be used for M&E.

**SUSTAINABILITY:** Selian is a Tanzanian faith-based organization providing ART services. The capacity being built through this project will remain within the organization. As an integrated component of national health services, the program is sustainable as long as there is direct support through the government of Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13591

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13591	6518.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$774,000
7805	6518.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$500,000
6518	6518.06	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4082	4082.06		\$400,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$6,800

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3745.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Pastoral Activities & Services for People with AIDS	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 5560.23460.09	<b>Planned Funds:</b> \$156,000
<b>Activity System ID:</b> 23460	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: PASADA–PEDIATRIC TREATMENT

NEED and COMPARATIVE ADVANTAGE: PASADA is a faith-based organization providing comprehensive HIV services to a catchment population of 1,300,000. The need for antiretroviral therapy (ART) services in the region is still high, evidenced by the increasing number of HIV-positive clients registered (currently over 36,000). PASADA has expanded its services and enrolled at least 7,100 clients on ART, 15% (1,050) of which are children. In 2008, 10% of ART patients were pediatric cases. During FY 2008, PASADA decentralized ART services to a total of 11 satellite sites, including PASADA Upendano headquarters. Decentralization is an important strategy in bringing services closer to those who need them, reducing indirect costs for the poor target population, reducing stigma and discrimination, and involving the community in responding to the needs of those affected by and infected with HIV/AIDS. In addition to decentralizing to outreach sites, PASADA has also engaged in training in ART management, facility renovation, and ensuring pharmaceutical supplies. PASADA is well-placed to expand the provision of quality ART services, as the program offers a continuum of care from prevention and voluntary counseling and testing (VCT) to home-based care (HBC), TB diagnosis and treatment, prevention of mother-to-child transmission (PMTCT) and support to orphans and vulnerable children (OVC).

As of September 2008, the number of children on ART is 385, of whom 12 are less than 1 year of age, and 56 are between the age of two and four years. Trained people living with HIV/AIDS (PLWHA) actively promote prevention, gender awareness, and stigma reduction at the community level. They are also proactively identifying pediatric cases of HIV at the community level. Strong linkages exist between the sites, community volunteers, groups and members.

PASADA "graduated" from sub-grantee status to direct partnership with the USG in FY 2007. From that time, it is operating as successful program with ongoing expansion to other sites within the Archdiocese of Dar es Salaam. All sites are operated by assigned one Assistant Medical Officer and one Nurse Counselor. Opening sites at community level increases the identification of children who need to access services. Children's access to services is limited by the economic status of the family, children's status within the family, and lack of knowledge about pediatric HIV. Community mobilization and sensitization activities promote children's access to services.

ACTIVITIES: With FY 2009 funding, PASADA shall:

1. Carry out expansion of the ART program to five lower-level satellite dispensaries. This is a critical element in PASADA's ART program, as expansion to lower levels of care improves access and adherence to ART. Other activities include: training laboratory staff in ART management; providing technical and financial/management support to initiate ART in lower level sites, in order to carry out minor renovation work, furnishing and supply of appropriate clinical and diagnostic equipment commodities and supplies; supervising, monitoring and evaluating ART progress; and supporting the employment of two clinical staff in each of the five dispensaries.
2. Improve quality of treatment services through an on-site continuous quality improvement program and an innovative continuing education program including all ART program staff; improved data collection and management; employment and retention of competent (with additional focus on retention strategies), qualified and motivated staff. The program will also ensure continuous availability of pharmaceuticals, medical consumables, laboratory reagents, test kits, equipment and supplies in PASADA. Capacity will continue to be built through training in and outside the country.
3. Train ART program staff (clinical staff, adherence counselors, HBC nurses) in PASADA and the dispensaries on management of pediatrics ART.
4. Sensitize people at community level on importance of HIV testing for children to access care, treatment and support throughout the catchments area.
5. Stage children according to their CD4 percentage.
6. Conduct morning health lessons for clients attending care and treatment clinics (CTCs), including promotion to bring children to health services.
7. Intensify efforts in nutritional support for HIV-positive children. Specifically, PASADA will support conduct anthropometric measurements and determine nutritional status using Body Mass Index (BMI) calculations for and other appropriate measurements such as mid-upper arm circumference (MUAC) and weight for age. PASADA will procure the necessary equipment required to carry out effective nutritional assessment such as weighing scales, MUAC tapes, and stadiometers. Training in the use of these tools will be conducted, as well as in dietary assessments of patients and the provision of nutrition counseling and education. In addition, PASADA will participate in the pilot therapeutic supplemental feeding program.
8. Provide provider-initiated testing and counseling (PITC) in collaboration with counselors.
9. Carry out organizational and institutional strengthening activities including improvement of general management skills, financial management and accountability. Ensure regular clinical and senior management meetings. PASADA will also strengthen management of pharmaceuticals, inventories of other commodities and reagents, and overall management of equipment maintenance and insurance of project vehicles, buildings etc. Maintain security services of the organization; and ensure communication and general organizational support.

**LINKAGES:**

PASADA will ensure that it continues to provide services that support a continuum of care model by providing HIV-related services within its sites and also through linkages with public and private faith-based organizations and continued strong linkages with communities. Linkages with other programs will be ensured through:

- Ensuring women attending PMTCT services are also referred to the ART for pre-ART care
- Providing referral forms with feedback mechanisms to ensure patients referred from TB or PMTCT program are tracked
- Emphasizing screening of all TB patients for HIV; eligible patients will be initiated on ART
- Establishing PMTCT, TB, and ART services in one location

**Activity Narrative:** - Printing of educational materials and conducting ART community mobilization and sensitization activities  
 - Accessing materials developed for pediatric AIDS programs by the Baylor International Pediatric AIDS Initiative (e.g., pediatric treatment guides for patients, pediatric palliative care materials, etc.)  
 - Continuing collaborative links with government agencies (e.g., TACAIDS, National AIDS Control Programme (NACP), National TB Control Program, and Global Fund) and government health facilities (e.g., Muhimbili National Hospital, Ocean Road Cancer Hospital and Temeke District Hospital), with some specific NGOs organizations involved in Pediatric HIV/AIDS or children's services (e.g., Elizabeth Glaser Pediatric AIDS Foundation, Columbia, Baylor, Pact, Pathfinder International, Catholic Relief Services, Action Aid, and HelpAge International).  
 - Continuing to work closely with Parish Health Committees, Small Christian Communities, local community groups and different faith groups, including the Muslim community. Promotion of interfaith collaboration in the fight against HIV/AIDS is one of PASADA's priorities, particularly through the Community Education and prevention program.

**Areas of emphasis:**

1. Construction and renovation: minor renovation work to dispensaries
2. Gender issues: gender is crosscutting in all activities and all ART and non-ART clients are counseled and assisted in gender issues, including gender violence
3. Human capacity development: program activities include extensive training of PASADA and dispensary staff, community volunteers and community members
4. Local organizational capacity building: the program assists capacity building of dispensaries
5. PASADA performs training on the management of HIV/AIDS in the workplace for private companies and other institutions
6. PASADA is a site within the national TB control program and has an integrated community-based TB/HIV HBC program

PASADA will use the national ART monitoring system developed and updated by the Ministry of Health and Social Welfare and the NACP. PASADA's CTC and all its satellite facilities use the national paper-based tools to collect patient data, which is then entered into the national CTC2 database. Data entry, management and analyses is centrally located at PASADA, where the electronic system generates national (NACP) and USG reports as well as feedback reports to CTC teams and PASADA management for utilization in informing patient management and program improvement. All departments involved in the ART program hold regular M&E meetings to review progress, discuss issues of concern, and chart the way forward. The CTC2 database at PASADA is currently managing data from the PASADA CTC as well as ten satellite sites. The database will have data from one CTC and ten satellites by September 2009.

Strategic Information targets: to do above activities, PASADA will support the training of 150 healthcare workers in SI and provide technical assistance to ten satellite dispensaries.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13564

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13564	5560.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$1,750,000
7784	5560.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$750,000
5560	5560.06	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	3745	3745.06		\$650,000

**Emphasis Areas**

Construction/Renovation

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,600

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 3621.09**Mechanism:** N/A**Prime Partner:** Harvard University School of  
Public Health**USG Agency:** HHS/Health Resources  
Services Administration**Funding Source:** GHCS (State)**Program Area:** Treatment: Pediatric Treatment**Budget Code:** PDTX**Program Budget Code:** 11**Activity ID:** 5384.23458.09**Planned Funds:** \$1,102,886**Activity System ID:** 23458



**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Scaling up Pediatric ARV Treatment services in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Of the 3.5 million person population of the Dar es Salaam region, 311,500 (8.9%) are estimated to be living with HIV/AIDS (PLWHA). Of these, it is estimated that 62,300 (20%) will need ART.

MDH (Muhimbili, Dar City and Harvard ) is collaboration of Muhimbili University of Health and Allied Sciences (MUHAS) , Harvard School of Public Health (HPH) and Dar es Salaam City Council collaboration, MDH has been involved in training and research for more than 15 years. This collaboration has improved the region's health care system including increasing space, improving laboratory facilities and training bases, improving patient monitoring and tracking loss to follow up. There is strong commitment from the local Dar es Salaam (Dar) authorities to advance HIV care and treatment services.

ACCOMPLISHMENTS: By September 2008, 1) 36 sites will be providing comprehensive pediatric HIV care services, including ART. 20 of these are public facilities, and 16 are private (to boost public-private partnership). 2) A total of 3,425 and 2,620 pediatric HIV patients will have been initiated and actively on ART, respectively. 3) A total of 298 pediatric HIV patients under two years of age have ever started ART, of those, 266 are currently receiving ART.

Various efforts have been exerted to increase the early identification, diagnosis and initiation of ART for pediatric AIDS patients. Various entry points, including in-patient wards, immunization clinics, and PMTCT follow-up, have been identified, and the staff of these points have been trained. Pediatric Focal persons have been placed to draw attention and for closer follow up. HIV testing has been introduced at all entry points of the facilities. A child-friendly atmosphere has been created through special pediatric treatment days, meant to attract more eligible children into HIV treatment.

**ACTIVITIES:**

Expansion of pediatric ART services ( in both public and private)

Pediatric ART services will be expanded to additional public dispensaries , in the districts (to be identified with the district and regional medical offices; discussion is underway). By the end of FY 2009, MDH estimates that 80% of eligible children in Dar will be actively on ART.

Strengthening the existing pediatric AIDS treatment – All efforts to increase pediatric enrollment will be intensified. We will increase the proportion of patients initiated on ART that are children to 15%. MDH will continue strengthening linkages between PMTCT (using antenatal clinics (ANC) and immunization clinics to identify HIV-exposed infants), MCH, in-patient and care and treatment centers (CTC). Provider-initiated counseling and testing (PITC) will be conducted at immunization clinics. HIV-positive children will be evaluated, initiated on Cotrimoxazole and referred for ongoing HIV care and treatment as necessary. See Pediatric Care narrative for the complete package of services for pediatric patients on ART. HIV testing using DNA-polymerase chain reaction (PCR) will be made universally available across all sites. Innovative strategies such as the 'pediatric only days' will be further promoted and utilized. The family-centered HIV management approach currently practiced at one of the MDH-supported sites will be scaled up to other sites as well. All health care workers (including non-pediatricians) at all entry points will continue to be trained to screen, assess and treat pediatric AIDS patients (including the use of co-trimoxazole prophylaxis).

Staffing support –MDH will support the necessary human resources for pediatric HIV management through recruitment and hiring of necessary staff within the city and district municipality systems, with agreed upon compensation. This will create a conducive working environment along with training and career planning to ensure job satisfaction and retention.

Facilitate availability of pediatric ARVs – MDH will continue supporting the district medical offices and all supported sites in forecasting, acquisition, transport, distribution, storage and stocking of pediatric formulations of ARVs from the Medical Stores Department.

Laboratory services – MDH lab support will be coordinated and synchronized with the national program of the Ministry of Health and Social Welfare (MOHSW) and the national referral lab. MDH will support procurement of essential lab equipments/instruments test kits, reagents and consumables for the sites. MDH will reinforce laboratory testing activities and results reporting at central and district/health centre laboratories in order to increase yield and efficiency. MDH will also establish new site laboratories to decentralize testing. MDH will support and provide dried blood spot (DBS) DNA PCR testing for early infant diagnosis (EID) of HIV for Dar and Eastern zone sites. MDH will support human resource capacity building through hiring and laboratory training, and will provide supportive supervision for testing and implementation of the lab quality assurance/quality control program. MDH will support provision of regular preventive maintenance services/repair for lab equipment/instruments. The following numbers of lab tests are targeted to be performed: 10,000 rapid HIV tests, 3,000 HIV DNA PCR and 25,000 CD4 count/percent.

Quality management program (QMP) – MDH has developed a comprehensive quality of ART and care assessment and improvement program; it has pediatric indicators on HIV treatment and care. On a regular basis, data is collected and used to monitor and improve the quality of pediatric patients' care. QMP will cover all the existing, as well as the new, sites. All the national M&E indicators are included in our QMP.

Tracking pediatric patients lost to follow up: MDH has a patient tracking system to trace those children on treatment who missed their scheduled visit, were lost to follow up, or had abnormal laboratory results. Currently, the team has 37 nurses; an additional 34 will be recruited. We will also involve PLWHA and volunteers with the ART patient-tracking system. MDH will continue strengthening linkages with other organizations to ensure continuity of treatment and care to their homes.

Training: All health care workers from all entry points for pediatric HIV patients will continue to be trained on

**Activity Narrative:** screening, diagnosis, management and follow-up of pediatric AIDS patients. To do so, a cascade of year round training sessions (introduction and refresher courses) on the full spectrum of pediatric HIV treatment will be conducted using the national curricula. Monthly on site training and follow up, supportive supervision and preceptorship, together with Council Health Management Teams (CHMT), system strengthening and logistical improvement will be prioritized. In consultation with the CHMT, further training opportunities for selected MDH staff will be offered.

**LINKAGES:** Referral systems and lines of communications will be strengthened. This will enable pediatric patients' access to various levels of services provided by health facilities and other organizations, particularly those of PLWHA and OVC that provide clinical, psychological, spiritual, social, preventive and palliative care in the communities. Linkages within health facilities, particularly between RCHs, CTCs, TB, PMTCT, out-patient and in-patient departments will continue to be strengthened. Provider initiated counseling and testing (PICT) will be strengthened to minimize missed opportunities. Tracking patients, as well as ensuring continuum of care, will be accomplished through the linkages that are currently established with the Community Home Based Care (CBHCs) provides in the three municipalities.

**CHECK BOXES:** Emphasis will be given to vulnerable groups: children and early adolescents. A child friendly clinic atmosphere will be further promoted to attract more eligible children.

**MONITORING AND EVALUATION:** MDH will continue collaborating with the National AIDS Control Program (NACP) to implement the national M&E system for pediatric care & treatment. Patient records at all sites will be managed electronically using the CTC2 database for generation of NACP and USG reports, as well as for the local site-level data use for program planning, monitoring and improvement purposes. MDH will provide ongoing and regular support, through training and supportive supervision, to all ART-providing sites to build their capacity for optimal data use. We will support training for no less than 75 health care workers (HCWs) and data personnel in SI, and provide technical assistance (TA) to all 42 CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes, and to document the lessons learned which will be shared through various forums, including conferences and publications.

**SUSTAINABILITY:** MDH is working in the day to day activities of the existing program with regional and district authorities. Planning, implementation and monitoring of the activities are done jointly with the district staff. All MDH activities will be in line with the Comprehensive Council Health Plans. MDH will continue with district capacity building in infrastructure and human resource. Financial and program management system capacities will be strengthened through training and technical assistance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13490

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13490	5384.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$8,010,000
7722	5384.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4540	3621.07	Tz Budget	\$2,720,000
5384	5384.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3621	3621.06		\$955,000

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$210,289
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2369.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Elizabeth Glaser Pediatric AIDS Foundation	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 3494.23456.09	<b>Planned Funds:</b> \$1,000,497
<b>Activity System ID:</b> 23456	

## Activity Narrative: THIS IS A NEW ACTIVITY.

TITLE: Expanding Pediatric ART services in six regions

### NEED AND COMPARATIVE ADVANTAGE

There are approximately 140,000 children living with HIV in Tanzania. By the end of 2007, only 11,176 had ever received ART. The need and gaps for ART in children is similar in the EGPAF-supported regions of Kilimanjaro, Arusha, Tabora and Shinyanga, as in other parts of the country.

### ACCOMPLISHMENTS

By end of June 2008, 4,972 HIV-infected children were receiving care and treatment. Of those, 1,924 were on ART, representing 9.2% of all patients on ART. Of the children on ART, 10% are under two years of age; 22.6% are of two to four years of age. Sixty service providers were trained on comprehensive pediatric ART, while another 107 had refresher training on pediatric ART.

EGPAF played a central role in the opening of the Child Centered Family Care Clinic (CCFCC) at Kilimanjaro Christian Medical Center (KCMC) in December 2007. The CCFCC focuses on care and treatment for HIV-infected children and their families. The center currently cares for 36 families with three or more infected members, and for 128 families with two infected members. 328 HIV-exposed children had early infant diagnosis (EID), of whom 11.2% were HIV infected. Currently, 363 HIV-infected children receive care, and 240 receive ART (5% are less than two years old). The Continuous Pediatric Education Program at the center provides expert services as a pediatric HIV outreach program for all hospitals in the Kilimanjaro region. The Centre provided various hospitals in other regions with mentoring by a specialist who was paired with clinicians from the CCFCC. It also supported the pediatric warm-line, a telephone and email service for problem-solving at a distance. This is promoted to clinicians caring for children living with HIV/AIDS CLWHA throughout Tanzania. The introduction of a teen-club that started at the CCFCC has been initiated in seven other sites. 143 community/religious leaders were sensitized on partner-initiated counseling and testing (PITC) and pediatric care and treatment. Most sites have introduced a register for HIV-exposed children to guarantee the provision of prophylaxis, as well as early identification of infected infants and young children. EGPAF fully participated in the national roll out of dried blood spot (DBS) polymerase chain reaction (PCR) (see lab narrative).

### ACTIVITIES

EGPAF shall implement a specific framework for pediatric HIV care, which has the following activities. To improve identification, enrolment and retention of HIV-infected children on ART, EGPAF will train regional and district trainers and mentors. They will then, in turn, train and mentor service providers at all supported facilities in PITC and comprehensive care for HIV-infected and exposed children. Some PLWHA will also be trained as lay counselors. Wherever possible, retired officers will be recruited to support the testing of all children with unknown HIV status and their access to facility services. EGPAF shall supplement test kit supplies for children and their families. EID using DBS PCR will be scaled up to all 36 hospitals and 52 primary health care facilities providing care and treatment services. To accomplish this, EGPAF will train more trainers who will then train as many facility staff as possible in specimen collection and establishing and facilitating transportation of specimen and results. This will enable testing of all HIV-exposed children from any point of contact. To strengthen linkages between PMTCT and care and treatment, EGPAF will facilitate regular review meetings at the district and facility level, and train service providers in the reproductive and child health units (RCH) on care and treatment. Service providers will also be trained on stock keeping and drug and reagent forecasting to ensure consistent availability of drugs and laboratory supplies. In addition, facilities will be improved to provide adequate and attractive space for children's care. To institutionalize child friendly services, facilities will be encouraged to establish child-specific clinic days and guided on how to set up child-friendly services.

EGPAF will also facilitate sensitization activities for community leaders on pediatric ART. They will facilitate message production and dissemination for local media and drama, and form partnerships with local community-based organizations (CBOs) for greater community involvement and participation.

To improve retention of HIV-infected children on ART, EGPAF will strengthen nutrition and psychosocial support for children on ART. EGPAF will identify, and forming partnerships with other organizations that offer nutritional and psychosocial support. EGPAF will also support development and/or dissemination of information, education and communication (IEC) materials specifically for HIV-infected child nutrition in order to increase community knowledge and practices on feeding HIV-infected and exposed children. Health facility service providers will be trained and mentored on providing psychosocial support to HIV-infected children and their families/caregivers. EGPAF will use the experience of its Ugandan program to facilitate the formation of family and PLWHA support groups to support psychosocial care for children.

See Pediatric Care narrative for complete package of services for pediatric patients on ART.

For broader national scale up of pediatric ART, EGPAF will support the Ministry of Health and Social Welfare's (MOHSW) capacity to coordinate pediatric-specific HIV care and treatment by facilitating: national meetings, the Pediatric Technical Working group, study visits by national leaders, and development of a pediatric-specific national plan for treatment and care of HIV-infected children. In addition, EGPAF will continue to coordinate the epidemic-HIV integration demonstration project that is being implemented by EGPAF, Harvard, Columbia University and AIDS Relief.

### LINKAGES

EGPAF will: 1) collaborate with Council Multi Sectoral AIDS Committees (CMACs) to coordinate pediatric HIV care activities in EGPAF-supported regions, 2) assist Ward Multisectoral AIDS Committees (WMACs) in community sensitization on pediatric HIV care, 3) establish PLWA support groups for psychosocial support, information sharing and strengthening of follow up, 4) collaborate with HBC providers, traditional birth

**Activity Narrative:** attendants (TBAs), traditional healers, volunteers and PLWHA groups to strengthen participation in antenatal clinics, VCT, PMTCT and RCH services, and follow up of HIV-exposed/infected persons, 5) perform mapping of existing initiatives, and collaborate with other organizations to strengthen care of HIV-infected and exposed children (e.g. KIWAKKUKI, MILD MAY, MARTEA, TASAF, WFP).  
MONITORING AND EVALUATION

EGPAF will collaborate with the National AIDS Control Program (NACP)/MOHSW to implement the national M&E system for care and treatment in Arusha, Kilimanjaro, Shinyanga, Tabora, Mtwara and Lindi regions. EGPAF will build the capacity of facilities, districts, and regional health authorities in data collection, interpretation, and reporting. To do this, EGPAF will by distribute patient enrolment tally sheets and registers, train staff on the use of data collection tools and data quality improvement, and facilitate supervision and mentoring visits. EGPAF will facilitate information flow from facility to district to regional and to national levels. District teams will be supported to perform M&E supportive supervision to their respective sites. EGPAF will provide the required national and PEPFAR reports. In order to promote a data use culture, EGPAF shall provide regular feedback to supported sites, and promote data utilization at sites through the quality improvement program for better patient management. At the EGPAF semi-annual partners meetings, partners will share best practices and operational practices standardized across all sites.

**SUSTAINABILITY**

EGPAF Tanzania works closely with the Government of Tanzania in the implementation of activities to ensure that the plans are aligned with the national strategy. Local capacity building is ensured by improving physical infrastructure, training and mentoring of local Tanzanian health workers and using local Tanzanian technical officers in project implementation. Systems are developed that rely heavily on local inputs and personnel. External technical assistance (TA) will gradually decrease over time. In the next year, training from Baylor and the University of California San Francisco (UCSF) will concentrate on refresher training, training of trainers, and mentorship. District teams will be empowered to do supportive supervision and provide TA to lower level facilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13471

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13471	3494.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6512	2369.08		\$8,188,236
7706	3494.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4534	2369.07	Project HEART - Tz Budget	\$5,700,000
3494	3494.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2887	2369.06	Project HEART	\$1,700,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,050

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10123.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 5505.23454.09	<b>Planned Funds:</b> \$1,069,103
<b>Activity System ID:</b> 23454	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**NEED AND COMPARATIVE ADVANTAGE:**

There are approximately 140,000 children living with HIV in Tanzania. By the end of 2007 only 11,176 had ever received ART. There is a need to increase access, especially to younger children. With 4 regionally-based teams working closely with Regional & Council Health Management Teams (RHMT & CHMT), faith & community-based groups, AIDSRelief (AR) provides technical support & material inputs necessary to increase ART enrollment among children under 15 in 65 local partner treatment facilities (LPTF). To effectively scale-up pediatric ART services in Tanga, Manyara, Mwanza and Mara regions, AR intends to build on its family-centered approach by increasing staff skills & knowledge, improving infrastructure, strengthening EID and enhancing supply chain and management systems. Linkages between out-patient departments (OPD), RCH clinics & pediatric wards will serve as entry points to bring more children into care & treatment. In addition, AR is working closely with MOHSW, Bugando Medical Centre (BMC) & Baylor Pediatric AIDS Institute to develop a zonal pediatric center of excellence at BMC in Mwanza.

**ACCOMPLISHMENTS FROM FY 2007 AND FY 2008 FUNDING:**

AIDSRelief's family-centered comprehensive package of support to HIV care and treatment partners enabled them to respond to the needs of patients and promoted the conditions necessary to achieve durable viral suppression.

By the end of June 2008, AIDSRelief has enrolled 58,738 clients in care, of which 4,399 (7.49%) are children under the age of 15 years of age, in 51 CTC in the four AR-supported regions; AR has been able to initiate 27,171 people on ART, of these, 1987 are children on ART (6.98%). By September 2008, 2360 children will be enrolled on ART, of which 11.2% will be less than 2 years of age.

**ACTIVITIES:**

**Coverage and Quality Pediatric ART provision**

Of the total number of patients receiving treatment at 65 sites in the 4 regions, 10% shall be children. Strong focus will be on increasing testing of infants and children at multiple entry points by: (1) community mobilization campaigns for pediatric testing days, (2) advocating for increased community-based HIV testing with the National AIDS Control Program (NACP), (3) facilitating training of staff at health facilities for early infant diagnosis (EID) in collaboration with NACP and Columbia University, and (4) partner-initiated counseling and testing (PITC) at pediatric wards.

Other activities will include: (1) promoting improved capturing and tracking of all HIV-exposed infants and infected children through mentorship and didactic training (2) promoting family-centered care and treatment clinics, (3) continuing collaboration with Baylor Pediatric AIDS Institute to develop a zonal pediatric center of excellence at BMC in Mwanza, (4) conducting centralized and on-site trainings on pediatric ART and pediatric counseling by AR clinical staff and visiting international experts for staff from partner health facilities and RHMT/CHMT and (5) establishing child friendly centers at Bombo, Muheza and Musoma hospitals.

See Pediatric Care narrative for complete package of services for pediatric patients on ART.

**Pharmaceutical and supply chain management**

In Year five, AR strengthened its capacity to provide technical assistance (TA) to improve LPTF pharmaceutical and supply chain management. In Year six, the program will (1) continue to monitor pediatric HIV/AIDS commodities in the national pipeline by communicate with Medical Stores Department (MSD) and NACP for regular updates, relay information to LPTFs, and provide feedback from LPTFs and (2) improve the ability of LPTFs to select, forecast, store, order and dispense Pediatric HIV/AIDS commodities by providing centralized training and on-site mentorship. In addition, Rational Use of Pediatric HIV/AIDS Commodities will be achieved through; 1) Incorporating pediatric treatment component into the rational use of medicines trainings, 2) providing easy-to-use information packages, national dosing charts and treatment updates and 3) providing technical support on using the national integrated logistics system (ILS) tools to accurately capture pediatric requirements.

AIDSRelief will develop a drug information leaflet for care givers (in Swahili) to be handed over during dispensing. The content will be basic ARV information on the specific drug, dosing and dosages, usage, drug interaction & side effects. This information will also focus on pediatric ARVs. To date, the drug information job aids used in Tanzania have been developed for health workers; this will be the first drug information leaflet geared toward mothers and care givers.

**Laboratory**

Laboratory support will include (1) training Laboratory staff on specimen collection and transportation (2) providing means for specimen transportation and (3) hiring and training of lab engineers to support maintenance of lab equipment. Lab tests will include CD4 and basic chemistry and blood tests. See lab and Adult ARV narratives for more information.

**Program and Finance Support**

This will be accomplished through (1) provision of resources (2) Capacity building through finance and compliance training and (3) supportive supervision.

**LINKAGES:**

AIDSRelief's established relationships with regional and district government, including RHMTs, faith-based networks and community-based groups to reinforce linkages for improved patient support. Many of our 71 (65 LPTFs plus Christian Social Service Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church) current partners link to programs in Tanzania's portfolio including OVC and nutritional support, HBC, water resource development, micro enterprise and other international and private donors.

**Activity Narrative:** During year six, formal linkages will be strengthened between CTCs and groups providing home based palliative care in these areas. Through on-site mentorship and centralized training, AIDSRelief will strengthen information sharing and utilization between CTC and RCH clinics. Outreach and adherence staff, using patient attendance data, will utilize these networks to follow up on missed appointments or patients lost to follow up. PLWHA groups will assist with scale up by performing roles as lay counselors and adherence support partners.

**AREAS OF EMPHASIS AND POPULATIONS:**

(1) Capacity building of health care workers to offer quality care to infants & children; (2) Supply Chain Management (3) Human resource development (4) Laboratory services strengthening (5) EID (6) Proper use and documentation of pediatrics information.

**MONITORING AND EVALUATION:**

AIDSRelief will continue providing M&E technical assistance to 65 existing partners. The technical assistance will be accompanied by Regional and District level MOHSW personnel. This approach will build the capacity of facility-based staff to use existing MOHSW tools for patient monitoring and tracking as well as enhance the ability of MOHSW staff to provide quality supportive supervision. Initial and refresher trainings in the use of revised MOHSW data collection tools will be provided to 498 HCW's, including members of RHMTs and CHMTs. Physical improvements include computerization of paper-based information systems at 35 hospital facilities, further enhancing their ability to generate and use data for quality improvement, patient management and reporting to MOHSW. Approximately 7% of project support is designated for M&E.

**HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS):**

AIDSRelief will (1) provide updates on the uptake and enrollment of HIV infected children per site, focusing on identifying HIV exposed infants and providing PITC at pediatric out-patient clinic and in-patient wards; (2) strengthen the capacity of sites, districts and regions in the proper documentation, analysis and interpretation of data and empower them on data ownership and data use. (3) In collaboration with sites AIDSRelief will support hiring of additional data clerks for new sites. (4) AR will provide ongoing training and retraining a total of 498 CTC staff. (5) AIDSRelief will introduce the IQCare data package to sites which have larger data size (Muheza, Seko Toure, Bombo and Bugando) which can accommodate large numbers of patients. (6) International Quality (IQ) Tool will be introduced to all new sites and strengthen older sites in order to support validation and provision of quality reports.

**SUSTAINABILITY:**

AIDSRelief will a) support RHMTs and CHMTs in planning, implementation, and supportive supervision, and ensure pediatric care and support activities are included in the Council Comprehensive Health Plan (CCHP), b) conduct joint supportive supervision with CHMT and RHMT members, c) support local partners (FBOs e.g. Christian Social Service Commission (CSSC), Archdiocese of Mwanza, African Inland Church, Evangelical Lutheran Church of Tanzania (ELCT), Anglican Health Secretariat and Mennonite Church); CBOs e.g. Tanga AIDS Working Group; NGOs in each region to support children on treatment (c) support PLWHA groups in conducting adherence support activities; d) address policy issues around the use of lay counselors and task shifting amongst HCWs at national level

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13452

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13452	5505.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$12,800,000
7694	5505.07	HHS/Health Resources Services Administration	Catholic Relief Services	4525	2368.07	AIDRelief Consortium TZ Budget	\$8,070,000
5505	5505.06	HHS/Health Resources Services Administration	Catholic Relief Services	2888	2376.06	AIDSRelief Consortium	\$3,620,000



<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$106,910
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 9399.23445.09	<b>Planned Funds:</b> \$6,000
<b>Activity System ID:</b> 23445	
<b>Activity Narrative:</b> THIS IS A NEW ACTIVITY.	

TITLE: Pediatric Treatment: Management and Staffing

NEED and COMPARATIVE ADVANTAGE: 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 nongovernmental 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.

**ACTIVITIES:**

In FY 2009 the USG will 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.

In FY 2009, this funding will support the in-country Pediatric Treatment program staff at the US Centers for Disease Control (CDC). The staff will: 1) Travel to various sites for supportive supervision and basic program evaluation of pediatric treatment activities. 2) Travel to provide technical assistance in various technical meeting in enhancement of national pediatric treatment guidelines and its implementation.

SUSTAINAIBILITY: The technical assistance (TA) and support provided by the USG through cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13631

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13631	9399.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$150,829
9399	9399.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$329,092

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$600

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1221.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Columbia University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 3461.23442.09	<b>Planned Funds:</b> \$1,016,000
<b>Activity System ID:</b> 23442	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: Pediatric Anti Retroviral Treatment (ART)

Need and Comparative Advantage: In Tanzania, an estimated 59,000 children below 15 years of age are living with HIV. Unless they have access to early diagnosis and treatment, about half of children born with HIV die before two years of age. The National Paediatric Technical Working Group, of which the International Center for AIDS Care and Treatment Programs (ICAP)-Columbia University (CU) is a member, is currently forging a dialogue with The Ministry of Health and Social Welfare (MOHSW) to adopt WHO treatment guidelines for children under the age of 12 months. Concurrent with Early Infant Diagnosis (EID), for early identification of HIV-infected children, ICAP desires to link HIV-positive infants to ART. Results: By June 2008, CU had started 14,348 HIV patients on ART, 989 (7%) of whom were children under the age of 15. The majority (589, 68%) of the children on ART were aged 5-14 years of age, while the rest were children under 5 years of age.

Activities: 1. Increase coverage and quality of ART for children, especially infants. Increase coverage of pediatric ART services to primary health care centers and ensure that a target of 10-15% of all clients are children. Increase the proportion of infants among children on treatment from 18 % to 30 %. MCH Platform: Establish HIV care and treatment services within the MCH at five high volume sites where pregnant and nursing women can receive comprehensive care and antiretroviral medications for PMTCT. Renovate health facilities for ART provision, including pediatric and adolescent friendly services at Tumbi Regional Hospital (RH), Bagamoyo District Hospital and Maweni Regional Hospital and a pediatrics clinic at Kagera RH. Train and clinically mentor health care workers to prescribe correct doses and appropriately dispense antiretroviral medications to children. Ensure commodities for pediatric ART provision and opportunistic infections (OI) drugs are available on-site. Use ART registers to monitor children on care and treatment and establish appointment systems. Provide on-site continuing medical education (CME) on growth monitoring, cotrimoxazole prophylaxis, and calculation of doses. See Pediatric Care narrative for complete package of services for pediatric patients on ART. (2) Strengthen adherence of children to antiretroviral medications and clinic visits. Train 150 health care workers (HCWs) at all CU-supported sites to provide pediatric and adolescent adherence counseling, disclosure and psychosocial support. Utilize 113 peer educators to support child caregivers by providing them with additional information and sharing their experiences on positive living, disclosure and psychosocial support. Link caregivers with community-based support services, especially the ICAP family support groups and adherence and psychosocial support (APSS) peer educators, for economic and psychosocial support as well as tracking and tracing of missed appointments. Explore the use of new technologies such as mobile phones, in the follow-up and promotion of adherence to ART. (3) Ensure regular monitoring and evaluation for high quality ART service provision at all CU-supported sites: Implement ICAP standards of care (growth monitoring and cotrimoxazole prophylaxis) and evaluate them quarterly; strengthen paper-based systems at all sites and computerized systems at 20 sites; strengthen capacity of sites, districts and regions in the collection, analysis and interpretation of data, and empower in data ownership; conduct regular data feedback sessions; hire additional data clerks at high volume ART sites; include indicators among routine M&E indicators and targets that measure enrollment and treatment of infants. 4. Ensure ART service delivery is sustainable: Empower Regional Health Management Teams (RHMTs) and Council Health Management Teams (CHMTs) in planning, implementation, and supportive supervision. Ensure all ART related activities are included in the Comprehensive Council Health plans; conduct supportive supervision with CHMT and RHMT. Support local NGOs to link PLWHAs to community support groups, and conduct defaulter tracing. 5. Establish a regional laboratory network in four regions. See entry above in adult care. Basic lab services will be provided and linked at the MCH platform sites.

Linkages: Pediatric clients need strong linkages both within the clinic and with community groups to ensure comprehensive care. ICAP is partnering with community groups, identified through the Council Multisectoral AIDS Committees (CMACs) and Ward Multisectoral AIDS Committees (WMACs); active connections are sought, particularly for OVC, school support, nutrition, counseling and family support. These linkages are helping ensure no missed appointments. Children who miss appointments shall be traced with the help of peer-educators, community health workers, outreach by facilities' health workers and CBOs working with OVCs. The activity aimed at both training health care workers and upgrading their skills, and at strengthening systems to provide care and support for HIV-infected patients on treatment (with an additional emphasis on children below two years of age).

M&E: CU will partner with the the National AIDS Control Program (NACP)/MOHSW to track pediatric ART service provision. National Pediatric ART monitoring tools will be implemented at all CU sites. Detailed information in ART Adult above.

Sustainability: Pediatrics is in great need of intensive systems development, direct support and training and mentoring to ensure children are prioritized. Skills transfer and motivation will be strengthened through building the MOHSW's district and regional capacity for mentoring as well as ICAP's own on-site mentoring.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13459

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13459	3461.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$7,130,000
7698	3461.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$4,733,257
3461	3461.06	HHS/Centers for Disease Control & Prevention	Columbia University	2865	1221.06	UTAP	\$2,130,000

**Emphasis Areas**

Workplace Programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$101,600

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 3443.23439.09	<b>Planned Funds:</b> \$912,000
<b>Activity System ID:</b> 23439	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: Deloitte Tunajali – Pediatric Treatment Program

**Need and Comparative Advantage:** In the recently published THIS report, the average prevalence rate is reported to be at 16.8% in Iringa, 6.1% in Morogoro, 4.0% in Dodoma and 2.8% in Singida. In urban and semi-urban areas, however, the prevalence rate is estimated to be higher than the average reported figures. Deloitte Consulting Limited serves as the primary treatment partner, working in partnership with Family Health International (FHI) and Emerging Markets Group (EMG) in the aforementioned regions. The program, called Tunajali (“we care” in English), endeavors to strengthen existing structures in sites accredited as Care and Treatment Centers (CTCs) in order to scale up access to pediatric care and treatment. Tunajali aims to ensure that at least 10-15% of the patients on ART are children. Since its inception in FY 2007, Tunajali has gained significant recognition and respect in the regions served, and maintains strong working relationships with the Government of Tanzania (GoT) at district and regional levels.

**Accomplishments**

By September 2008, 40 CTCs supported by Tunajali will have enrolled a cumulative 36,225 clients on antiretroviral therapy (ART), of which about 2,500 were pediatric clients. Based on the program’s most current report, Tunajali estimates that 1,940 of these clients will be current pediatric patients who continue to receive ART. In addition, the program aims to have trained 78 health workers in pediatric ART management and 10 health workers per region trained in early infant diagnosis (EID).

Initiatives that have contributed to the provision of treatment for children include: regular supportive supervision visits that focused mainly on the importance of early diagnosis to children at various entry points and referring suspected exposed or infected children for treatment eligibility assessment; and promoting a family-centered approach to services at the CTC and other clinics, including Prevention of Mother-to-Child Transmission (PMTCT), by establishing family clinics on a specific days of the week in five of the large hospitals, thus allowing for more focused management for parents and children. In sites where this was not feasible, ensuring that parents and children have same day appointments has also been productive. Promotion of child friendly environments by providing play corners, refreshments, and ensuring that a pediatric nurse/clinician is readily available encouraged patient attendance.

Training of health workers using the national pediatric care and treatment curriculum contributed to raising awareness and making staff more receptive to provider-initiated testing and counseling (PITC). Referrals from targeted pediatric entry points including PMTCT, Maternal Child Health (MCH) Clinics, pediatric wards, pediatric outpatient departments (OPDs), and home-based care (HBC) testing at pilot sites in Tunajali regions also contributed to reaching more children. Similarly, linking with the AIHA twinning preceptors’ program in three hospitals, where a pediatrician specialized in ART was attached, ensured availability of pediatric ART services and contributed to the accomplishments of Tunajali in this area.

**Activities:**

The funding requested for FY 2009 for pediatric ART services will be used primarily to scale up ongoing services in CTCs currently supported, and scale up to reach more Health Centres accredited by the Ministry of Health and Social Welfare to provide ART services. Tunajali works in collaboration with local authorities to prioritize those health centres in higher prevalence areas. The program will ensure that ART services for this population meet the minimum standards of care as defined by the national guidelines, irrespective of location. Specific activities will include strengthening the family-centered approach to care, encouraging especially larger facilities to establish family clinics on a specific day of the week to facilitate a more focused approach that would benefit the entire family. The program will also encourage testing of family members of patients enrolled on ART. Where this is not feasible, the program will promote scheduling of same-day appointments for adults and infected children, ensuring the availability of clinical staff to provide ART services for parents and children.

To promote enhanced efforts for pediatric case finding, Tunajali will actively promote PITC in pediatric wards, immunization clinics, and will liaise with the Tunajali home-based care and OVC program for home testing of families. EID for exposed children under 12 months who qualify for treatment will be performed at Tunajali-supported labs in Ifakara Research Laboratory, Village of Hope Mission Centre, and Dodoma Regional Hospital to increase access to treatment for the very young. Linkages with zonal laboratories in Mbeya and Muhimbili Referral Hospitals will also facilitate EID through the transport of dried blood spot samples.

Expansion of pediatric ART services to the HC setting is a challenge, not only because only a very few HC staff have had specific pediatric care and treatment training, but also because most sites are only just beginning to provide adult HIV care and treatment in general, which hampers them from focusing on pediatric treatment. The program will continue to train health workers in the provision of pediatric ART. It will particularly encourage PITC for children and increasing enrolment of children/adolescents on treatment. In addition, this year, the program will make concerted efforts towards the provision of on-site mentoring and supportive supervision by Tunajali teams working in collaboration with regional and district experts. The program will also maintain linkages with the AIHA twinning preceptor program, leveraging additional staff (pediatricians specialized in providing ART), and will collaborate with the new pediatric AIDS Centres of Excellence to be initiated by the Baylor International Pediatric AIDS Initiative, especially for training and referrals. Exchange learning visits with well-established pediatric ART sites, such as KCMC, will be conducted with possible attachments of staff at Baylor Clinical sites in surrounding countries.

The complex preparation of correct dosages (preparing liquid formulation) and ensuring adherence on pediatric treatment requires training of guardians which can be difficult in many instances. The program will identify best practices used in other settings to prepare materials for the care givers.

More general activities that will be supported include minor renovations to accommodate expansion of

**Activity Narrative:** services to include/improve ART services; procurement of furniture and equipment; purchase of buffer stocks of lab reagents and other commodities to complement the Medical Stores Department supplies; procurement of motor cycles for supportive supervision and transporting samples; and training staff in ART provision, PITC, adherence counseling, and monitoring and evaluation (M&E) using national guidelines and curriculum.

Linkages: The program will continue to focus on strengthening linkages with different programs aimed at increasing the number of children accessing ART and also improve the quality of treatment, especially programs with established and successful pediatric ART programs. Linkages with PMTCT, MCH, Under Five clinics or pediatric/OPD clinics to CTC will continue to be an integral approach in the program where patients identified mainly through PITC will be referred to the CTC, using nurse escorts to accompany referrals to the CTC. This initiative will be expanded to an additional four district hospital in this year.

The program will also strengthen its links with the Tunajali HBC/OVC program, planning together in order to target some of their sub grantees who run day cares for orphans, providing an opportunity for counseling and referral to CTCs for appropriate management.

**Lab support:**

The provision of pediatric treatment services requires access to reliable laboratory services for initial assessment prior to initiation of ART and monitoring for response to treatments and/or toxicity. The program will therefore continue to support lab services at all CTCs by funding minor renovations when necessary, purchasing solar panels for remote sites lacking electricity, supporting the upkeep of equipment at all sites through regular maintenance and repair services to avoid disruption of services, procuring essential equipment and commodities, including CD4 machines, automated hematology and biochemistry machines where lacking, and buffer reagents and other supplies to complement supplies from the Ministry of Health and Social Welfare (MOHSW). The Program will also support transporting samples for testing for those facilities lacking adequate lab services, though the logistics of transporting samples to few zonal sites performing Early Infant Diagnosis has proven to be particularly challenging for remote sites.

Induction and refresher training for personnel involved in the program will also be supported. The program has hired a Senior Technical Officer, Laboratory Specialist, whose role is to ensure that all sites maintain good links/collaboration with the MOHSW Diagnostic Services Department for trouble shooting, while also ensuring that QA/QI and control systems to guarantee the accuracy of test results are maintained. Partnerships with organizations such as AIHA, whose ongoing support includes volunteer lab specialists at two sites, will continue. The program will also set up systems for all sites for the testing of dried blood samples by PCR at sites that offer these services, namely Village of Hope for sites in Dodoma and Singida; Ifakara Health Institute for Morogoro, and Mbeya Zonal Laboratory for sites in Iringa.

M&E: Tunajali will continue to collaborate with the NACP/MOHSW to implement the national M&E system for Care and Treatment in Dodoma, Iringa, Morogoro, and Singida. Efforts will continue to focus on transitioning from using the national paper-based tools to electronic versions at all CTCs. The program will provide funds for each initiating CTC to purchase a computer that will be used to store patient monitoring data. Quality of data will be assured through supportive supervision by the Tunajali regional M&E officer working in collaboration with trained Council Health Management Teams (CHMT) and Regional Health Management Team (RHMT) members, where possible.

Tunajali will continue to collect reports from sites to be submitted to the NACP as requested by the MOHSW. Tunajali will also continue to share regional data reports with regional AIDS Control Coordinators. Tunajali will work with CTCs to assist with generation of simple data reports for use by the sites in planning (for example to improve client appointment making, drug forecasting, etc.) and for feedback and quality improvement. Currently, all initiating CTCs are using the national MS Access-based CTC2 database, however many do not have experienced data clerks and consequently many have significant data entry backlogs. The program will support clearing of backlogs by using temporary data clerks to assist with entering patient information in a timely manner. In addition to addressing report lateness, the program will support installation of internet services (and phone/fax where this is not possible) in CTCs to facilitate report submissions. The program will also provide IT support to all sites that have computer and internet connection.

Currently Tunajali supports 39 initiating CTCs; this number is set to increase to 125 facilities with the addition of health centers by Sept 2009. In FY 2009, Tunajali will support training of 250 health care workers on M&E and electronic data management, and provide technical assistance to 125 health facilities, four regional offices, and 27 District Health Management Teams (DHMT) or Council Health Management Teams (CHMT).

SUSTAINABILITY: Tunajali is committed to sustainability and plans to continue to work through local authorities. Tunajali will empower local authorities to create ownership and put the responsibility of sustainability into their hands. The program will also continue to work with CTC staff, RHMTs and CHMTs to build technical and management capacity, and to continue using national standards and guidelines also ensures sustainability. Authorities are constantly informed of lessons learned and innovative approaches, such as the family-centered approach to treatment, facilitating the adoption and updating of national norms, standards and guidelines. Tunajali will participate in the GOT FY2009/10 budgeting and planning cycles at district and regional levels to ensure integration of HIV treatment services in Comprehensive Council Health Plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13467

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13467	3443.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$11,760,554
7701	3443.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$8,500,000
3443	3443.06	U.S. Agency for International Development	Deloitte Touche Tohmatsu	2857	1197.06		\$2,845,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$141,200

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1143.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 9233.23437.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23437	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Management and Staffing for DOD

**NEED and COMPARATIVE ADVANTAGE:**

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 PhamAccess International and the Tanzanian Peoples Defense Forces (TPDF). In the Southern Highlands, the DOD, has been working directly with the Mbeya Referral Hospital (MRH) since June 2004 and the Regional Medical Offices (RMO) of Mbeya, Rukwa and Ruvuma since June 2005 in rolling out treatment throughout the Southern Highlands.

**ACCOMPLISHMENTS:**

Activities with the TPDF have expanded quickly in the past year from the one primary referral hospital, Lugalo, to all seven hospitals now supporting services and a total of 2,466 on ART. Through its direct relationship and technical support of the MRH and RMOs in Mbeya, Rukwa and Ruvuma, the Southern Highlands now has 16 facilities (2007 SAPR) supporting ART services and boasts a combined patient-load of over 10,000 on ART and 26,000 on care. By September 2008, the number of facilities will expand significantly to 47, ensuring 50% of all facilities in all three regions are executing some level of ART related services from identification, initiation, follow-up, and monthly dispensing. In support of roll out in the Southern Highlands and to ensure quality services, the DOD has worked with the MRH in developing supervisory teams, consisting of a medical officer, clinical officer and nurse, which attend clinic days at lower level facilities once or twice per month. DOD is currently working on strengthening similar teams as the regional level to decentralize supervision in a tiered manner effectively ramping up expansion of coverage.

**ACTIVITIES:**

The Clinical Care Medical Director, directly supporting the DOD 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 one foreign service national (FSN) equivalent technical advisor, hired by the DOD, 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 US-based technical assistance (TA) in this area. Clinicians and laboratory personnel for support of treatment efforts make routine visits to Tanzania to include support of military-to-military efforts with the People's Defense Forces (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, one Tanzania medical officer.

**LINKAGES:**

The clinical medical director and the DOD team works in conjunction with Department of Internal Medicine at the Mbeya Referral hospital to manage the HIV Care and Treatment Center (CTC). The DOD medical team also works directly with the Regional Medical Offices in the three regions of Mbeya, Rukwa, and Ruvuma to ensure that CTC standard operating procedures are maintained down to the health center level.

**CHECK BOXES:**

Though funding under this submission focuses on DOD staff support, the areas of emphasis of activities will include local organization capacity building, pre-service and in service training, and QA/QC and QI to support care and treatment in the Southern Highlands of Tanzania and the TPDF.

**M&E:**

DoD will collaborate with the National AIDS Control Program (NACP)/Ministry of Health and Social Welfare (MOHSW) to implement the national M&E system for care and treatment to collect and report patient care and treatment data based on the national protocol.

**SUSTAINABILITY:**

In all activities, 99% of personnel involved at the referral hospital are direct hired by the MOHSW. These arrangements are aimed at providing sustainable human resources to the MRH initiative being the mentor of zonal requirements. MRH will continue to use hospital staff to provide supportive supervision to hospitals in the three regions of Mbeya, Ruvuma and Rukwa.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13667



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13667	9233.08	Department of Defense	US Department of Defense	6569	1143.08	M&S	\$423,330
9233	9233.07	Department of Defense	US Department of Defense	4604	1143.07		\$487,500

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1139.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ruvuma Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 3399.23435.09	<b>Planned Funds:</b> \$160,000
<b>Activity System ID:</b> 23435	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expansion of Pediatric ART Services Ruvuma Region

**NEED and COMPARATIVE ADVANTAGE:**

Over 7,000 patients are on ART in the five districts in Ruvuma region with 100 staff trained in ART service provision. Among all patients under care, 481 (6%) only are children under the age of 14 years.

**ACCOMPLISHMENTS:** In FY 2008 Ruvuma Regional Medical Officer (RRMO) supported pediatric HIV treatment services in four established CTCs and several refill sites. The laboratories at the Mbinga and Tunduru District Hospitals were renovated and equipped; trained technicians are now running hematology and chemistry assays. 40 health care workers were trained in early infant diagnosis (EID). Collection and transportation of dried blood specimens (DBS) to MRH was initiated. Provider initiated testing and counseling (PITC) is being implemented in all the hospitals to increase testing and enrollment into treatment. Pediatric and adult ART services will be expanded to a total of 12 facilities by September 2008, ensuring coverage of 50% of facilities in the region.

**ACTIVITIES:**

To effectively scale-up Pediatric ART services in Ruvuma, health facilities require significant improvement in infrastructure, development of staff capacity, strengthening of supply chains and enhancement of management systems at the district hospital and health center level. These will include renovation of facilities, trainings and the streamlining of the procurement and supply chain. DOD has stationed skilled personnel in Ruvuma to work closely with the Regional Medical Office (RMO), District Medical Office (DMO), Regional and Council Health Management Teams (RHMT and CHMT), faith-based organizations (FBOs) and community-based organizations (CBOs) to improve and increase the rate of implementation and roll out. They will provide direct technical support and material inputs necessary to expand and increase pediatric ART enrollment in Ruvuma. As the specialized pediatric HIV/AIDS outpatient centre is developed through FY 2009/2010 at the MRH in partnership with Baylor International Pediatric AIDS Initiative (BIPAI), the pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers and provide specialized services where required. This latter partnership will significantly add to those activities to be executed through the MRMO in support of pediatric HIV services throughout the region.

Under FY 2009 funding, the Ruvuma RMO and DOD will provide significant inputs to roll out pediatric HIV treatment to additional health centers by September 2009 in order to reach 100% of NACP identified facilities supporting pediatric ART in the region. Activities will include: Expand Pediatric ART services to primary health care facilities in the region covering all five districts (Songea rural and urban, Namtumbo, Tunduru, Mbinga); Work with CHMT in initiating

ART services in the new health centers; Supervise and coordinate scale-up of pediatric ART in the region; Renovate strategic department/clinic facilities to support pediatric ART at the MCH and Lab; Train an additional health providers/clinical staff in ART and TB/HIV co-management; Work with facility pharmacists to improve capacity in pediatric ARV forecasting, stock management and ordering; Continue to improve upon the number of individuals trained to identify pediatric cases early through provision of PITC at antenatal clinics, during postnatal follow up, as part of MCH/immunization clinics, at out-patient pediatric clinics and through in patient pediatric wards; Continue to improve the quality of pediatric treatment service; Strengthen and reinforce implementation of revised pediatric guidelines and the relevant standard operating procedures for pediatric ART services and maintenance of patient records; Provide ongoing pediatric ART mentoring and supportive supervision through regional medical teams; Participate in weekly zonal ART meetings with the Mbeya referral hospital (MRH) to discuss treatment roll out; Conduct mobile pediatric ART services to the rural areas including hard-to-reach poor communities

Funds will also be used to increase the number of children on ART from 6% to 12% of the total patient's population by continue to improve and strengthen referrals between MCH, postnatal clinic (PNC) services and CTC for evaluation of

HIV-positive children for treatment; Train MCH, PNC and CTC staff in the collection of DBS for infant diagnosis; Continue to roll out HIV EID to health centers in Ruvuma by training health workers on DBS collection and transportation and Continue to strengthen TB/HIV co-management for children identified in the MCH, PNC and CTC

Lastly funds will be used to strengthen referral system between pediatric HIV services delivery points in Ruvuma through: Use an M&E officer to conduct daily checks on registers in pediatric out-patient clinics, in-patient pediatric wards, MCH and the TB clinic to keep track of patients referred to the CTC and formalize referrals to and from CBOs, NGOs and FBOs serving pediatric patients

**LINKAGES:**

This activity is linked to activities under this partner in PMTCT, palliative care, and OVC, as well as those of the other regions in this zone (Mbeya and Rukwa). It is also linked to the DOD submission under SI and other

USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Ruvuma RMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGOs, CBOs, OVC and HBC providers involved in HIV/AIDS support, and indicate their

geographical coverage and the types of services offered. These lists will be displayed in the CTCs and other

clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact for the community organizations.

**Activity Narrative:** CHECK BOXES:

The areas of emphasis will include: initial and refresher training of staff in ART and care and treatment; significant infrastructure improvement for existing and new sites; provision of equipment, supplies and medications; and strengthening linkages with TB/HIV, PMTCT, and community groups.

**M&E:**

Quality assurance/quality control (QA/QC) for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the Ruvuma RMO are supported by technical assistance from the DOD SI team based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs. It is then entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya referral hospital for synthesis, generation of NACP and USG reports and feedback to CTC teams for use in patient management. The number of CTCs supported by Mbeya RMO will be 24 and 44 by September 2009 and September 2010 respectively.

**SUSTAINABILITY:**

As with other DOD partners in the Southern Highlands of Tanzania, the Ruvuma RMO ensures sustainability through capacity building of health care facilities' staff, sensitization of community members and advocacy through influential leaders. Sustainability is also accomplished by strengthening systems, such as the improved capacity of CHMT, the regional supportive supervisory team, and the zonal weekly ART meetings (part of already existing zonal support and routine Ruvuma RMO functions).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13583

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13583	3399.08	Department of Defense	Ruvuma Regional Medical Office	6555	1139.08		\$1,830,000
7797	3399.07	Department of Defense	Ruvuma Regional Medical Office	4576	1139.07		\$850,000
3399	3399.06	Department of Defense	Ruvuma Regional Medical Office	2840	1139.06		\$450,000

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$16,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 1138.09

**Mechanism:** N/A

---

**Prime Partner:** Rukwa Regional Medical  
Office

**Funding Source:** GHCS (State)

**Budget Code:** PDTX

**Activity ID:** 3395.23433.09

**Activity System ID:** 23433

**USG Agency:** Department of Defense

**Program Area:** Treatment: Pediatric Treatment

**Program Budget Code:** 11

**Planned Funds:** \$152,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expansion of pediatric ART Services in Rukwa Region

**NEED and COMPARATIVE ADVANTAGE:**

Rukwa Region has a HIV prevalence rate of 4.5% with an estimated number of 20,000 children less than 14 years of age in need of care and treatment. The Rukwa Regional Medical Office (Rukwa RMO) supports the implementation of a comprehensive pediatric HIV intervention that has prevention, care, and treatment components throughout its region. As in other regions, Rukwa will be scaling up pediatric treatment from the district hospitals to the health centers. As a DOD partner, and a region under the support of the Mbeya Referral Hospital (MRH), roll out of Pediatric ART in this region mirrors that in Mbeya and Ruvuma.

**ACCOMPLISHMENTS:**

Currently, over 500 children from the region are on ART. Over 75 staff members have been trained in ART management including treatment of children with HIV/AIDS. Two district laboratories at the Nkasi and Mpanda District Hospitals have been renovated, equipped, trained, and are up and running, performing their own hematology and chemistry assays. Provider initiated testing and counseling (PITC) of HIV/AIDS has been implemented in all the hospitals in the region and supportive supervisory teams have now been extended to facilities below the district level to expand pediatric ART services at all health centers in the region.

**ACTIVITIES:**

To effectively scale-up pediatric HIV/AIDS services in Rukwa, care and treatment centers require significant infrastructure

Improvements, staff capacity building, strengthened supply chains and enhanced management systems at the district hospitals and health centers. Provision of pediatric services is challenging due to poor conditions of the roads particularly during the rainy season when they are impassible. DOD is has stationed personnel in Rukwa to work more closely with the RMO, the District Medical Officers (DMOs), and Regional and Council Health Management Teams (RHMT and CHMT) to provide direct technical support and material inputs necessary to improve site capacity. Technical assistance and input from other USG treatment partners will continue to play a factor in scaling up pediatric treatment services in this region. As the specialized pediatric HIV/AIDS out-patient centre is developed through FY 2009/2010 at the MRH in partnership with Baylor International Pediatric AIDS Initiative (BIPAI), the pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers, and provide specialized services where required. This latter partnership will significantly add to those activities. It will be executed through the MRMO in support of pediatric HIV services through out the region.

Under FY 2009 funding, the Rukwa RMO and DOD will provide significant inputs to roll out pediatric HIV/AIDS care and

Treatment to additional health centers by September 2010. That will provide ART coverage for 100% of the National AIDS Control Program (NACP)-identified facilities in this region. It will ensure services are available in all four districts in the region. Expand pediatric ART services and support primary health care facilities in the region, covering all four districts (Rukwa urban, Rukwa rural, Mpanda and Nkasi ); work with CHMTs to initiate pediatric ART services in the new health centers; Supervise and coordinate the scale-up of pediatric ART in the region; Continue to provide evaluation of malnutrition and nutritional counseling to all pediatric HIV-positive clients as part of treatment; Work with facilities' pharmacists to improve their capacity to forecast, manage and order their stock; Train the existing counselors in the CTC/PMTCT to provide psychosocial support and counseling (including adherence and disclosure) for HIV-infected children and their care givers; Continue to improve upon the number of individuals trained to identify pediatric cases early through provision of PITC at antenatal clinics, during postnatal follow up, as part of immunizations clinics, at out-patient clinics and through in-patient wards; Continue to improve the quality of pediatric treatment service; Continued provision of pediatric ART to the established CTCs and refill health facilities, and provision of counseling on ART adherence. The care elements, including basic prevention package, for these patients under treatment are detailed in the Pediatric Care and Support entry for this partner ; Strengthen and reinforce implementation of standard operating procedures (SOP) for pediatric ART services and maintenance of patient records;. Provide ongoing pediatric ART mentoring and supportive supervision through regional medical teams; Participate in weekly zonal ART meetings with the MRH to discuss treatment roll out; Improve pediatric record/data collection. Work with DOD, CHMTs and facilities' staff to analyze data for improvement of services; Continue to strengthen TB/HIV co-management for children identified in the postnatal clinics (PNC) and CTC; Conduct mobile pediatric ART services to the rural and hard-to-reach poor communities; Increase the number of children on ART from 5.4% to 12% of the total patients population; Continue to improve and strengthen referrals between ANC, PMTCT services and CTC for evaluation for treatment initiation; Train PNC and CTC staff in the collection of dried blood spot (DBS) for infant diagnosis; Continue to roll out HIV early infant diagnosis (EID), to health centers in Ruvuma by training health workers on sample management and transportation; Train health workers on DBS collection and transportation; Strengthen the referral system between pediatric HIV service points at the MRH; Use an M&E officer to conduct daily checks on registers in out-patient pediatric clinics, in-patient pediatric wards, MCH and the TB clinic to keep track of patients referred to the CTC; Strengthen and formalize referrals to and from community-based organizations (CBOs), NGOs and faith-based organizations (FBOs) serving pediatric patients

**LINKAGES:**

This activity is linked to activities under this partner in PMTCT and palliative care, as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under adult care and treatment, SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection-control.

The Rukwa RMO will continue to promote pediatric outreach services from the facilities to the communities.

**Activity Narrative:** Each

Facility has/will have lists of NGOs, CBOs and home-based care (HBC) providers involved in child HIV/AIDS Support. This list indicates geographical coverage and the type of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These Referrals, as well as referrals from community organizations to the facility, will be further strengthened Through facility's staff serving as the point of care for the community organizations.

**CHECK BOXES:**

The areas of emphasis will include: initial and refresher training of staff in pediatric ART and CT; significant Infrastructure improvement for existing and new sites; provision of equipment, supplies and medications; Strengthening linkages with TB/HIV, PMTCT and community groups.

**M&E:**

Quality assurance/quality control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E data activities for all the CTCs under the Rukwa RMO are supported by technical assistance from the DOD SI team

Based at the MRH. Data at each CTC is collected using standardized forms based on NACP and facility data needs, entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya Referral Hospital. There, it is synthesized, NACP and USG reports are generated and feedback is provided to CTC teams for use in patient management. The number of CTCs supported by Rukwa RMO will be 10 and 21 by September 2008 and September 2009 respectively.

**SUSTAINABILITY**

Rukwa RMO in ensuring sustainability through capacity building of health care facilities and their staff, Sensitization of community members and advocacy through influential leaders. This is also accomplished by Strengthening systems, such as the improved capacity of Council Health Management Teams (CHMT), the Regional supportive supervisory team, the zonal weekly ART meetings (as part of already existing zonal Support) and routine Rukwa RMO functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13581

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13581	3395.08	Department of Defense	Rukwa Regional Medical Office	6554	1138.08		\$1,835,000
7794	3395.07	Department of Defense	Rukwa Regional Medical Office	4575	1138.07		\$850,000
3395	3395.06	Department of Defense	Rukwa Regional Medical Office	2839	1138.06		\$450,000

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$15,200

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

---

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 1136.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** PDTX

**Activity ID:** 3390.23431.09

**Activity System ID:** 23431

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Treatment: Pediatric Treatment

**Program Budget Code:** 11

**Planned Funds:** \$216,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Providing comprehensive pediatric treatment services at TPDF health facilities

**NEED and COMPARATIVE ADVANTAGE:**

The Tanzanian Peoples Defense Forces (TPDF) has a network of military hospitals, health centers and dispensaries throughout the country, supporting a total of over 30,000 enlisted personnel and an estimated 60-90,000 dependants. 80% of patients at these hospitals are civilians living in their direct vicinity. The eight TPDF hospitals offer district-level pediatric services with the largest hospital, Lugalo, located in Dar es Salaam, serving as the national referral center for military medical services. PharmAccess International (PAI) has been working with the TPDF on health issues since 2003, and is poised to continue and increase access to pediatric HIV care and support in the military facilities across Tanzania.

**ACCOMPLISHMENTS:**

TPDF, in partnership with PharmAccess, expanded HIV/AIDS care and treatment for adults and children to eight military hospitals and nine satellite sites in 2006 and 2007. The target for FY 2008 is expansion to 15 new health centers/satellite sites and four mobile centers, for a total of 36 sites, providing VCT and care and treatment services, along with infant diagnosis. Dried blood spots (DBS) from HIV-exposed children attending the eight military hospitals have been shipped to one of the four zonal hospitals of Tanzania for infant diagnosis/ polymerase chain reaction (PCR) since mid 2008. One satellite site (in Mwenge, Dar es Salaam) has a dedicated pediatric CTC and a ward that is closely supervised by pediatric staff from nearby Lugalo Hospital. As of July 2008, cumulative of 302 HIV-positive children under 15 years of age have received care and support services.

Organizations of women living in the barracks around the TPDF hospitals were trained in FY 2008 to advocate HIV testing, look after treatment adherence, and provide psychosocial and nutritional support to HIV-positive patients. The women play a key role in identifying and supporting HIV-positive children. 200 women from the barracks around the hospitals and the health centers will be re-trained in home-visits and home-based care services, in and outside the barracks.

In FY 2008, provider-initiated HIV testing and counseling (PITC) will be offered as part of the annual medical check-up of all military employees. It is anticipated that this exercise will increase the numbers of children tested and those enrolled into care and treatment.

**ACTIVITIES:**

All hospitals under the TPDF support the provision of pediatric ART services. As part of FY 2009 activities, PAI will continue working with the TPDF to develop strategies to increase up take of services. More health facilities will be renovated, and health workers trained on pediatric ART management, including early infant diagnosis (EID) and psychosocial counseling to improve adherence and disclosure in children. Collection and transportation of DBS to the laboratory will be improved. These will be key components of the overall improvement of pediatric ART services within the military community.

FY 2009 funds will be used to increase the total number of health facilities providing ART services under the TPDF hospitals, health centers, and mobile centers. Specific activities will include; Renovation of counseling and testing and treatment rooms at new satellite sites/health centers; Train and re-train clinicians, nurse-counselors, laboratory technicians and pharmacy assistants in HIV and TB diagnosis of infants: medical staffs from the military hospitals, satellite sites, and mobile centers. Special attention will be given to management of prophylaxis for children; Train nurses and volunteers from the military barracks on home-based care and home visits to advocate HIV testing, support treatment compliance and provide psychosocial support for adults and children; Conduct community education and mobilization through "Open House" days at each facility that increase access to services and partner testing, and strengthen the referral system between the TPDF health facilities and district and regional hospitals for antenatal clinic (ANC) services and adult and infant diagnosis, ART and TB/HIV for adults and children at the CTC.

Funds will also be used to initiate ART to children and activities will include reinforcing PITC as part of all in- and out-patient pediatric services. Blood samples from HIV-exposed children will be taken at all police and prison VCT and PMTCT sites, and will be sent to the four referral hospitals in Tanzania capable of doing pediatric PCR testing: Muhimbili in Dar es Salaam, Kilimanjaro Christian Medical Center (KCMC) in Moshi, Bugando in Mwanza and the Mbeya Referral Hospital; Provision of drugs for opportunistic infections (OI) to HIV-positive children will also be done.

FY 2009 funds will support evaluation of HIV-positive mothers and children for malnutrition, and offer nutritional counseling and support. In order to improve the quality of ART services a three monthly meetings with representatives of the sites and experts in specific fields (ART developments, pediatrics, AIDS/TB etc.) will be conducted. Monitoring of quality of pediatric services at the hospitals will be done through linkages with regional supportive supervisory teams and Lugalo as the National Military Referral Hospital

Lastly funds will be use to ensure proper lab capacity is developed at all military hospitals for patient monitoring and OI diagnostics.

**LINKAGES:**

Linkages will be strengthened with prevention activities under the TPDF Program, including promotion of and counseling for preventive measures for HIV-positive PITC, counseling and testing, PMTCT, TB/HIV, family planning and OVC. All HIV-infected patients will be referred for further evaluation of qualification for TB treatment within each facility. Formal referrals will be established from the health centers to TPDF hospitals, or public regional and district hospitals, for CD4, TB testing and complications. PAI will ensure linkages with organizations of women living in the barracks for home-based care, nutritional support and adherence counseling. For clients in the surrounding communities, linkages will developed with existing local NGOs operating in those communities to ensure a continuum of care. PAI will continue to collaborate



**Activity Narrative:** with Regional and Council Health Management Teams, and with USG treatment partners for supportive supervision purposes, and technical assistance.

**M&E**

Data will be collected electronically and by paper-based tools. All sites will have laptops with a database and output functions as developed by University Computing Center (UCC) for the National AIDS Control Program (NACP). 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, TPDF headquarters' team, NACP and the council and regional management teams.

**SUSTAINABILITY:**

In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the forces. Health facilities of the military forces are under the administration of the Ministry of Defense, not under the Ministry of Health. PAI will encourage the Office of the Director of Medical Services to integrate treatment activities in military health plans and budgets at the facility and national level. To improve administrative capacity, PAI will work with military authorities to build local authorities' technical and managerial capacity to manage the program, as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13572

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13572	3390.08	Department of Defense	PharmAccess	6551	1136.08		\$2,270,000
7786	3390.07	Department of Defense	PharmAccess	4572	1136.07		\$2,165,600
3390	3390.06	Department of Defense	PharmAccess	2838	1136.06		\$1,550,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$21,600

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1135.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Mbeya Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 3386.23429.09	<b>Planned Funds:</b> \$320,000



**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expanding Pediatric ART in Mbeya Region

NEED and COMPARATIVE ADVANTAGE: Mbeya is one of the regions with a high prevalence (7.9%). It is estimated that there are 300,000 HIV-positive people in need of services in this region, 20% of whom should qualify for treatment. It is estimated that out of these 300,000 individuals, over 70,000 are children less than 14 years of age.

ACCOMPLISHMENTS: In FY08, the Mbeya Regional Medical Office (MRMO) supported pediatric treatment services in 18 established CTC sites. The program trained 100 health care workers on ART provision, including pediatric ART, bringing the total number trained in the region to 300. As of June 31, 2008, the MRMO supported 10,300 people on treatment, 6% of whom were children, and has enrolled over 18,000 in care.

ACTIVITIES: Hospitals under the MRMO in the Mbeya region support a majority of the pediatric ART patients in the region, though majority of those children are still identified through the Mbeya Regional Hospital (MRH). As part of FY 2008 and FY2009 activities, the DOD will continue working with the MRMO and MRH to develop strategies to decentralize identification/enrollment of patients to lower level facilities, increasing uptake of services. More health facilities will be renovated and health workers trained on pediatric ART management, including early infant diagnosis (EID) and psychosocial counseling to improve adherence and disclosure in children. Collection and transportation of dried blood specimens (DBS) to the zone reference laboratory will be improved. These will be key components of the overall improvement of pediatric ART services at the district level, including expansion to health centers. Existing CTC staff will receive refresher training on Pediatric ART management and scale-up. As the specialized pediatric HIV/AIDS outpatient centre is developed through FY 2009/2010 at the MRH in partnership with Baylor International Pediatric AIDS Initiative (BIPAI), the pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers and provide specialized services where required. This latter partnership will significantly add to those activities' being executed through the MRMO in support of pediatric HIV services throughout the region.

In FY 2009, ART services, including pediatric ART, will be expanded to more health centers. Focus will be on high density areas along trade routes in addition to identifying isolated rural communities in which the health center provides the only source of regular medical services. Pediatric care and treatment activities will also expand to these sites. This will ensure pediatric services are available in over 77% of all facilities, and to more than 95% of the population.

Funds will be used for expansion of Pediatric ART services to primary health care facilities in the region covering all eight districts. (Mbeya urban, Mbeya Rural, Mbozi, Kyela, Rungwe, Ileje, Mbarali and Chunya); Work with Council Health Management Teams (CHMT) to finalize the 20 new health centers' introduction of ART, including pediatric ART service; Supervise and coordinate scale-up of pediatric ART throughout the zone; Continue to provide evaluation of malnutrition and nutritional counseling to all pediatric HIV-positive clients as part of treatment; Renovate space At identified health centers to support CTC including pediatric ART; Train an additional health providers/clinical staff in pediatric ART management; Work with facility pharmacists in improving capacity in pediatric ARV forecasting, stock management and ordering and continue to improve upon the number of individuals trained to identify pediatric cases early through provision of provider initiated testing and counseling (PITC) at antenatal clinics, during post-natal follow up, as part of immunization clinics, at out-patient clinics and through in-patient wards

FY 2009 funds will also be used to continue to improve the quality of care and treatment service through: Provision of pediatric ART and counseling on ART adherence in main MRH CTC, Meta and at satellite/health centers. Care elements, including the basic prevention package, for these patients under treatment are detailed in the Pediatric Care and Support entry for this partner; Strengthen and reinforce implementation of standard operating procedures for pediatric clinical services and maintenance of patient records; Provide ongoing pediatric ART mentoring and supportive supervision through combined zonal and regional medical teams; Participate in weekly zonal ART meetings with the Mbeya Referral Hospital to discuss treatment roll out and conduct mobile pediatric ART services to the rural areas including hard-to-reach poor communities

Funds will be used to increase the number children on ART from 6% to 12% of the total patient population through strengthening referrals between antenatal clinics, PMTCT, TB services and CTC for evaluation of HIV-positive children for treatment initiation; Train prenatal clinic (PNC) and CTC staff in the collection of DBS for infant diagnosis; Continue to roll out HIV EID, to health centers in Mbeya by training an additional health workers on DBS collection and transportation; Continue to strengthen TB/HIV co-management for children identified in the PNC and CTC

Lastly funds will be used to strengthen referral system between pediatric HIV services points at the MRMO by use an M&E officer to conduct daily checks on registers in outpatient pediatric clinics, in-patient pediatric wards, MCH and the TB clinic to keep track of patients referred to the CTC and strengthen and formalize referrals to and from community-based organizations (CBOs), NGOs and faith-based organizations (FBOs) serving pediatric patients

LINKAGES: This activity is linked to activities under this partner in PMTCT, TB/HIV and palliative care, as well as those of the other regions in this zone (Rukwa and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The MRMO will continue to promote outreach services from the facilities to the communities. Each facility

**Activity Narrative:** will have lists of NGOs, CBOs and HBC providers involved in pediatric HIV/AIDS support. It will indicate geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact for the community organizations.

**CHECK BOXES:** The areas of emphasis will include: initial and refresher training of staff in ART, TB/HIV co-management, and CT; infrastructure improvement for new sites; provision of equipment, supplies and medications; strengthening linkages with TB/HIV, PMTCT and community groups.

**M&E:** Quality assurance and control for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

M&E activities for all the CTCs under the MRMO are supported by technical assistance from the DOD SI team, based at the Mbeya Referral Hospital. Data at each CTC is collected using standardized forms based on NACP and facility data needs. It is then entered into the electronic medical record system (EMRS), transported to the DOD data center located at Mbeya Referral Hospital, synthesized, NACP and USG reports are generated, and feedback is provided to CTC teams for use in patient management. The number of CTCs supported by Mbeya RMO will be 22 and 34 by September 2008 and September 2009 respectively.

**SUSTAINABILITY:** The MRMO in ensuring sustainability through capacity building of health care facilities and their staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening systems, such as the improved capacity of CHMT, the regional supportive supervisory team and the zonal weekly ART meetings (part of already existing zonal support and routine MRMO functions).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13519

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13519	3386.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$3,238,000
7749	3386.07	Department of Defense	Mbeya Regional Medical Office	4557	1135.07		\$850,000
3386	3386.06	Department of Defense	Mbeya Regional Medical Office	2837	1135.06		\$600,000

#### Emphasis Areas

#### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$32,000

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.11: Activities by Funding Mechanism**

---

**Mechanism ID:** 1027.09

**Prime Partner:** Mbeya Referral Hospital

**Funding Source:** GHCS (State)

**Budget Code:** PDTX

**Activity ID:** 5507.23426.09

**Activity System ID:** 23426

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Treatment: Pediatric Treatment

**Program Budget Code:** 11

**Planned Funds:** \$296,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Expanding Pediatric treatment Services in the Southern Highlands Zone

NEED and COMPARATIVE ADVANTAGE : The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania. It operates in the Southern Highlands offering direct primary clinical services, referral level services, zonal and national in-service training, as well as degree programs and has established health service referral systems among four regions (Mbeya, Iringa, Rukwa and Ruvuma) serving a catchment population of over six million people.

In 2004, under PEPFAR funding and multiple-donor support, a Center for Infectious Disease (CID) was initiated. Presently, the center accommodates an infectious disease clinic, a zonal training center with a referral-level laboratory with capacity to support early infant diagnosis (EID) and viral load monitoring. The CID supports a continued expansion of ART and clinical care needs. Its serves as a forum for practical training for medical and laboratory staff to improve both adult and pediatric HIV/AIDS care and treatment services. Pediatric out-patient HIV Care is provided at CID and Meta, the MRH post-natal clinic of MRH, while in -patient care is provided by the MRH Pediatric Department.

The MRH is tasked with coordinating and overseeing the quality of pediatric services in the zone, but does not have pediatricians to undertake these specialized pediatric services including HIV/AIDS treatment and care. Its last pediatrician left his summer to take a position with UNICEF in Dar es Salaam. In addressing the long-term need for specialists at the MRH and capacity within the zone, the hospital is in the process of establishing a specialized pediatric HIV/AIDS outpatient centre in partnership with Baylor International Pediatric AIDS Initiative (BIPAI). The centre will serve as a referral centre, and provides pediatric ART training for health workers in the zone. Additionally, pediatricians working within this facility will conduct outreach services to mentor pediatric ART providers, and provide specialized services where required. Though it is anticipated that progress with BIPAI in establishing this center will be completed within the FY09/10 period, direct funding to the MRH will be required under this submission. This will maintain the level of pediatric treatment and zonal support at the MRH until Baylor has completed construction of the pediatric center and training of needed clinical staff for this facility.

**ACCOMPLISHMENTS:**

The MRH began full recruitment of patients in January 2005, and now boasts a patient-load of over 4,000 on ART care and treatment, of which 425 are children. The MRH has provided training to all ART-certified providers and clinical staff in the zone, which includes a pediatric component. It also provides technical supervision on pediatric care to the hospitals in Mbeya, Rukwa and Ruvuma Regions, contributing to quality services for a pediatric patient population of over 3,392.

Under existing funding, the MRH has increased efforts in identifying pediatric cases early through provision of provider initiated testing and counseling (PITC) at Meta during post-natal follow up, and as part of: immunizations clinics, at out-patient clinics and through in patient wards. These efforts will continue to be built upon with the addition of EID at the facility for improved access to pediatric services.

**ACTIVITIES:**

All hospitals in the Mbeya Region, under the auspices of Mbeya Regional Medical Office, provide pediatric ART services. However, identification of a majority of children in need of HIV/AIDS treatment is mainly done through the MRH. At the MRH, children undergo their initial evaluation and are then referred to the regional and district hospitals for management. This is due to the higher quality of service and better infrastructure provided by MRH as the development of pediatric expertise is still being developed at the lower level facilities.

As part of FY 2008 and FY 2009 activities, the DOD and MRH will work with the Mbeya Regional Medical Officer (MRMO) to develop strategies beyond PITC. This aims to continue decentralization of identification/enrollment of pediatric patients to district facilities, increasing uptake of services. MRH and MRMO will strategize to build capacity of five satellite health facilities to decongest Meta's postnatal clinic (PNC) at MRH. These will be the key components of the overall improvement of pediatric services throughout the region.

Within the MRH, activities will include: Continued provision of pediatric ART both in the main MRH CTC, Meta and at satellite/health centers and counseling on ART adherence; Coordinate with the Mbeya Regional Medical Office to directly support satellite health centers within the municipality in provision of pediatric ART to decongest the MRH CTC; Supervise and coordinate scale-up of pediatric ART in the zone; Train the existing counselors in the CTC to provide psychosocial support and counseling (including adherence and disclosure) for HIV-infected children and their caregivers; Strengthen pediatric ARV forecasting, stock management and ordering

FY 2009 Funds will also provide support to zonal facilities to ensure quality services by: Strengthen and reinforce implementation of standard operating procedures for pediatric clinical services, laboratory monitoring and maintenance of patient records; Conduct bi-monthly visits to facilities in the zone by supportive supervisory teams consisting of a medical officer, a clinical officer and a nurse; Observe pediatric service provision, and provide direct technical and material support to health facilities in the zone; Conduct weekly zonal ART meetings with the Mbeya, Rukwa and Ruvuma Regional Medical Offices to discuss Pediatric treatment roll out.

Further more funds will be used to support MRH function as the zonal training center in pediatric HIV-related services; Conduct initial and refresher training in Pediatric ART and TB/HIV co-management in children for the regions of Mbeya, Rukwa and Ruvuma

Funds will be used to Increase enrollment of children in ART care and treatment services from 11% to 15% of the patient population through; Continue to improve upon the number of individuals trained to identify

**Activity Narrative:** pediatric cases early through provision of PITC at Meta during post-natal follow up, and as part of immunizations clinics, at out-patient clinics and through in-patient wards; Continue to strengthen TB/HIV co-management for children identified in the PNC and CTC; Roll-out HIV EID, to health centers in Mbeya, Ruvuma and Rukwa by training additional health workers on sample management, transportation; Serve as the dry blood specimen (DBS) processing center for infant diagnosis as part of the MOHSW national roll out of these services

Lastly funds will be used to strengthen referral system between pediatric HIV service points at the MRH by use of M&E officer to conduct daily checks on registers in outpatient pediatric clinics, in-patient pediatric wards, MCH and the TB clinic to keep track of patients referred to the CTC and strengthen and continue to formalize referrals to and from community-based organizations (CBO), NGO and faith-based organizations (FBO) serving OVC and pediatric patients.

**LINKAGES:**

This activity is linked to activities under this facility in TB/HIV and palliative care, as well as those across the other regions in this zone (Mbeya, Rukwa and Ruvuma). It is also linked to the DOD submission under SI, and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control. The MRH will continue to promote pediatric outreach services from the facilities to the communities. It has a list of NGOs, CBOs and HBC providers involved in HIV/AIDS support, including their geographical coverage and types of services offered. This list is displayed in the CTCs and other clinics/wards, so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, are further strengthened through a facility social worker serving as the POC for the community organizations.

**CHECK BOXES:**

The areas of emphasis will include initial and refresher pediatric training, commodity procurement, strengthening linkages with MCH and TB/HIV services and community organizations.

**M&E:**

The MRH is the central hub for the zonal electronic medical record system (EMRS) supported with direct technical assistance (TA) from DOD. This EMRS is critical for patient management and program monitoring in support of ART in the Southern Highlands. The system currently supports nine sites in Mbeya region, and three sites each for the Rukwa and Ruvuma regions. The EMRS is linked to the National CTC2 and CTC3 databases, and is capable of producing national reports and identifier-stripped data for national analyses. Patient records at the Referral Hospital CTC are entered at the clinic immediately upon completion of the patient visit. They are then electronically transferred to the data centre, where data is synthesized and fed back to the CTC team for use in patient management. SI Targets: In FY 2008, the DOD SI team will train 60 HCW in M&E and provide TA to 53 CTCs in the three regions.

**SUSTAINABILITY:**

The MRH is accomplishing this through capacity building of other health care facilities and their staff, sensitization of community members and advocacy through influential leaders. This is also being accomplished by strengthening systems such as the zonal supportive supervisory team and the zonal weekly ART meetings, (part of already existing zonal support functions).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13515

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13515	5507.08	Department of Defense	Mbeya Referral Hospital	6535	1027.08		\$3,743,670
7747	5507.07	Department of Defense	Mbeya Referral Hospital	4556	1027.07		\$3,112,500
5507	5507.06	Department of Defense	Mbeya Referral Hospital	2833	1027.06		\$1,450,000

---

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$29,600

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 10671.09

**Prime Partner:** Baylor College of Medicine  
International Pediatric AIDS  
Initiative/Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** PDTX

**Activity ID:** 25455.09

**Activity System ID:** 25455

**Mechanism:** BIPAI

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Treatment: Pediatric Treatment

**Program Budget Code:** 11

**Planned Funds:** \$2,000,000



**Activity Narrative:** THIS IS A NEW ACTIVITY.

Need and comparative advantage: Tanzania ranks 9th globally in the total number of deaths in children under five years old, some 188,000 in 2006 (UNICEF). HIV/AIDS ranks among the five leading causes of pediatric mortality throughout Tanzania; in high prevalence regions such as Mbeya, HIV/AIDS may represent the 2nd leading cause of pediatric mortality (UNICEF, TACAIDS 2008). In summary, an urgent need exists for scale-up of family-centered pediatric HIV/AIDS care and treatment throughout Tanzania, especially the Lake and Southern Highlands Zones.

The Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) was established in 1996 to foster international HIV/AIDS prevention, care, and treatment, health professional education, and clinical research. It has rapidly become the largest university-based program worldwide dedicated to improving the health and lives of HIV-infected children, operating in several countries. The mission of BIPAI and its affiliated non-government organizations (NGO) is to conduct a program of high quality, high impact, highly ethical pediatric and family HIV/AIDS care and treatment, health professional training, and operational research relevant to the local context. BIPAI is also one of 23 Fogarty International Center-funded AIDS International Training and Research Programs, which supports the advanced training of African and other international fellows at Baylor College of Medicine, Houston, Texas. As principal technical assistance partner to UNICEF in pediatric and family HIV/AIDS care and treatment, BIPAI literally accesses the cumulative experiences and best practices of more than 120 countries on every continent. The skill set developed by BIPAI over the course of more than a decade of work in providing care and treatment services to HIV-infected children and families in resource-poor settings, provides a nearly ideal basis for the proposed program.

BIPAI brings a Public-Private Partnership to this program, engaging resources from the Abbott Foundation and the Bristol-Myers Squibb Foundation, as well as private contributions, to make a 1:1 match for support.

Activities: The goal of the program is to reduce HIV/AIDS-related morbidity and mortality among infants, children, and adolescents in Tanzania through the scale-up of comprehensive pediatric and adolescent HIV/AIDS prevention, care and treatment services in the zonal regions of Mbeya and Mwanza. The program will bring focus to the needs of HIV-positive children, and will complement ongoing care and treatment services. It will develop a pediatric-centered approach intended to build the number of providers who are competent to care for HIV-positive children at both referral hospitals and lower level facilities. Specifically:

1. The program will provide comprehensive primary and HIV/AIDS specialty care and treatment to all known HIV-infected children following the 10-point Pediatric HIV Management Plan and a Basic Care Package developed by BIPAI, based on experience in other countries. It will be adapted to the Tanzanian setting and serve as the cornerstone element of the initiative. The Basic Care Package was designed and selected based on evidence-based research and data collected from Ugandan health care evaluation is a patient-managed, home-based care system that empowers HIV-positive people to prevent opportunistic infections, delay the progression of HIV to AIDS and prevent transmission of HIV to others. Scale-up of pediatric HIV/AIDS prevention, care, and treatment services in Mbeya and Mwanza will proceed in two phases. Phase I involves the establishment of a transitional clinic for the provision of family-centered pediatric HIV/AIDS prevention, care and treatment at the zonal referral hospital. Assessment of current models of treatment will determine whether BIPAI medical staff will be integrated into current pediatric HIV/AIDS-related activities or whether these activities would have to be developed de novo. To immediately supplement local health professional capacity, BIPAI will recruit four Pediatric AIDS Corps (PAC) doctors. Two physicians will be assigned to each of the two referral hospitals. Outpatient pediatric HIV/AIDS services will take place in a transitional facility at each zonal referral hospital until the COE construction is completed. In Phase II, the program will roll out outreach services to district hospitals and health centers. Based on needs and gaps determined during Phase I, additional PAC physicians and local health professionals will be recruited to support care and treatment programs initiated in Phase I. Referral hospital activities will continue to be supported and strengthened.
2. The program will expand case finding for children who are HIV-positive through strengthened pediatric HIV/AIDS counseling and testing using a family-centered testing model, especially by supporting and expanding existing hospital-based testing and counseling. The identification of an HIV-infected mother will provide the opportunity to test other family members, including other children as well as male partners. For children less than 18 months of age, DNA PCR is already available in Mwanza and is being initiated in Mbeya. HIV-exposed infants who test negative but are still breastfeeding can be identified for continued care and monitoring and cotrimoxazole prophylaxis until after weaning, when a definitive HIV diagnosis can be made.
3. The program will strengthen the local human resource and health system capacity to provide comprehensive, family-centred paediatric HIV/AIDS prevention, care, and treatment services. In collaboration with the Ministry of Health and Social Welfare (MOHSW), district hospitals, and local stakeholders, BIPAI will provide ongoing training of health professionals in Mbeya and Mwanza regions using a three-pronged approach, including didactic trainings, practical clinical attachments, and on-site support supervision and mentorship. In addition, BIPAI health professionals will provide support supervision and mentorship by working side-by-side with local health professionals to deliver family-centered HIV/AIDS care and treatment in their own health facilities. BIPAI will also work with major training institutions, e.g., Bugando University of Health Sciences, to enhance the training curriculum and methods for pediatric care. BIPAI will also work with other partners, as requested, to strengthen approaches to increase identification and services to HIV-positive children.
4. Lastly, BIPAI will sensitize and mobilize people living with HIV/AIDS (PLWHAs) and the general population to support the provision of pediatric and family-centered pediatric HIV/AIDS prevention, care, and treatment services. In conjunction with conduct of surveys of Community-Based Organizations (CBOs) located in the Mwanza and Mbeya zones/regions, a program of community mobilization will be launched in the first quarter of 2009. Program and general family-centred HIV/AIDS service information will be provided



## Program Area Narrative:

### Program Area Context

HVTB – Palliative Care: TB/HIV  
COP 2009

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Total Requested Budget: \$ 7,977,150

### 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. In 2006, 52% of all TB patients in Tanzania were HIV-positive (National TB and Leprosy Programme [NTLP] annual report).

USG TB/HIV programs focus on supporting national efforts to strengthen collaborative TB/HIV activities. These efforts include: strengthening mechanisms for collaboration between TB and HIV programs; reducing the burden of HIV among TB patients by testing all TB patients for HIV; reducing the burden of TB among PLWHA by screening for TB in HIV care and treatment settings using TB screening tool; and implementing TB infection-control and provision of Isoniazid preventive therapy (IPT) in selected sites.

In TB clinics, all TB patients are offered HIV counseling and testing, and those found to be HIV-positive are referred to the care and treatment clinic (CTC) for care, treatment, and support. According to NTLP report, from October 2007 to December 2007, 2,635 (72%) out of 3,682 registered TB patients (spanning across eight regions supported by Global Fund and other non-USG partners), were counseled, tested, and received their HIV test results. According to PEPFAR semi-annual progress reports (SAPR) of 2008, 13,990 (82%) of 17,035 registered TB patients (spanning across 14 regions supported by the USG), were counseled, tested for HIV, and received their test results. Over 500 health care workers were trained in the management of TB/HIV co-infection including provider-initiated counseling and testing (PITC) for TB patients.

Under USG support, and working with ART partners in CTC, HIV-positive patients are being screened for TB, and those confirmed to have active TB are referred to TB clinics for treatment. According to the USG 2007 Annual Report, a total of 8,108 of 166,892 (4.86%) enrolled HIV-positive patients received treatment for TB under direct USG-supported sites.

During FY 2008, with support from the USG and other bilateral donors, a National Policy for Collaborative TB/HIV activities and on standard TB screening tool for PLWHA was developed and disseminated to all ART partners in the country. Health care workers will continue being trained on the use of the tool. The national TB/HIV co-management training guidelines and manual are ready for printing and distribution.

With technical assistance from the USG, and in collaboration with the National AIDS Control Program (NACP), NTLP and other partners, the guidelines for TB infection-control have been developed and will be finalized, printed, and distributed to all partners by the end of October 2008. In addition, NTLP, NACP, and other implementing partners will conduct an evaluation and give recommendations on the experience of provision of ART in TB clinics using the so-called supermarket approach. This approach is an attempt to address the low uptake of ART, delay ART initiation for TB/HIV co-infected patients, and reduce risk of TB infection to immunocompromised patients at CTC. Data collection is planned for March 2009, and the report will be ready for dissemination by May 2009.

During supportive supervision conducted during FY08 at some of the TB/HIV implementing sites, challenges identified included low TB screening of PLWHA attending CTCs and lack of implementation of TB infection control (due to lack of knowledge and guidelines). Feedback between TB clinics, CTCs, and laboratories, referrals and follow ups of patients are still weak. Recording and reporting of TB screening needs to be improved. Provision of IPT is not implemented in care and treatment clinics. This is due to lack of experience across Tanzania in the provision of IPT and the delay in finalization of IPT provision guidelines. About 46% of the nation's population is younger than 15 years of age. However, pediatric TB contributes only 9.4% of all known TB cases in Tanzania. It is believed that TB is one of the major causes of death among children living with HIV, and a greater number of children die from TB annually than is officially recorded.

To address the identified challenges, the MOHSW, through NTLP, NACP, and partners, will review and update guidelines for TB/HIV. In addition, the MOHSW will utilize intensified TB case-finding (ICF) and TB M&E tools to reflect pediatric TB. These guidelines will direct health care providers in their approach to ICF in pediatrics. The USG will support NACP to take the lead in identifying best practices for intensified TB case finding among PLWHA and bolstering TB infection-control in care and treatment settings to prevent TB among health care providers and PLWHA receiving care. The USG will also support NACP to: pilot IPT in a limited number of care and treatment clinics to inform a large scale up; conduct supportive supervision; and support training for health care providers working at CTCs on TB/HIV co-management, recording and reporting, patient follow up, and referrals between CTCs, laboratories, and TB clinics.

A major focus in FY 2009 will be to support NACP and ART partners in strengthening HIV/TB activities in care and treatment settings. Funds will be used to: maintain, support and scale up of HIV counseling and testing in TB clinical settings, intensified TB case finding (ICF) and implementation of infection control in health care and congregate settings; develop/finalize, print and distribute TB/HIV guidelines; coordinate HIV/TB collaborative activities; strengthen the capacity of health care providers in both the public and private health sector to manage HIV/TB co-infected patients; conduct regular supportive supervision; pilot the

provision of IPT; and improve/update data collection tools to capture needed TB/HIV information. The TB recording and reporting system will be evaluated to improve patient care, data quality, and program improvement. In addition, NACP and NTLP, in collaboration with UGS and non-USG TB/HIV implementing partners, will evaluate and improve the ICF system before piloting IPT at selected HIV care and treatment sites.

FY 2009 funds will continue to support 12 ART partners working in direct service delivery in care and treatment settings and PMTCT clinics. These funds will also support two USG partners working directly in TB clinics within 87 districts. All TB/HIV implementing partners (ART and TB) will coordinate and collaborate with guidance and technical support from MOHSW, through NACP and NTLP, to ensure quality of services. USG ART partners will train health care providers on HIV/TB co-management including the implementation of the "Three Is".

Support from child survival funds, which will be received through USAID and TBCAP for laboratory strengthening, will increase TB case-finding and improve TB diagnosis with the use of new diagnostic technologies like Microbacterium Indicator Growth Tube (MIGT) and LED microscopes. The Fund will also support laboratory quality assurance and TB surveillance systems including screening for MDR-TB. The Fund will aid the involvement of the private sector who screen PLWHA attending HIV clinics for TB using sputum smear microscopy, implement TB infection control in health care setting, and offer HIV counseling and testing for TB patients. Communities will be supported in the identification and management of TB cases. Support from Global Fund and Supply Chain Management Systems (SCMS) will also complement USG and Government of Tanzania (GoT) efforts in forecasting, procurement, and distribution of HIV test kits, as well as requisite laboratory reagents. This will synergistically augment work to promote implementation of TB/HIV-integrated services across the country.

PEPFAR HIV/TB funding in Tanzania complements similar efforts of other donors such as the Clinton Foundation, Germany Leprosy Relief Agency, Global Fund Round three, and six donors that work with the MOHSW in the implementation of HIV/TB collaborative activities. These activities include development and dissemination of TB/HIV policy and training guidelines and manuals and conducting trainings and joint supportive supervisions. All USG and non-USG partners will work in collaboration with NACP and NTLP to: improve TB screening of PLWHA attending care and treatment services; implement TB infection control at care and treatment settings; track referrals; improve recording and reporting system; and monitor program evaluation and ensuring quality of collaborative HIV/TB services in Tanzania.

By the end of 2009, TB/HIV collaborative services within TB clinics will be provided in all 132 districts of Tanzania with 49,680 (80%) TB patients expected to be counseled, tested, and informed of their HIV status. Of those districts, the Global Fund to Fight AIDS, TB and Malaria (GFATM), and other partners, will support 45 (34%) districts and provide counseling and testing to 12,010 (22%). USG partners will cover 87 (66%) districts and provide counseling and testing to 38,670 (78%). USG ART partners, by the end of FY 2009, are expected to provide services to 35,599 PLWHA attending CTC while concurrently receiving treatment for TB. In collaboration with MOHSW, USG partners will train 2,713 health care providers on HIV/TB co-management including the implementation of "Three Is". All patients who test positive for HIV will receive Cotrimoxazole through the TB clinic, and will be referred for HIV care. All TB patients will be provided with information and messages on HIV prevention, as well as condoms and condom demonstrations. The program will also encourage TB and TB/HIV co-infected patients to refer their sexual partners for HIV testing and counseling.

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1056.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National AIDS Control Program Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 25049.09	<b>Planned Funds:</b> \$240,150
<b>Activity System ID:</b> 25049	

## Activity Narrative: THIS IS A NEW ACTIVITY.

### Need and comparative advantage:

Among people living with HIV/AIDS (PLWHA), TB is the most frequent life-threatening opportunistic disease and the leading cause of death even in those receiving antiretroviral drugs. The number of TB cases in Tanzania is rising primarily as a result of the increase in HIV prevalence. Reports from the National TB and Leprosy program (NLP 2006) shows that, about 52% of TB patients are co-infected with HIV, accounting for 60-70% of the increase in number of TB patients in Tanzania. The USG TB/HIV program is based on implementation of TB/HIV collaborative activities both in TB and care and treatment settings. Experience has shown that with substantially raised rates of testing for HIV among TB patients, there is great progress in the implementation of activities aiming at reducing the burden of HIV among PLWHA. The experience also indicates that there is a need to strengthen activities to reduce burden of TB among PLWHA which includes: 1) implementation of intensified TB case finding (ICF) by screening all PLWHA attending HIV care and treatment clinics for TB, 2) implementation of TB infection control (IC) to ensure that measures to prevent TB among PLWHA and health care providers are implemented and 3) provision of Isoniazid preventive therapy (IPT) within care and treatment clinics to HIV infected patients, among whom active TB has been excluded. The National AIDS Control Program (NACP), in collaboration with NLP and other USG and other partners, needs to take a lead in implementation of collaborative TB/HIV activities in care and treatment settings in Tanzania.

### Accomplishments:

Over the past five years, NACP recorded significant successes in key HIV/AIDS interventions in areas of prevention, treatment and care and support. NACP provides support and guidance to USG ART partners who directly work with an at care and treatment clinics. By September 2008, it is estimated that 246,000 people living with HIV/AIDS (PLWHA) received care and support services and a total of 205,000 PLWHA received facility-based care. Currently, nearly 150,000 PLWHA are accessing ART in Tanzania. NACP, in collaboration with NLP and other partners, developed TB/HIV policy guidelines, training materials, a TB screening tool for PLWHA, modified data collection tools to track TB/HIV related information, and set measures in place to monitor the epidemic. In 2008, draft guidelines for TB Infection control and Isoniazid preventive therapy have been developed.

### Activities:

NACP, in collaboration with NLP, care and treatment partner and other donor agencies, will strengthen implementation of TB/HIV collaborative activities including the "Three Is."

1. NACP will work together with NLP and partners to finalize and update guidelines and operation manuals for implementation of intensified TB case finding, TB infection control and provision of Isoniazid preventive therapy. Tasks include: supporting workshops and printing and distribution of the guidelines.
2. Coordinate all ART and TB/HIV implementing partners in the country by organizing partners meetings twice a year to discuss progress of implementation and share best practices and challenges
3. Capacity building. a) In collaboration with NLP and ART partners, NACP will support capacity building for health care providers working at care and treatment settings including PMTCT on TB/HIV collaborative activities (ICF, IC for TB, IPT, recording, reporting and patient-tracking). b) Program staff will be supported to attend TB/HIV trainings, conferences and workshops. c) NACP will support training for trainer of trainers and mentors on specialized modules for TB infection control and provision of Isoniazid preventive therapy.
4. NACP will strengthen TB/HIV surveillance, monitoring and evaluation systems. NACP will review the data collection tools to ensure that TB/HIV information is captured.
5. NACP will work with NLP and partners to support TB/HIV committees at all levels.
6. NACP, in collaboration with NLP, will appoint someone to work on TB/HIV collaborative activities, focusing on activities for reducing burden of TB among PLWHA at care and treatment sites.

### Linkages:

NACP works in collaboration with NLP, TB/HIV implementing partners in private and public sectors and donors who provide technical/financial support to help the program to meet its goals. NACP will ensure coordination and harmonization of services, and will strengthen the system for referrals and linkages between TB and HIV care and treatment services. NACP will ensure that TB/HIV activities are conducted within the framework of the health system.

### Target Population:

People living with HIV/AIDS, Adults and Children

### M&E:

NACP, in collaboration with NLP, will review and modify the HIV care and treatment data-collection tools used throughout the country to include TB/HIV information. At lower levels health facility paper-based tools are used as a source for the electronic databases at the region and national levels. Data are collected on quarterly, semiannual and annual bases. Technical assistance for both paper-based and electronic tools is provided through supervisions. Health care providers are trained on M&E in data use for patient management and decision making. This ensures data quality and tracking cross referrals.

### Sustainability

To ensure sustainability, collaborative TB/HIV activities will be incorporated into Comprehensive Council Health Management Plans (CCHP). In the future, these activities will be directly funded through the basket fund and the government. TB/HIV collaborative activities will also be integrated into a pre-service training curriculum for health workers, undergraduate medical students and nurses. NACP will work with partners and local authorities using existing staff and infrastructure. Training of trainers will ensure that local capacity is built at all levels. TB/HIV services are integrated into the existing health care system to avoid formation of parallel program activities

Targets: Coordination of TB/HIV services in Tanzania, providing guidance to implementing partners, ensuring that TB/HIV guidelines are in place, providing supportive supervision and ensuring quality of

**Activity Narrative:** collaborative TB/HIV services in Tanzania.

Geographic Coverage Areas: National

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1027.09

**Mechanism:** N/A

**Prime Partner:** Mbeya Referral Hospital

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 16446.23323.09

**Planned Funds:** \$200,000

**Activity System ID:** 23323

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Expanding and Integrating TB/HIV activities at Mbeya Referral Hospital (MRH)

Mbeya Referral Hospital (MRH) will continue collaborate with other hospital and lower level Health facilities to provide TB/HIV collaborative activities in the region. MRH play a major role of identification of a majority of patients who are in need of HIV care and treatment services. Most of the patients undergo initial evaluation after which they are referred down to the regional and district hospital for management. In FY09 MRH will focus on strengthening of referral, linkages and patients follow up make sure that patients access HIV continuum of care. Quality of HIV care at MRH will be improved and the major activities will include screening of TB to all People living with HIV and AIDS attending care and treatment clinic. Those who will be found to have active TB will be referred to TB clinic to be initiated an uninterrupted treatment TB treatment using Directly Observed Therapy (DOT). TB infection control will be implemented in all HIV clinics. TB/HIV collaborative activities will be expanded to other HIV clinics including PMTCT. National TB screening tool and clinical assessment forms will be printed and distributed for use in these clinics. Health care providers from HIV clinics will be trained on TB/HIV collaborative activities including use of modified clinical forms and screening tool for routinely screening for TB to all PLWHA receiving HIV care and treatment. TB infection control practices will be implemented in the care and treatment settings to prevent transmission of TB among PLWHA as well as health providers. Using national guidelines for TB infection control all clinics will be supported to make sure that the guidelines are available and followed. Hospital management team will also be oriented on TB infection control activities. Staff from HIV clinic will be trained on TB infection control practices which include ensuring good ventilation in Care and Treatment clinics. Laboratory services including sputum smear microscopy and quality assurance will be improved to ensure early TB diagnosis and treatment. Capacity of laboratory staff will be strengthen through training, mentoring and supportive supervision. MRH will supplement HIV rapid test kits and supply of X-ray films. Collaboration between health care providers from HIV and TB clinics will be improved and MRH will support information exchange meeting for health care providers to discuss best practices, challenges on TB/HIV co-management, patient follow up and track referrals.

NEED and COMPARATIVE ADVANTAGE: According to the National Tuberculosis and leprosy Program (NTLP), TB /HIV dual infection contributes to 17.5 % of the total disease burden in Tanzania (Ministry of Health and Social Welfare (MOHSW), Manual of National Tuberculosis and Leprosy Program in Tanzania, Fifth Edition, 2006). Currently, MRH provides TB services to patients in the counseling and testing centers (CTC) and has embarked on an integrated approach to further strengthen collaboration between TB care and HIV/AIDS care, reducing the burden of TB among PLWHA, and reducing the burden of HIV among TB patients, resulting in more effective control of TB among HIV-infected people.

The MRH is one of five zonal hospitals in Tanzania. Its function in the Southern Highlands is to offer direct clinical services, to provide training, to coordinate and oversee the quality of treatment in the zone.

ACCOMPLISHMENTS: MRH began full recruitment of patients in January 2005, and now boasts a patientload

of over 2,499 on ART and another 5,269 on care. It will reach its September 2008 ART targets of 5,420, enrolling over 200 new patients each month.

The MRH will continue to strengthen the monitoring of HIV patients who are on TB care. Monitoring TB patients through the use of clinical forms with TB screening questions has been key to ensuring the screening and referral of all HIV and TB patients. Patients referred both ways have been well documented in the care and treatment clinics. Integration of HIV care and treatment and the TB diagnosis, as well as treatment and follow up will be strengthened further in FY 2008.

ACTIVITIES: Though all hospitals in the Mbeya Region, under the Mbeya Regional Medical Office (MRMO under separate submission), now support ART, identification of a majority of patients is still through the MRH. Here, they undergo their initial evaluation after which they are referred down to the regional and district hospital for management. It is believed this is due to the higher quality of services and better infrastructure at MRH, including its large inpatient wards.

1) All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those suspected will access TB diagnostic services Those found positive for TB will be immediately referred to the TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). 1a) Support making of the clinical forms with TB screening tool. 1b) Clinicians at each site will be trained on TB/HIV collaborative activities including use of modified clinical forms to routinely identify underlying TB signs and symptoms for all clients attending at CTC. 1c) Develop a referral system for access of HIV-infected TB suspects to laboratory diagnosis and treatment for TB.

2) TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health providers. 2a) CTC staff at each site will be trained on TB infection control practices. Ensure ventilation in Care and Treatment clinics.

3) Strengthen existing laboratory services needed to implement TB/HIV program activities. 3a) Supplement supply of X-ray films.

4) Support outreach ART services to remote TB clinic in the regions.

LINKAGES: This activity is linked to activities under this facility in treatment and palliative care as well as those of the regions in this zone (Mbeya, Rukwa and Ruvuma). It is also linked to the DOD submission under SI other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The MRH will continue to promote outreach services from the facilities to the communities. It has a list of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and

**Activity Narrative:** types of services offered. This list is displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through a facility social worker serving as the point of contact (POC) for the community organizations.

**CHECK BOXES:** The areas of emphasis will include: initial and refresher training of staff in TB/HIV comanagement, infection control, provision supplies and medications, and capacity building. Community Health Management Teams (CHMTs) will be supported in planning and incorporating TB/HIV activities in Council Comprehensive Plan (CCHPs).

**M&E:** The MRH is the central hub for the zonal electronic medical record system (EMRS) supported with direct technical assistance (TA) from DOD. This EMRS is critical for patient management and program monitoring in support of ART in the Southern Highlands.

All efforts will be made to capture all the HIV care and treatment related data from both the CTCs and TB clinics using NTLF data collection, recording, and reporting tools. Data at the CTC is collected using standardized forms based on NACP and facility data needs. It is entered into the electronic medical record system (EMRS) and synthesized, generating NACP and USG reports as well as providing feedback to CTC teams for use in-patient management.

**SUSTAINABILITY:** The MRH is accomplishing this through capacity building of other health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. This is also being accomplished by strengthening "systems", such as the zonal supportive supervisory team and the zonal weekly ART meetings as part of already existing zonal support functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16446

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16446	16446.08	Department of Defense	Mbeya Referral Hospital	6535	1027.08		\$100,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1135.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Mbeya Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12



---

**Activity ID:** 16442.23324.09

**Planned Funds:** \$100,000

**Activity System ID:** 23324

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY

TITLE: Expanding and Integrating TB/HIV activities in Mbeya Region

Mbeya Regional Medical Office (MRMO) will continue providing support for implementation of HIV care and treatment services together with collaborative TB/HIV activities. In FY 2009, ART will be expanded to health center level focusing on high density areas along trade routes, but also identifying isolated rural communities in which the health center provides regular medical services. For TB/HIV activities in FY09 focus will be to improve Intensified TB case finding in care and treatment settings and TB infection control in all care and treatment clinics (CTC). All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those found to have active TB will be referred to TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). Diagnosis of TB will follow national TB and Leprosy guidelines. Referral, linkages and patients follow up from care and treatment clinic to laboratory, TB clinic and to other HIV related services e.g. home based care will be improved. MRMO will print and distribute all TB/HIV guidelines including guidelines for implementation of TB infection control. TB infection control will be implemented to all care and treatment sites to prevent transmission of TB among People Living with HIV/AIDS (PLWHA) as well as health care providers. Training on TB/HIV activities including intensified TB case finding, use of TB screening tool, reporting and recording will be conducted to health care providers working at HIV clinics. Health care providers will also be trained on TB infection control practices, ensuring good ventilation at the clinics. Laboratory services will be improved making sure sputum smear microscopy performed are of high quality. MRMO will strengthen existing laboratory services needed to implement TB/HIV program activities including supplement HIV test kits and X-ray films. Outreach ART services to remote TB clinic in the regions will be strengthen with improved referral system. MRMO will advocate for integration of collaborative TB /HIV services in HIV clinics including PMTCT and STI

NEED and COMPARATIVE ADVANTAGE: According to the National Tuberculosis and leprosy Program (NTLP), TB /HIV dual infection contributes to 17.5 % of the total disease burden in Tanzania (Ministry of Health and Social Welfare (MOHSW), Manual of National Tuberculosis and Leprosy Program in Tanzania, Fifth Edition, 2006). Currently, the Mbeya Regional Medical Office (RMO) supports ART and TB services in 10 hospitals and four health centers and plans to provide TB/HIV services to an additional eight health centers where we currently have a functional Care and Treatment Center (CTC). This integrated approach will further strengthen collaboration between TB care and HIV/AIDS care, reducing the burden of TB among PLWHA and reducing the burden of HIV among TB patients, resulting in more effective control of TB among HIV-infected people.

ACCOMPLISHMENTS: Currently, the MRMO supports treatment services in all six districts in the region and will continue to strengthen the monitoring of HIV patients who are on TB care. Monitoring TB patients through the use of clinical forms with TB screening questions has been key to ensuring the screening and referral of all HIV and TB patients. Patients referred both ways have been well documented in the care and treatment clinics. Integration of HIV care and treatment and the TB diagnosis, as well as treatment and follow up will be strengthened in FY 2008.

ACTIVITIES: In FY 2008, ART will be expanded to 12 more health centers focusing on high density areas along trade routes, but also identifying isolated rural communities in which the health center provides the only source of regular medical services.

1) All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely, and those suspected will access TB diagnostic services. Those found positive for TB disease will be immediately referred to the TB clinic to initiate an uninterrupted treatment using the Direct Observation Therapy (DOT). 1a) Support making of the clinical forms with TB screening tool. 1b) Clinicians and nurses at each site will be trained on TB/HIV collaborative activities including use of modified clinical forms to routinely identify underlying TB signs and symptoms for all clients attending at CTC. 1c) Develop a referral system for access of HIV-infected TB suspects to laboratory diagnosis and treatment for TB.

2) TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health providers. 2a) CTC staff at each site will be trained on TB infection control practices. Ensure ventilation in Care and Treatment clinics.

3) Strengthen existing laboratory services needed to implement TB/HIV program activities. 3a) Supplement supply of X-ray films.

4) Support outreach ART services to remote TB clinic in the regions.

LINKAGES: This activity is linked to activities under this partner in PMTCT, TB/HIV, and palliative care as well as those of the other regions in this zone (Rukwa and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The MRMO will continue to promote outreach services from the facilities to the communities. Each facility will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists will be displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact (POC) for the community organizations.

CHECK BOXES: The areas of emphasis will include: initial and refresher training of staff in TB/HIV comanagement, infection control, provision of supplies and medications, and capacity building. Community Health Management Teams (CHMTs) will be supported in planning and incorporating TB/HIV activities in

**Activity Narrative:** Council Comprehensive Plan (CCHPs).

M&E: Quality Assurance and Quality Control (QA/QC) for clinical services is conducted through the zonal and regional supportive supervisory teams discussed above.

All efforts will be made to capture all the HIV care and treatment related data from both the CTCs and TB clinics using NTLF data collection, recording and reporting tools. M&E data activities for all the CTCs under the MRMO are supported by technical assistance (TA) from the DoD SI team based at the Mbeya Referral Hospital.

**SUSTAINABILITY:** In order to sustain our efforts in integrating and expanding the TB/HIV services, MRMO will continue working very closely with the National TB/Leprosy Control Program. The MRMO will ensure sustainability through capacity building of health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of District Health Management Teams (DHMT), the regional supportive supervisory team, and the zonal weekly ART meetings as part of already existing zonal support and routine MRMO functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16442

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16442	16442.08	Department of Defense	Mbeya Regional Medical Office	6536	1135.08		\$100,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1136.09

**Mechanism:** N/A

**Prime Partner:** PharmAccess

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 5093.23325.09

**Planned Funds:** \$200,000

**Activity System ID:** 23325

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Providing comprehensive TB/HIV diagnoses and treatment to Tanzania People's Defense Forces (TPDF)

PharmAccess with the support from Department of Defense will continue to provide support for implementation of collaborative TB/HIV activities in military the hospitals. The activities provided will include those for reducing burden of TB among people living with HIV/AIDS as well as reducing burden of HIV among TB patients. The activities described below are to be conducted in collaboration with the Ministry of Health (MOH) through the National Tuberculosis and Leprosy Program, National AIDS Control Program and the Regional and Council Health Management Teams. PharmAccess will provide technical assistance to implement Intensified TB case finding (ICF) TB infection control (IC). ICF will be strengthened to all health facilities providing HIV care and treatment services including hospitals, health centers and four mobile centers, ensuring regular and proper use of the TB screening questionnaire; establish systems to prevent TB infection. Work with MOH in the development and finalization guidelines for ICF, IC and provision of Isoniazid preventive therapy. Guidelines will be printed and distributed to all military health facilities. All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those found to have active TB will be referred to TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). Diagnosis of TB will follow national TB and Leprosy guidelines. At TB clinic all TB patients offered HIV counseling and testing. TB patients who will be co-infected with HIV will be referred to CTC for care and treatment services. All TB-HIV co infected patients will be counseled on HIV prevention including condoms promotion and provision. Prevention messages will be provided to all HIV infected patients with encouragement to disclose HIV sero status to their sexual partners. HIV co-infected TB patients will be encouraged encourage to advise their partners to undergo HIV test. Patients will be linked to STI, PMTCT and family planning services according to the need of the patient. Referral, linkages and patients follow up from care and treatment clinic to laboratory, TB clinic, PMTCT, STI clinic and to other HIV related services e.g. home based care will be improved. PharmAccess will provide support in the Health System Strengthening by refurbishing health facilities to have counseling rooms which will provide privacy and confidentiality during HIV counseling and testing. Human capacity will be supported through training of health care providers on TB/HIV integration and co-management. Health care providers including laboratory technologists from Tanzania Police Defense Force (TPDF) hospitals, health centers and mobile centers will train using national TB/HIV training curriculum. The focus will be on Intensified TB Case Finding among PLWHA attending care and treatment services, TB infection control in HIV clinics and congregate settings, referral system, linkage and patients follow up. Referral system from care and treatment clinic (CTC), Laboratory, TB clinics, STI and PMTCT clinics will be improved. Laboratory capacity for TB diagnosis will be strengthened by providing microscopes for TB diagnosis and laboratory supplies. PharmAccess will support health facilities with Cotrimoxazole supply for TB/HIV patients to ensure continuum of care for PLWHA. Strengthen Community awareness through "Open House" days to increase access to VCT service and TB screening for TPDF personnel and the community at large. Conduct nutritional and dietary assessments of TB+ persons and provide nutrition counseling and support. Supportive supervision will be conducted regularly to improve quality of services

NEED and COMPARATIVE ADVANTAGE: The Tanzanian Peoples Defense Forces (TPDF) has a network of military hospitals, health centers and dispensaries through out the country, supporting a total of over 30,000 enlisted personnel and an estimated 60-90,000 dependant. TPDF hospitals do not only service military personnel and their dependents, but also civilians living in the vicinity of the health facilities. In fact 80% of the patients are civilian. The eight hospitals offer district level services. The largest hospital, Lugalo, located in Dar es Salaam serves the role of a national referral center for military medical services. With an average HIV prevalence of six to seven percent, Tanzania is amongst the hardest hit countries in Africa. The rates are thought to be higher in the military setting. PAI is poised to continue to address the needs to improve coverage and access, and to strengthen and expand care and treatment activities in the military hospitals and health centers/satellite sites across Tanzania for military personnel and civilians, and ensure a close service linkage of military HIV program being implemented in-line with the national Health Sector HIV strategy.

A concept HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all TPDF personnel has been written by a dedicated TPDF Task Force. Authorization of the Policy by HQ is expected in the last quarter of 2007. The consequence of the new Policy will be that large numbers of army personnel will be tested and that an extensive increase of HIV+ and TB+ persons who need care and treatment can be expected. PharmAccess will work with TPDF to provide comprehensive quality care and treatment services in eight military hospitals and 25 health centers / satellite sites.

Approximately 40-50% of TB patients are HIV-infected and, conversely, it is estimated that roughly one-third of HIV-infected patients develop clinically-overt TB. Expanded case identification and treatment of TB is needed in order to reduce morbidity and mortality associated with HIV infection. In addition, aggressive HIV counseling and testing of TB patients represents an important public health strategy which will be a key to further identification and treatment of other HIV-infected individuals. Military hospitals are small with limited medical staff. The same clinicians see TB and HIV/AIDS patients.

ACCOMPLISHMENTS: A training for three clinicians and nurse counselors from the eight military hospitals in June 2007 was the start of harmonization of the HIV/AIDS-TB under the DOD/PAI/TPDF Program. A dedicated TB-laboratory and a container with rooms for TB counseling have been refurbished in June and July. Referrals to and from the TB-Unit and the CTC started then.

Data-handling to keep track of referrals from the TB-Unit to the CTC and vice versa need to be put in place now at all military hospitals. A total of 226 patients were tested for HIV in the period January – June 2007. 115 were HIV+, 82 were referred to the TB-Unit; 26 have been reported TB+.

ACTIVITIES: It is expected that a total of 550 of the 5,000 HIV-infected patients from the CTC's of the eight military hospitals and their satellite sites will require treatment for clinically-overt TB illness in FY 2008. It is also expected that a total of 700 of the 6,300 HIV-infected patients from CTC's of the 8 military hospitals

**Activity Narrative:** and their satellite sites will require treatment for clinically-overt TB illness in FY 2009. Approx 2000 will then receive prophylaxis for opportunistic infections (OI). It is also anticipated that 95% of the TB positive individuals attending the wards or Out Patient Department (OPD) of the TPDF health facilities will undergo counseling and testing for HIV in that period.

1) Strengthening HIV/TB services among TPDF facilities, expanding services to an additional 10 health centers: 1a) Renovate and furnish patient counseling rooms at 10 new satellite sites/health centers; 1b) train staff from eight hospitals and 25 satellite sites/health centers in TB diagnostic methods to increase detection and referral of TB cases among their HIV positive patients; 1c) train additional health care providers of the TB-Units at Lugalo and Mbalizi in provider-initiated HIV testing and counseling of all confirmed TB positive patients; 1d) procure microscopes for TB diagnosis at each site and procure labmaterials when not available through the central mechanism; 1e) provide cotrimoxazole prophylaxis to HIV+ persons testing positive for TB, in accordance with existing NTLF guidelines.

2) Improve TB infection control practices in the CTC and in patient wards to prevent transmission of TB among HIV+ persons as well as health providers: 2a) CTC staff will be trained on TB infection control practices; 2b) assess and modify CTC to ensure ventilation; 2c) provide protective safety gear to clinic and laboratory staff, and support in proper use.

3) Strengthen the continuum of care for TB/HIV services: 3a) Establish a referral system for HIV+ persons from the 25 health centers to the eight military hospitals and/or to nearby Regional and District hospitals for CD4 testing and for care and treatment of complicated cases; 3b) conduct community education on TB/HIV co-infection and co-management during "Open Houses" at each of the eight hospitals; 3c) train women (many who are spouses of soldiers) from organizations serving the barracks in directly observed therapy (DOT) for follow up and provision of home-based services for both TB and ART treatment.

**LINKAGES:** Administration of the hospitals and health centers of the TPDF is not under the MOHSW but under the Ministry of Defense. TB/HIV services under this program will ensure a close linkage with national HIV/AIDS and TB strategies and programs of the TB Unit of the NACP and the National TB and Leprosy Programme (NTLP). Coverage will increase through the eight military hospitals and 25 health centers. All HIV-infected men and women will be referred for further evaluation and qualification for TB treatment and ART within the facility. Linkage will be strengthened with prevention activities under the TPDF Program, including promotion of and counseling on preventive measures for HIV+ persons, provider-initiated counseling and testing (PITC), C&T, PMTCT, TB/HIV and OVC.

Linkages will be established as well as referral for HIV+ persons from the satellite sites to TPDF hospitals or district hospitals for CD4, TB testing and complicated cases. PharmAccess will ensure linkages with organizations of women living in the barracks. We anticipate that these women will also operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the military barracks. However for clients in the surrounding communities, we anticipate to form linkages with existing local NGOs operating in those communities so as to ensure continuum of care.

Linkages have been and will be established with the Regional and District Health Management teams for supportive supervision purposes, and technical assistance.

**CHECK BOXES:** The areas of emphasis were selected because the activities will include support for training of medical staff, purchase of TB-specific laboratory diagnostic equipment and reagents, consumables for HIV confirmatory diagnosis and isoniazid (INH) and cotrimoxazole for treatment and prophylaxis purposes. It is expected that a total of 2,000 people, representing approximately 50% of the 4,000 HIV-infected patients who will be on care or treatment by September 2009, will be found to be coinfectd with TB and will require TB services.

**M&E:** Data will be collected both electronically and by paper-based tools. All sites use the paper forms developed by National TB and Leprosy Program (NTLP) and NACP. TB screening and HIV-screening registrars need to be adapted to keep track of TB+ patients referred for HIV-screening and HIV+ patients referred for TB-screening. Registrars need to be checked by a member of the referring clinic to ensure that referred patients are reached.

On-site data entry will take place. All sites will have been provided with PCs, a database and output functions as developed for the National C&T program. 66 Data clerks from the eight hospitals and the 25 health centers will be all trained by, or in collaboration with the Ministry of Health's Unit of Control and Coordination (UCC). PAI and UCC will provide supportive supervision and the hospitals will support the satellite sites. Data will be provided to NTLP, NACP and OGAC for reporting purposes.

**SUSTAINAIBILITY:** PAI will encourage the Office of the Director Medical Services to integrate HIV/AIDS TB harmonization activities in military Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI will work with military authorities to build local authority's technical and managerial capacity to manage the program.

The facilities provide staff and health infrastructure. Most of these program costs are for training and for infrastructure improvement. Investments are done at the start-up phase of the program. It is therefore expected that the costs per patient will decrease dramatically over time. In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the forces.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13570

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13570	5093.08	Department of Defense	PharmAccess	6551	1136.08		\$200,000
7790	5093.07	Department of Defense	PharmAccess	4572	1136.07		\$200,000
5093	5093.06	Department of Defense	PharmAccess	2838	1136.06		\$150,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1138.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Rukwa Regional Medical Office	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 17425.23326.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 23326	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Expanding and Integrating TB/HIV activities in Rukwa Region

Rukwa Regional Medical Office (RRMO) will continue to provide support for implementation of collaborative TB/HIV activities in the region. The services will be provided in hospitals as well as in lower level health facilities where HIV care and treatment services are provided. FY09 focus will be on the improving Intensified TB case finding in care and treatment settings. All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those found to have active TB will be referred to TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). Diagnosis of TB will follow national TB and Leprosy guidelines. Referral, linkages and patients follow up from care and treatment clinic to laboratory, TB clinic and to other HIV related services e.g. home based care will be improved. RRMO will print and distribute all TB/HIV guidelines including guidelines for implementation of TB infection control. TB infection control will be implemented to all care and treatment sites to prevent transmission of TB among People Living with HIV/AIDS (PLWHA) as well as health care providers. Training on the TB/HIV activities including intensified TB case finding, use of TB screening tool and modified clinical forms, reporting and recording will be conducted to health care providers working at HIV clinics. Health care providers will also be trained on TB infection control practices, ensuring good ventilation at the clinics. Laboratory services will be improved making sure sputum smear microscopy performed are of high quality. RRMO will strengthen existing laboratory services needed to implement TB/HIV program activities including supplement of HIV test kits and X-ray films. Outreach ART services to remote TB clinic in the regions will be strengthened with improved referral system. RRMO will advocate for integration of collaborative TB /HIV services in HIV clinics including PMTCT and STI. Supportive supervision will be conducted regularly to improve quality of services.

**NEED and COMPARATIVE ADVANTAGE:**

According to the National Tuberculosis and Leprosy Program (NTLP), TB /HIV dual infection contributes to 17.5 % of the total disease burden in Tanzania (Ministry of Health and Social Welfare (MOHSW), Manual of National Tuberculosis and Leprosy Program in Tanzania, Fifth Edition, 2006). Currently, the Rukwa Regional Medical Office (RMO) has been providing ART and TB services to patients in three district hospitals and one health center and plans to provide TB/HIV services to up to additional 7 health centers where we currently have a functional Care and Treatment Center (CTC). This integrated approach will further strengthen collaboration between TB care and HIV/AIDS care, reducing the burden of TB among PLWHA and reducing the burden of HIV among TB patients, resulting in more effective control of TB among HIV-infected people.

Rukwa RMO supports the implementation of prevention and care and treatment programs throughout its region, overseeing funding and supervision to the regional hospital and district level facilities. As a DOD partner and a region under the support of the Mbeya Referral Hospital, roll out of TB/HIV in this region mirrors that in Mbeya and Rukwa.

**ACCOMPLISHMENTS:**

Currently, over 1,300 patients from the three district hospitals and one of the health centers in the region are on ART. The Rukwa RMO will continue to strengthen the monitoring of HIV patients who are on TB care. Monitoring TB patients through the use of clinical forms with TB screening questions has been key to ensuring the screening and referral of all HIV and TB patients. Patients referred both ways have been well documented in the care and treatment clinics. Integration of HIV care and treatment and the TB diagnosis, as well as treatment and follow up will be strengthened further in FY 2008.

**ACTIVITIES:**

Using a "cluster" approach, the region has been divided based on the three primary districts (Sumbawanga Urban included as part of Sumbawanga Rural), using the hospitals supporting high density areas in these districts as the primary points of support and moving out from those facilities to health centers. The Rukwa RMO will expand TB/HIV services and support to a total of three hospitals and eight primary health care facilities in the region covering all districts.

- 1) All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those suspected will access TB diagnostic services. Those found positive for TB disease will be immediately referral to the TB clinic to initiate an uninterrupted treatment using direct observation therapy (DOT).
  - 1a) Support the making of clinical forms with TB screening tool.
  - 1b) Clinicians at each site will be trained on TB/HIV collaborative activities including use of modified clinical forms to routinely identify underlying TB signs and symptoms for all clients attending at CTC.
  - 1c) Develop a referral system for access of HIV-infected TB suspects to laboratory diagnosis and treatment for TB.
- 2) TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health providers.
  - 2a) CTC staff at each site will be trained on TB infection control practices. Ensure ventilation in Care and Treatment clinics.
- 3) Strengthen existing laboratory services needed to implement TB/HIV program activities.
  - 3a) Supplement supply of X-ray films.
- 4) Support outreach ART services to remote TB clinic in the regions.

**LINKAGES:** This activity is linked to activities under this partner in PMTCT, treatment, and palliative care as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

**Activity Narrative:** The Rukwa RMO will continue to promote outreach services from the facilities to the communities. Each facility has/will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists are displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact (POC) for the community organizations.

**CHECK BOXES:**

The areas of emphasis will include: initial and refresher training of staff in TB/HIV co-management, infection control, provision of supplies and medications, and capacity building. Community Health Management Teams (CHMTs) will be supported in planning and incorporating TB/HIV activities in Council Comprehensive Health Plans (CCHPs)..

**M&E:**

M&E data activities for all the CTCs under the Rukwa RMO are supported by technical assistance (TA) from the DOD SI team based at the Mbeya Referral Hospital. All efforts will be made to capture all the HIV care and treatment related data from both the CTCs and TB clinics using NTLF data collection, recording, and reporting tools. Data at each CTC is collected using standardized forms based on the National AIDS Control Program (NACP) and facility data needs. It is entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya Referral Hospital for synthesis, generation of NACP and USG reports as well as to provide feedback to CTC teams for use in patient management.

**SUSTAINABILITY:**

Using a "cluster" approach, the region has been divided based on the three primary districts (Sumbawanga Urban included as part of Sumbawanga Rural), using the hospitals supporting high density areas in these districts as the primary points of support and moving out from those facilities to health centers.

In order to sustain our efforts in integrating and expanding the TB/HIV services, MRMO will continue working very closely with the National TB/Leprosy Control Program. The MRMO will ensure sustainability through capacity building of health care facilities and its staff, sensitization of community members, and advocacy through influential leaders. This is also accomplished by strengthening "systems," such as the improved capacity of District Health Management Teams (DHMT), the regional supportive supervisory team and the zonal weekly ART meetings as part of already existing zonal support and routine MRMO functions

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17425

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17425	17425.08	Department of Defense	Rukwa Regional Medical Office	6554	1138.08		\$100,000

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1139.09 **Mechanism:** N/A  
**Prime Partner:** Ruvuma Regional Medical Office **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Care: TB/HIV  
**Budget Code:** HVTB **Program Budget Code:** 12  
**Activity ID:** 16449.23327.09 **Planned Funds:** \$100,000  
**Activity System ID:** 23327



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Expanding and Integrating TB/HIV activities in Ruvuma Region

Ruvuma Regional Medical Office (RRMO) will expand TB/HIV services in the facilities providing HIV services. FY09 focus will be to improve Intensified TB case finding in care and treatment settings, TB infection control and improve patient's referral and follow up. All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those found to have active TB will be referred to TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). Diagnosis of TB will follow national TB and Leprosy guidelines. Referral, linkages and patients follow up from care and treatment clinic to laboratory, TB clinic and to other HIV related services e.g home based care will be improved. RRMO will print and distribute all TB/HIV guidelines including guidelines for implementation of TB infection control. TB infection control will be implemented to all care and treatment sites to prevent transmission of TB among People Living with HIV/AIDS (PLWHA) as well as health care providers. Training on the TB/HIV activities including intensified TB case finding, use of TB screening tool and modified clinical forms, reporting and recording will be conducted to health care providers working at HIV clinics. Health care providers will also be trained on TB infection control practices, ensuring good ventilation at the clinics. Laboratory services will be improved making sure sputum smear microscopy performed are of high quality. RRMO will strengthen existing laboratory services needed to implement TB/HIV program activities including supplement of HIV test kits and X-ray films. Outreach ART services to remote TB clinic in the regions will be strengthen with improved referral system. RRMO will advocate for integration of collaborative TB /HIV services in HIV clinics including PMTCT and STI. Supportive supervision will be conducted regularly to improve quality of services.

**NEED and COMPARATIVE ADVANTAGE:** According to the National Tuberculosis and leprosy Program (NTLP), TB /HIV dual infection contributes to 17.5 % of the total disease burden in Tanzania (Ministry of Health and Social Welfare (MOHSW), Manual of National Tuberculosis and Leprosy Program in Tanzania, Fifth Edition, 2006). Currently, the Ruvuma Regional Medical Office (RMO) supports ART and TB services in three district hospitals and two health centers and plans to provide TB/HIV services to an additional 10 health centers where we currently have a functional Care and Treatment Centers (CTC). This integrated approach will further strengthen collaboration between TB care and HIV/AIDS care, reducing the burden of TB among PLWHA, and reducing the burden of HIV among TB patients, resulting in more effective control of TB among HIV-infected people. Ruvuma RMO supports the implementation of prevention and care and treatment programs throughout its region, overseeing funding and supervision to the regional hospital and district level facilities. As a DOD partner, and a region under the support of the Mbeya Referral Hospital, roll out of TB/HIV in this region mirrors that in Mbeya and Rukwa.

**ACCOMPLISHMENTS:** Over 1,400 patients are on ART at each of the three district hospitals and two health centers in the region. The Ruvuma RMO will continue to strengthen the monitoring of HIV patients who are on TB care. Monitoring TB patients through the use of clinical forms with TB screening questions has been key to ensuring the screening and referral of all HIV and TB patients. Patients referred both ways have been well documented in the care and treatment clinics. Integration of HIV care and treatment and TB diagnosis, as well as treatment and follow, up will be strengthened further in FY 2008.

**ACTIVITIES:** The Ruvuma RMO will expand TB/HIV services and support to a total of four hospitals and 12 health care facilities in the region covering all districts.

1) All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those suspected will access TB diagnostic services. Those found positive for TB will be immediately referred to the TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT) 1a) Support the making of the clinical forms with TB screening tool. 1b) Clinicians at each site will be trained on TB/HIV collaborative activities including use of modified clinical forms to routinely identify underlying TB signs and symptoms for all clients attending at CTC. 1c) Develop a referral system for access of HIVinfected TB suspects to laboratory diagnosis and treatment for TB.

2) TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health providers. 2a) CTC staff at each site will be trained on TB infection control practices. Ensure ventilation in Care and Treatment clinics.

3) Strengthen existing laboratory services needed to implement TB/HIV program activities. 3a) Supplement supply of X - ray films.

4) Support outreach ART services to remote TB clinic in the regions

**LINKAGES:** This activity is linked to activities under this partner in PMTCT, treatment, and palliative care, as well as those of the other regions in this zone (Mbeya and Ruvuma). It is also linked to the DOD submission under SI and other USG treatment partner submissions providing expertise in areas of pediatric care and TB infection control.

The Rukwa RMO will continue to promote outreach services from the facilities to the communities. Each facility has/will have lists of NGO's, CBOs and HBC providers involved in HIV/AIDS support, indicating geographical coverage and types of services offered. These lists are displayed in the CTCs and other clinics/wards so health staff can refer clients to those organizations as necessary. These referrals, as well as referrals from community organizations to the facility, will be further strengthened through facility staff serving as points of contact (POC) for the community organizations.

**CHECK BOXES:** The areas of emphasis will include: initial and refresher training of staff in TB/HIV comanagement,

**Activity Narrative:** infection control, provision supplies and medications, and capacity building. Council Health Management Teams (CHMTs) will be supported in planning and incorporating TB/HIV activities in Comprehensive Council Health Plans (CCHPs).

M&E: M&E data activities for all the CTCs under the Ruvuma RMO are supported by technical assistance (TA) from the DOD SI team based at the Mbeya Referral Hospital. All efforts will be made to capture all the HIV care and treatment related data from both the CTCs and TB clinics using NTLP data collection, recording, and reporting tools. Data at each CTC is collected using standardized forms based on NACP and facility data needs. It is entered into the electronic medical record system (EMRS) and transported to the DOD data center located at Mbeya Referral Hospital for synthesis, generation of NACP and USG reports, and providing feedback to CTC teams for use in patient management.

SUSTAINABILITY: As with other DOD partners in the Southern Highlands of Tanzania, the Ruvuma RMO is ensuring sustainability through capacity building of health care facilities and its staff, sensitization of community members and advocacy through influential leaders. This is also accomplished by strengthening "systems", such as the improved capacity of District Health Management Teams (DHMT), the regional supportive supervisory team, and the zonal weekly ART meetings as part of already existing zonal support and routine Ruvuma RMO functions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16449

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16449	16449.08	Department of Defense	Ruvuma Regional Medical Office	6555	1139.08		\$100,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Mechanism:** Fac Based/RFE

**Prime Partner:** Deloitte Consulting Limited

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 12463.23328.09

**Planned Funds:** \$300,000

**Activity System ID:** 23328

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: TUNAJALI (We care) Integrating ART and TB Services in 4 Regions of Tanzania

In collaboration with the Ministry of Health and Social Welfare (MOHSW) through the National Tuberculosis and Leprosy Program/National AIDS Control Program (NTLP/NACP) and the Regional Health Management teams (RHMT)/Council Health Management Teams (CHMT) Deloitte Consulting Limited will continue to provide support to collaborative TB/HIV activities initiated in the Country Operational Plan 2008 (COP08). The focus for FY2009 will be to provide technical assistance to strengthen intensified TB case finding and carry out a pilot for Isoniazid Preventive Therapy (IPT) within the framework of the MOHSW plans for pilot and roll out. Intensified TB Case Finding (ICF) at Care and treatment clinics (CTC) will be strengthened, ensuring that all PLWHA attending care and treatment clinics are screened for TB. Deloitte Consulting Limited will also ensure availability, regular and proper use of the National TB screening tools, print and distribute National TB/HIV guidelines, job aids and SOPs for collaborative TB/HIV activities including those for ICF, Isoniazid Preventive Therapy and TB Infection Control. TB Infection Control will be implemented to all care and treatment clinics to prevent TB infection to PLWHA and health care providers.

**NEED AND COMPARATIVE ADVANTAGE:** The goal of TUNAJALI in FY 2008 is to strengthen the continuum of quality HIV care and treatment. However, co-infection with TB presents unique challenges whether a patient presents with active symptoms or with Immune Reconstitution Syndrome (IRS) weeks later. Timely identification and treatment of each disease mutually improves the outcome of the other, hence need for close collaboration and coordination between the programs. Experience gained by Deloitte and Touche (D&T) and Family Health International (FHI) in involving TB staff, with USG partners, provides an advantage to scaling-up and integrating services. With training, mutual referral, supportive supervision and mentoring, TUNAJALI's strategy aims to capture patients suspected of TB-HIV co-infection, ensuring prompt diagnosis and supervised treatment.

**ACCOMPLISHMENTS:** As of March 31, 2007, with QuickStart and Plus-up funds, D&T/ FHI expanded the comprehensive care approach to 33 sites in Dodoma, Morogoro, and Iringa. D&T/FHI has made significant progress, establishing a foundation that will enable the program to increasingly expand quality care and treatment over the coming years. The program established referral services between all the CTCs and 35 TB programs in 35 district hospitals; strengthened referral procedures, including follow-up care through HBC; providing 20,324 patients with comprehensive care, including 9,294 on ART and 3, 597 receiving treatment for TB disease.

**ACTIVITIES:** In FY 2008, Tunajali plans to strengthen the TUNAJALI care and treatment program in 38 sites in 4 regions: Dodoma, Morogoro, Iringa and Singida, to ensure that all patients have access to the comprehensive continuum of care, including timely and appropriate management of TB-HIV co-infection.

- 1) Tunajali will strengthen the capacity at CTCs to address co-infection, and screening HIV patients for TB through:
  - a) Training CTC staff in new and established sites on integrated management of TB-HIV coinfection, using Ministry of Health and Social Welfare (MoHSW) guidelines.
  - b) Providing ongoing technical assistance (TA) on managing co-infected patients, paying attention to the management of opportunistic infection.
  - c) Referring patients suspected of TB for sputum smears and x-ray before being placed on supervised TB treatment. Special emphasis will be placed for the correct diagnosis and treatment of pediatric patients.
  - e) Providing HIV test kits to TB clinics.
  - e) Providing co-trimoxazole to TB clinics for prophylaxis.
- 2) Assessing and improving TB infection control at care and treatment clinics, inpatient and transient waiting wards.
  - a) Performing minor renovations to improve ventilation and ensuring other infection control measures are in place.
- 3) Strengthening referral and collaboration between care and treatment and TB clinics.
  - a) Orienting all Regional Health Management Teams (RHMT) on the new integrated approach in the management of combined TB-HIV patients.
  - b) Collaborating with RHMT and Council Health Management Teams (CHMT), in the provision of supportive supervision and mentorship to CTC teams, to ensure quality service.
  - c) Monitoring service provision, data keeping, analysis, utilization, reporting back to the sites and report writing.
  - d) Ensuring data collection tools are continuously available.
  - e) Recording best practices, lessons learnt and disseminating them.

**LINKAGES:** TUNAJALI is committed to working in close collaboration with NTLP and USG, especially to increase staff, training, and in planning, monitoring and supervision of activities. Involving the District Medical Office should improve service and quality, and help ensure sustainability. TUNAJALI will ensure collaboration with the NTLP and create linkages to and from local TB clinics to VCT, PMTCT service, HBC and OVC programs to facilitate prompt and appropriate referrals to CTCs. Sub-grantees from TUNAJALI will link with partners working in the region, including the sister TUNAJALI HBC program, to help strengthen provision of comprehensive care in urban and rural settings. The program also will support linkage to national and community-based programs, involving PLHA and volunteers to reduce stigma, promote provider initiated testing and counseling (PITC) and improve patient adherence. Partners will be encouraged to leverage lab, test-kits, reagents and x-ray diagnostic resources and drugs, referring patients to access services, where available through support from the NTLP or other sources, such as the NACP, MOHSW and Global Fund.

**CHECK BOXES:** Activities include training of health workers, renovation of infrastructure, supply of commodities, strengthening district and regional health systems, strengthening linkages and referral to other programs in and around the region. Efforts to increase the number of women and children enrolled, by linking with PMTCT and Mother/Child Health (MCH) activities, and to increase male enrollment by using a family centered approach to care that will justify gender-related activities. Our treatment and care activities will focus on PLHA identified through VCT and PICT initiatives from out and in-patient wards, as well as

**Activity Narrative:** pediatric and TB departments.

M&E: Establishing records has been a challenge as sites had only kept log books or patient registers. By supporting a qualified data clerk at each site, TUNAJALI will ensure consistent use of tools (paper-based or electronic) to capture longitudinal data and provide evidence of improved patient management. Data analysis will show trends and highlight programmatic strengths and weaknesses allowing for feedback to the site for improvement on patient management, and factors that effect outcomes. Quality Assurance protocols will be used to ensure accuracy. Supportive supervision by a regional data manager in the RHMT office, in collaboration with local TB programs and the NLTP, will ensure quality data collection. Regular meetings with CHMTs and RHMTs will help local health authorities monitor progress. The program will use the TB/HIV monitoring and evaluation system and will contribute towards its improvement.

SUSTAINABILITY: TUNAJALI plans to focus on strengthening the technical and management capacity of local staff involved in the care and treatment of HIV and TB, by training, mentoring and providing supportive supervision to ensure quality of care believed to be the cornerstone for sustainability. These efforts will be complemented by other sustainable efforts, including educating patients and communities, and linking them to support programs within their own communities, including the TUNAJALI HBC program to provide support needed for reassurance. In addition, TUNAJALI will work within the existing health network, collaborating with NLTP and local authorities to create a sense of ownership.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13464

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13464	12463.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$300,000
12463	12463.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$300,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 1221.09

**Mechanism:** N/A

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

---

**Activity ID:** 12461.23329.09

**Planned Funds:** \$500,000

**Activity System ID:** 23329

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Scaling up TB/HIV collaborative activities at Care and Treatment Centers (CTC) in Kagera, Kigoma, Pwani and Zanzibar

In collaboration with the Ministry of Health and Social Welfare (MOHSW) through the National Tuberculosis and Leprosy Program/National AIDS Control Program (NTP/NACP) and the Regional Health Management teams (RHMT)/Council Health Management Teams (CHMT) Columbia University will continue provide support to collaborative TB/HIV activities initiated in the Country Operational Plan 2008 (COP08). The focus for FY2009 will be to provide technical assistance to Columbia supported site to strengthen intensified TB case finding and carry out a pilot for Isoniazid Preventive Therapy (IPT) program at one site, within the framework of the MOHSW plans for roll out, strengthen Intensified TB Case Finding (ICF) at Care and treatment clinics (CTC), ensuring availability and regular and proper use of the TB screening questionnaire. Columbia University will Print and disseminate guidelines, job aids, SOP for collaborative TB/HIV activities including those for ICF, IPT and TB Infection Control. TB diagnosis to be improved that includes improving TB smear microscopy through procurement and maintenance of microscopes, ensure availability of reagents for direct sputum smear microscopy, procurement and maintenance of radiological machine, supply of radiological films. Training sessions on Chest X-ray interpretation targeted people involved in chest X-ray reading and interpretation. Laboratory staff will also be trained and supervised to ensure quality of results. TB/HIV collaborative activities will be implemented in reproductive and child health in clinics and Antenatal clinics (ANC) targeting HIV positive pregnant women and children. TB screening targeted to family members of TB/HIV co-infected patients will be strengthened. In collaboration with NACP, NTP and other partners Columbia University will review and develop guidelines for pediatric TB/HIV co-infection. These guidelines will include TB screening tool and diagnosis among children living with HIV. The guidelines will be printed and disseminate to all RCH and PMTCT clinics. Organize training sessions on TB/HIV co-infection targeted to Peer Educators. Print and disseminate job aids for Peer Educators on TB/HIV. Ensure all TB patients are offered HIV preventive methods including condom demonstration and provision and ensure availability of condom at TB clinic.

NEED and COMPARATIVE ADVANTAGE: Columbia University (CU) supports comprehensive ART services in Kagera, Kigoma, Pwani and Zanzibar where there is currently an estimated 51,603 patients in need of ART. 10% of patients enrolled in care and treatment are estimated to have active TB while 50 -70% of TB clients are likely to be HIV positive according to the Tanzania DHS 2004/5. HIV patients with TB needs prompt TB treatment as a measure to reduce transmission amongst vulnerable HIV clients attending care and treatment. Similarly, TB clients who are HIV positive will need to engage in HIV care and treatment as a measure to reduce morbidity and mortality. CU has conducted intensified TB case-finding at many supported sites, and is well positioned to further expand these services in FY 2008.

ACCOMPLISHMENTS: In FY 2007, CU supported ARV services in 24 hospitals and 1 Health Center. Intensified TB case-finding was established at all care and treatment clinics using a 5-question symptom screening tool that was developed by CU. Clients who were diagnosed as TB suspects based on the screening tool were investigated according to the National TB diagnostic algorithm. Linkages were established with the TB clinics and at all facilities in wards, and clients diagnosed to have TB were promptly referred for TB treatment. Data from April - June 2007 show 69% of the 2,791 patients enrolled at CU supported sites were screened for TB, and four were diagnosed to have active TB. Overall, 3% of the 11,099 patients who received care during the quarter were on TB treatment.

ACTIVITIES: 1) Provide technical assistance in collaboration with the Ministry of Health (MOH) through the National Tuberculosis and Leprosy Program/National AIDS Relief Program (NTP/NACP) in implementation of Infection Control to other ART partners. 1a) update training guidelines for HIV/AIDS and for TB to include infection control measures: 1b) organize training sessions with USG partners on TB infection control in CTC settings; 1c) train additional health care workers (HCW) at select hospitals in training of trainers (TOTs) programs for TB infection control at care and treatment clinics. 1d) print and disseminate training guidelines for TB infection control through MOH. 1e) assist in development of job aids for HCW for infection control. 1f) print and disseminate job aids.

2) Decrease the burden of TB in PLHAs 2a) Strengthen intensified TB case-finding at existing CU supported sites; 2b) Establish intensified case-finding at newly supported CU sites; 2c) Ensure, through renovation, TB infection control measures are in place in 30 health care settings; 2d) Ensure all family members of PLHAs with TB are actively screened for TB. 2e) Ensure linkages between HIV and TB clinics are established and strengthened through regular information meetings and follow-up of referral forms. 2f) Train 176 HCW from all CTC sites in the national TB/HIV training curriculum; 2g) Do refresher training for 40 lab technicians in TB diagnostics; 2h) Procure 30 microscopes and lab supplies required to strengthen TB diagnostics; 2i) Establish care and treatment services for TB clients at 1 TB clinic in 1 district hospital (Kagera). This will require employing HCW, training in the NACP curriculum, renovating the TB clinic for infection control purposes; 2j) Roll out TB/HIV co-management in all 18 districts in Pwani, Kagera and Kigoma with some support as needed in Zanzibar.

3) Decrease the burden of HIV in TB patients. 3a) Ensure all TB clients are offered HIV counseling and testing at CU supported sites in Kagera, Kigoma, Pwani and Kigoma; 3b. Ensure all TB patients with HIV are on cotrimoxazole therapy through improved use of CTC tools and through training of dispensers, pharmacists and clinicians in essential use of cotrim for HIV+ individuals; 3c) Print laminated TB screening tool for use in 21 regions in Kagera, Kigoma, Pwani and Zanzibar – provide training and hands on mentoring in use of the tool; 3c) Distribute electronic and 200 printed copies of International Center for AIDS Care and Treatment Programs' (ICAPs) TB/HIV integration booklet with evidence and instruction on use of the screening tool; 3d) Ensure all TB clients with HIV are promptly engaged in HIV care and treatment by carrying out Provider Initiated Testing & Counseling (PITC) with district hospitals and health centers delivering TB services; 3e) Ensure all TB clients receive counseling on HIV preventive methods through training at district and health center levels; 3f) Ensure linkages between the TB clinics and HIV clinics are

**Activity Narrative:** strengthened through two-way referrals and HIV management committees – use the referral forms developed by ICAP and expert patients or HCW staff to accompany patients.

4) Establish mechanisms for TB/HIV collaboration. 4a) Coordinate with the NTL, regional, district and facility-based TB/HIV bodies in the implementation of TB/HIV activities 4b) Participate in the National TB/HIV planning and share information at district, regional and site level through our annual stakeholder meetings and regular support to the districts and sites. 4c) Participate in national TB/HIV M&E activities to further refine TB management tools; 4d) support the Regional Health Management Teams (RHMT) to increase integration of TB and HIV services at the regional level through improved supervision by carrying out training and improving communication and technical assistance in clinical management and use of data; 4e) hire a TB/HIV advisor under ICAP to strengthen activities and provide technical assistance and training; 4f) include TB/HIV integration as part of the Clinical Mentors (ICAP staff) core tasks in the 21 districts CU supports; 4g) provide training and support to the regional TB member of the RHMT and the District TB coordinators to support improved integration of services; 4h) work with other groups such as PATH (a TB/HIV implementing partner) to improve linkages through regular communications and meetings.

**LINKAGES:** CU works closely with the NACP, NTL and the MOH diagnostics unit in implementing TB/HIV activities. CU will continue to utilize existing MOH referral and reporting mechanisms to assist with identification and referral between TB and HIV clinics. HIV management teams which include TB and care and treatment coordinators based in the facilities or districts will meet regularly to review data on the referrals from all TB and HIV clinics and will be empowered to identify and trace those lost to follow up. In Pwani and Zanzibar, CU will collaborate with PATH in the implementation of TB/HIV activities. Because of our strong regional presence with offices in Kagera, Kigoma, Coast and Zanzibar we have a regularly updated list of programs with wraparound services and regular contacts with groups working in HIV/AIDS activities.

**CHECK BOXES:** The areas of emphasis were chosen because activities will include training of health workers. Strategic information activities will help inform the program on its achievements and challenges. The general population and PLHAs will be targeted through HIV or TB testing activities and the provision of ART or TB therapy.

**M&E:** a) CU will collaborate with the NACP and NTL to implement national M&E systems for TB/HIV diagnosis and treatment in the 3 regions & Zanzibar; b) the TB Screening Questionnaire (TSQ) will be implemented at all sites and 12,954 newly enrolled HIV patients screened for TB; c) TB/HIV referrals will be documented using the 2 way referral form between CTCs and TB clinics; d) CU will provide technical assistance (TA) at all 42 sites for implementation of TB/HIV M&E systems and share quarterly and semiannual/ annual reports on TB/HIV integration at the site, district and regional levels; e) data quality will be ensured through regular supervision visits; f). 126 HCWs will be trained in TB/HIV M&E and 42 CTC's, 21 districts & 3 regions will be supported.

**SUSTAINABILITY:** CU will continue to build the technical and financial capacity of the local staff at the health facilities and that of the local government authorities. Capacity will be built through training of clinical staff in the co-management of TB/HIV and through training local government authorities in conducting needs assessments, determining priority sites and activities, work planning, budgeting and M&E programs. Emphasis will be made in strengthening quality assurance of programs. Capacity will also be enhanced in grant writing as well as technical and financial report writing.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13458

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13458	12461.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$500,000
12461	12461.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$300,000

---

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1253.09

**Mechanism:** N/A

**Prime Partner:** National Tuberculosis and  
Leprosy Control Program

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 3464.23330.09

**Planned Funds:** \$2,090,000

**Activity System ID:** 23330



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Scaling up of HIV/TB Collaborative Activities in Tanzania"

Requested funds for FY 2009 will continue to support the implementation of collaborative TB/HIV services in 57 existing districts, ensuring the continuation of services. In collaboration with NACP, USG and non-USG partners, NTLP will review and develop guidelines for pediatric TB/HIV, including guideline for pediatric screening and diagnosis. Implementing partners will be coordinated; they will be provided with technical support for the implementation of Intensified TB case finding (ICF), TB Infection control (IC) in care and treatment settings, and piloting the provision of Isoniazid preventive therapy. At health facilities, NTLP will support meetings to exchange information between health care providers working in TB clinics, and those working at HIV clinics. Implementation of provider initiated HIV testing and counseling (PITC) in TB clinical settings will be strengthened through ensured availability of HIV test kits, improved referrals, linkages and patient follow-up. This will help ensure that all TB-HIV co-infected patients are referred to HIV care, and can access the services. Districts will be supported to develop and implement TB infection control plans. Supportive supervision and mentoring will be strengthened to improve quality of services. At TB clinics, all TB patients will be offered HIV counseling and testing. TB patients who are co-infected with HIV will be referred to the CTC for care and treatment services. All TB-HIV co-infected patients will be counseled on HIV prevention, including condom education, promotion and provision. Prevention messages will be provided to all HIV-infected patients. They will be encouraged to disclose their HIV status to their sexual partners. HIV co-infected TB patients will be encouraged to advise their partners to get tested for HIV. Patients will be linked to other services including STI, PMTCT and family planning, according to their needs. NTLP will continue to strengthen human capacity by training health care providers on TB/HIV co management. This will include HIV rapid testing, recording and reporting, implementation of IPT, IC and smear microscopy to improve TB diagnosis. NTLP will support TB/HIV coordinators and officers at the national and district level. NTLP will offer administrative cost support at the district, regional and national levels. NTLP will ensure that Contrimoxazole is available at all TB clinics for TB/HIV co-infected patients. Council health management teams (CHMT) will incorporate collaborative TB/HIV activities into their Comprehensive Council Health Plans (CCHP). NTLP will strengthen CHMTs capacity to provide supportive supervision to health care facilities in the field. In collaboration with I-TECH, best practices will be documented, shared and disseminated. Advocacy communication and social mobilization (ACSM) strategies will be reviewed and updated to include pediatric TB and TB/HIV. Information Education and Communication (IEC) materials will be printed and distributed to all health facilities. Communities will be sensitized to TB/HIV collaborative activities. In FY 2009, surveillance systems, including an M&E system, will be improved to allow districts, regions and national government health entities to generate TB/HIV reports, and facilitate monitoring of patients. TB Monitoring and evaluation tools will be reviewed and revised to reflect the pediatric TB-positive and TB/HIV-positive demographic. NTLP will conduct an evaluation to determine whether the TB surveillance system is being used and is beneficial.

NEED and COMPARATIVE ADVANTAGE: Scale-up of TB/HIV activity will contribute to the PEPFAR and National targets of providing care and treatment services to PLHA. By the end of 2008, with support from Global Fund to Fight AIDS, TB and Malaria (GFATM), Program for Appropriate Technology in Health (PATH) and Clinton HIV/AIDS Initiative (CHAI), TB/HIV services will be provided in about 100 districts in the country; 57 districts will be supported by PEPFAR (42 existing and 15 new districts). Expansion in 15 districts will result in 6000 TB patients receiving diagnostic counseling and testing (DCT) and 1500 (40%) receiving Anti-Retroviral drugs (ARV). By the end of 2009 it is expected that the services will be scaled up to 226 service outlets resulting to 24011 (80%) TB patients receiving DCT and 6002 (40%) on ARV. Scale-up of TB/HIV services will be challenged with increased workload and quality of the results. These challenges call for task shifting, human capacity building, strengthening system quality and increasing capacity for acidfast bacilli (AFB) microscopy, which should be supported by higher volume equipment, Mycobacterium Growth Indicator Tubes (MGIT) and quality assurance. In order to improve quality of TB/HIV monitoring data and increase efficiency in report generation, the Electronic TB Register (ETR) needs to be expanded and decentralized at the district level.

ACCOMPLISHMENTS: A total of 381 health care workers (HCW) trained on TB/HIV activities. Protocol for Extensively Resistant TB (XDR) and Multi-Drug Resistant TB (MDR) resistance surveillance finalized.

From July 2005 and March 2007, a total of 6,387 (75%) TB patients were tested and received their HIV results, 733 on ARV and 1,474 cotrimoxazole prevention therapy (CPT) (from CDC supported sites). Currently, TB/HIV services are implemented in 61 service outlets in 14 districts. TB/HIV policy was developed and is now in the process of final review. Modified TB data collection tools including forms and registers which are currently in use. Developed TB screening tool for PLHA. Supportive supervision conducted in 61 outlets and sensitization conducted to 237 health management team members.

ACTIVITIES: 1) Establish TB/HIV services within 15 new districts to increase access to services; 1a) Conduct needs assessment in 15 new districts; 1b) Hiring 15 supervisor staff at district level and 30 clinicians to support provision of ART in TB clinic; 1c) Procure and maintain 15 motorcycles to enhance mobility of supervisors staff; 1d) Facilitate planning for TB/HIV activities to ensure TB/HIV activities are incorporated into Comprehensive Council Health Plans (CCHP).

2) Strengthen capacity for the districts, managers and health workers in both the public and private sector to provide quality TB/HIV services; 2a) Train 350 HCW and supervisors on TB/HIV activities. 2b) Conduct supervision to ensure quality services.

3) Strengthen mechanism for collaboration and improve linkage and referral system to ensure patients' follow up, effective coordination and harmonization of services; 3a) Facilitate monthly facility technical meetings to strengthen referrals and linkages between TB and HIV sites; 3b) Facilitate quarterly coordinating and information exchange meetings at regional and districts levels; 3c) Document and share best practices and disseminate information twice per year.

**Activity Narrative:** 4) Enhance community participation in TB/HIV through awareness activities to create demand and utilization of services; 4a) Sensitize 309 Health Management Teams; (HMTs) 4b) Print and distribute IEC materials, broadcasting, and social marketing; 4c) Conduct advocacy meeting to districts leaders and influential community leaders on TB/HIV interventions and use of IEC; 4d) Community sensitization to educate public on TB/HIV services.

5) Support the implementation of services in 42 existing districts to ensure continuation and sustainability of established TB/HIV services; 5a) Pay salary to 50 staff at the national and district levels; 5b) Provide administrative cost at the district, regional and national levels; 5c) conduct quarterly coordinating meetings at all levels; 5d) Conduct supervision at all levels including M&E, TB/HIV information, and the use of the Electronic TB Register (ETR.Net); 5e) Disseminate TB/HIV information at the national and international levels; 5f) Document and share best practices twice per year; 5h) Facilitate district planning; 5g) Conduct Advocacy Communication and Social Mobilization 5h) Conduct refresher training to 250 HCW on TB/HIV services.

6) Strengthen laboratory TB/HIV activities; 6a) Train 140 laboratory staff on TB, AFB Microscopy, Mycobacterium culture and first line drug susceptibility testing; 6b) Strengthen national QA network for AFB microscopy; 6c) Procure one MGIT machine through RPSO to improve diagnosis of TB to HIV patients and strengthen surveillance of MDR; 6d) Procure 57 Light Emitted Diode (LED) microscopy (one per district) 6e) Liaise with TB/HIV Regional laboratory training center to be established in Southern African regions for training and certifying personnel in standardized techniques and promoting external quality assessment (EQA) activities.

7) Coordinate and collaborate with Columbia University in providing Technical Assistance in the implementation of TB Infection control in care and treatment clinics.

8) Strengthen M&E systems to improve data management. This will allow districts, regions and central levels to generate TB/HIV reports and facilitate monitoring of patients. 8a) Orient all HCW in TB clinic on the use of modified TB forms and registers in 14 districts; 8b) update and maintain the ETR.Net software to generate TB/HIV standardized reports; 8c) train 38 TB/HIV assistants, District TB and Leprosy Coordinators (DTLC) and 17 administrators on the use of ETR.net; 8d) procure 33 computers and accessories for 29 districts and for M&E at central a level unit; 8e) update print and distribute TB/HIV data collection tools; 8f) conduct mid term evaluation to determine whether TB surveillance system is being used.

**LINKAGES:** NTLP works in collaboration with NACP and other development partners such as WHO, KNCV, and GLRA who provide technical/financial support to help the program to meet its goals. It also works with other implementing partners: PATH, CHAI, Harvard university, Columbia university, EGPAF, FHI, FBOs and private care sectors to ensure coordination and harmonization of services. TB/HIV activities are conducted within the framework of the health system.

**CHECK BOXES:** The areas of emphasis are chosen because NTLP will focus on in-services training of providers in TB clinics and HIV sites to ensure quality of services. Building regional capacity to roll out TB/HIV training and ensure sustainability. Renovation of infrastructure in TB clinics for provision of ARVs services. These activities will ensure patients to access both TB and care and treatment services under one roof, accelerate the number of TB/HIV co infected patients enrolled for ART and reduce transmission of TB to immuno-compromised patients attending CTC.

**M&E:** 5% of the total budget is allocated for M&E. NTLP has developed standardize data tools that are used in the country. At facility and district levels paper-based tools are used as a source for an electronic database at the national level. Installation of ETR.Net will capture data electronically from the district to the national level. On quarterly basis, data is collected, compiled and analyzed at all levels. Feedback of the analyzed data from the national level is sent back to the respective regions. NTLP conduct regional, quarterly, and bi-annual national coordinators' meetings to monitor program progress. Technical assistance for both paper-based and electronic tools is provided through supervisions. The NTLP through NACP will establish strong linkages with ART treatment partners to ensure M&E capacity building. This will include tracking cross referrals, data quality decentralization of ETR, and data use for patient management at facility level and program improvement.

**SUSTAINABILITY:** To ensure sustainability TB/HIV activities will be incorporated into comprehensive council health management plans. So that in future, these activities will be directly funded by the counsels and the government. The recruited staff in this project will be gradually absorbed into the government establishment and paid by the government. Training of trainers will be done to ensure that local capacity is build at the district levels. TB/HIV services are integrated into the existing health care system to avoid formation of parallel program activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13549

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13549	3464.08	HHS/Centers for Disease Control & Prevention	National Tuberculosis and Leprosy Control Program	6545	1253.08		\$2,200,000
7781	3464.07	HHS/Centers for Disease Control & Prevention	National Tuberculosis and Leprosy Control Program	4568	1253.07		\$1,100,000
3464	3464.06	HHS/Centers for Disease Control & Prevention	National Tuberculosis and Leprosy Control Program	2868	1253.06		\$600,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 9250.23331.09	<b>Planned Funds:</b> \$90,399
<b>Activity System ID:</b> 23331	

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008

TITLE:HIV/TB Collaborative Activities, Management and Staffing (GAP)

**NEED and COMPARATIVE ADVANTAGE:** Tanzania established TB/HIV program in 2001. In 2005, the Ministry of Health through NTLP signed a Cooperative Agreements with CDC for implementation of the TB/HIV collaborative activities in Tanzania. HHS/CDC provides direct technical support for all HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. Cooperative Agreements fund these activities which are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The responsibilities of the TB/HIV staff include working with the Ministry of Health (MOH) through the National Tuberculosis and Leprosy Program (NTLP) and other partners, to oversee the overall activities within the program, guide the partners on the PEPFAR goals and ensure quality services.

**ACCOMPLISHMENTS:** FY 2006 funds supported the in-country TB/HIV program staff and technical assistance (TA) from Headquarters who aided the MOH with the development of TB/HIV policy, training curriculums and manuals for TB/HIV collaborative services. The staff provided technical support for the development of needs assessment tools, TB screening tools for PLHA and modification of TB data collection to incorporate HIV information. The staff worked with MOH through NTLP to conduct needs assessment, training, supportive supervision and preparing scale-up and expansion plans for TB/HIV activities in Tanzania.

**ACTIVITIES:** The core activities for the TB/HIV program staff in FY 2008 will include: providing technical assistance to MOH through NTLP, The National AIDS Control Program (NACP) and other partners implementing TB/HIV collaborative activities in the scaling-up of TB/HIV activities in Tanzania; guiding the partners on the PEPAR goals and required indicators; working with NTLP and other partners in conducting needs assessment and supportive supervision activities; participating in, and providing technical support for the training of health care providers and sensitization of regional, district and community leaders on TB/HIV collaborative services; following up, in collaboration with NTLP, on the renovation of TB clinics (to done by the Regional Procurement Support Office [RPSO]) ensuring that they are able to provide TB/HIV collaborative services including provision of Anti-Retroviral Treatment (ART); providing assistance to partners in reviewing their work plan and budgets, report writing and timely submission; providing assistance to the Senior Program Manager for Care in overall program planning, establishment of new strategies, resource allocation, and expansion of the Government of Tanzania (GOT) supported TB/HIV Program to achieve the overall goals of program; assisting the Senior Program Manager with collaborations involving MOT through NTLP and insuring that the CDC TB/HIV program embodies its needs and objectives; closely monitoring and supervising TB/HIV collaborative activities allocated by the Senior Program Manager for Care and serving as a consultant to TB/HIV national and district coordinators in addressing and resolving TB/HIV implementation issues; evaluating TB/HIV collaborative implementation activities and making modifications based on protocols and available data; performing other duties as assigned by immediate supervisor or other Senior CDC/Tanzania management.

**SUSTAINABILITY:** The technical assistance and support provided by HHS/CDC through Cooperative Agreement will ensure a long term sustainable system for providing TB/HIV collaborative services in Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13627

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13627	9250.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$89,000
9250	9250.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$59,340

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 2244.09**Mechanism:** RPSO**Prime Partner:** Regional Procurement Support  
Office/Frankfurt**USG Agency:** Department of State / African  
Affairs**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 9731.23332.09**Planned Funds:** \$400,000**Activity System ID:** 23332

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Infrastructure improvements for TB/HIV at NTLF sites

With 2009 fund RPSO will continue with renovation of TB Clinics to be able to provide TB/HIV collaborative activities including conducting provider initiated HIV testing and counseling (PITC), perform HIV rapid test and provision of ART. With FY2009 fund RPSO will not procure additional MGT liquid culture system.

**NEED and COMPARATIVE ADVANTAGE:** NTLF needs to increase and improve available clinical space to meet the growing need for TB/HIV activities including provision of ARV and ensuring privacy, confidentiality and quality TB/HIV collaborative services for the patients. Currently, most of the medical facilities that are slated for this project have extremely limited TB clinical space and even less clinical space for HIV/AIDS patients. Renovated and extended clinics will allow the health care workers to provide comprehensive care to increased numbers of TB/HIV co infected patients, reduce patients time spent at health facility as the TB and HIV/AIDS services will be provided at the same clinic. Provision of ART in TB/HIV clinics is part of the TB infection control program as it reduces the risk of TB transmission to immunocompromised patients at care and treatment clinics. Scale-up of TB/HIV services will be challenged with increased workload and quality of the results. These challenges call for task shifting, human capacity building, strengthening system quality and increasing capacity for acid-fast bacilli (AFB) microscopy, which should be supported by higher volume equipment, Mycobacterium Growth Indicator Tubes (MGIT) and quality assurance. RPSO will assist the NTLF program by procuring the MGIT equipment and its requisite reagents and supplies. The MGIT is a high throughput short turn around mycobacterial liquid culture technology reducing the culture time from six weeks to one week and breaking the dependence on the labor intensive microscopy as the only diagnostic technology.

**ACCOMPLISHMENTS:** For FY 2007 funds, the Regional Procurement Support Office (RPSO) funds managed by CDC staff are being used to renovate 10 designated clinics in the regions of Tanga, Iringa, Morogoro and Shinyanga. Post renovation assessment of these initial projects will help NTLF make good choices about their selections for future projects based on cost per project and increased number of patients served.

**ACTIVITIES:** The Regional Procurement Support Office/Frankfurt (RPSO) is an arm of the Office of Acquisitions Management - A/LM/AQM. RPSO's main objective is to provide Federal Agencies with contracting resources and to support global initiatives such as the Global AIDS Program and PEPFAR. RPSO will work in collaboration with CDC and the Ministry of Health in this activity. The activity will conform to PEPFAR strategies of provision of comprehensive care for PLHA. Proposed physical infrastructure improvements include upgrades of existing building space and addition of buildings in designated health facilities to provide patient examination areas, simple laboratory spaces, medical dispensaries and counseling and patient waiting rooms and the procurement of equipment. These projects will improve patient flow, ensure confidentiality, improve and expand counseling services, upgrade hygienic laboratory conditions to contribute to quality patient care and enhance delivery of TB/HIV services in the designated 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. With 2008 funds RPSO will renovate 10 TB Clinics within 10 Districts in 3 Regions. The clinics have been selected based on high burden of TB and HIV. RPSO will also procure one MGT liquid culture system to facilitate TB identification to cope with increase in work load that will result from the scale up of TB/HIV activities.

**LINKAGES:** RPSO will work in close collaboration with Ministry of Health at the national level, regional, district and health facility authorities

**CHECK BOXES:** The area of emphasis will be renovation and upgrading of Ministry of Health (MOH) designated facilities to be able to provide integrated and quality TB/HIV collaborative services.

**SUSTAINABILITY:** The renovated TB clinics will be handed over to the district authorities who will be charged with maintaining the buildings for sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13575

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13575	9731.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6553	2244.08		\$900,000
9731	9731.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$550,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10123.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 5114.23333.09	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 23333	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY

TITLE: Scale up of TB/HIV collaborative services in Mara, Manyara, Mwanza, and Tanga

FY09 activities will focus on the strengthening collaborative TB/HIV activities which will include implementation of the "Three Is" to make sure that HIV infected patients attending care and treatment are all screened for TB at all visits, TB infection control is implemented and provision of Isoniazid Preventive Therapy (IPT) is piloted. The activities described are to be conducted in collaboration with the Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Program (NACP), National Tuberculosis and Leprosy Program (NTLP), Regional Health Management Team (RHMT) and Council Health Management Team (CHMT). Specific activities will include: strengthen Intensified TB Case Finding (ICF), strengthen TB screening to family members of TB/HIV co-infected patients, strengthen TB screening at Reproductive and Child Health - Prevention of mother to child transmission of HIV clinics for pregnant women who are HIV positive and children, implement TB infection control (IC) measures to all HIV clinics, conducting regular sites visits and on job-training, print and distribute TB/HIV guidelines including screening tools, SOPs and job aids, conduct training sessions on ICF, IC and TB diagnostics and quality assurance to Health Care Workers (HCW) and laboratory staff to improve TB diagnosis and quality assurance. Catholic Relief Services will ensure availability of HIV test kits at TB clinic, procurement and maintenance of microscopes, supplement laboratory reagents for direct sputum smear microscopy, print and distribute TB/HIV guidelines, job aids, strengthen the referral system between CTC, laboratory, TB clinics and other services, improving regular and comprehensive TB/HIV patients' education. AIDS Relief will participate in the national TB/HIV planning, share information and data evaluation at district, regional and health facility level through USG partners and NTLN/NACP meetings. Work with Ministry of Health in the finalization and development of TB/HIV guidelines, Support the RHMT and DHMT/ CHMT in planning the integration of TB/HIV activities and training on TB/HIV collaborative services.

NEED and COMPARATIVE ADVANTAGE: There have been government efforts toward universal access to quality TB care and treatment services, particularly for those co-infected with HIV, yet targets are still unmet due to minimal entry points to TB services from other HIV-related programs. To maximize entry points for HIV diagnosis, treatment and screening for TB, AIDSRelief plans to strengthen links between Anti Retroviral Treatment (ART) and TB services through its network of partners providing quality HIV care and treatment. AIDSRelief uses this network to link and strengthen referral systems, thereby creating a bi-directional entry into HIV prevention, care and treatment services. Using its 37 ART partners in Manyara, Tanga, Mara and Mwanza regions, a total of 27,162 patients from care and treatment centers (CTC) will be screened for TB. Those found to be TB/HIV co-infected (approximately 10%) will be referred to a TB clinic for care. The TB/HIV co infected patients referred from TB clinics will be received at a CTC, and provided with quality care and treatment services. AIDSRelief will scale-up TB screening services to a total of 37 sites by end of February 2009, up from 31 sites in 2008.

ACCOMPLISHMENTS: With FY 2006 and FY 2007 funding, 30,719 clients (including TB patients) who were referred to volunteer counseling and testing units (VCT) received counseling and testing at VCT. Of those, 6,183 (20%) tested positive. Among HIV infected clients, 59% were screened for TB. In order to strengthen TB/HIV services, AIDSRelief provided training on HIV counseling and on management of TB/HIV co-infection to 16 health care providers. AIDSRelief also improved referral methods and linkages among TB, ART, VCT, and Prevention of Mother to Child Transmission (PMTCT) services to reduce missed opportunities for diagnosis and care and treatment. Improved referral methods and linkages resulted in a higher acceptance rate (96%) for testing after counseling, and increased referrals among VCT, ART and TB services.

ACTIVITIES: 1) Decrease the burden of TB among people living with HIV and AIDS attending AIDS Relief supported sites 1a) Strengthen intensified TB case-finding at existing AIDSRelief supported sites 1b) Establish intensified case-finding at newly established AIDSRelief supported sites. Needs assessment will be conducted at 31 current TB/HIV sites and 6 new sites to identify areas for scale-up. 1c) Train Health Care Workers (HCW) at the new sites on TB/HIV collaborative services using the national TB/HIV training curriculum. Print and distribute TB screening tool and job aids. Conduct refresher training for HCW from 31 existing sites. 1d) Provide ongoing supportive supervision to ensure proper linkages between HIV-related services and improved quality. 1e) Screen all family members of PLHAs who have been diagnosed with active TB 1f) Strengthen referral methods and linkages between HIV and TB clinics at AIDSRelief supported sites through regular information exchange meetings of HCW from HIV and TB sites. 1g) Conduct refresher training for laboratory technicians/personnel in TB diagnostics and quality assurance. 1h) Implement infection control measures to all CTC sites. 1i) Receive all TB/HIV co-infected patients from TB clinic.

2) Establish mechanisms for TB/HIV collaboration. 2a) Collaborate with the National Tuberculosis and Leprosy Program (NTLP), National AIDS Control Program (NACP), Program for Appropriate Technology in Health (PATH) and other NGOs, regional, district and facility based TB/HIV bodies in the implementation of TB/HIV activities. 2b) Participate in the National TB/HIV planning and share information at the district, regional and site level through annual stakeholder meetings and regular support to the districts and sites. 2c) Participate in national TB/HIV monitoring and evaluation activities to further refine TB management tools. 2d) Support the Regional and District Health Management Teams (RHMT & DHMT respectively) in planning the integration of TB/HIV activities, supervision by training RHMT and DHMT members on TB/HIV collaborative services. 2e) Work with other TB/HIV implementing partners such as PATH and NTLP to improve linkages through regular communications and meetings.

LINKAGES: Within the health facilities, AIDSRelief will use its relationships with other HIV-related programs to build effective linkages for TB/HIV co-infected patients' continuum of care. All PLHA from CTC, VCT, and PMTCT who will be screened for TB and found to have active TB will be referred to a TB clinic for management, according to the national guidelines. Working in collaboration with NTLP and PATH, all HIV/infected



**Activity Narrative:** TB patients referred from TB clinics will be received at CTC and provided with quality care and treatment services; feedback will be provided to the referring clinic staff. Those facilities without TB diagnostic services will refer all PLHA suspected to have TB to TB clinics for management, which includes sputum smear microscopy and X-ray. Patients will be linked to other HIV and non-HIV related services in the district/region e.g HBC, legal assistance, spiritual support, food support services etc. AIDSRelief supports 47 ART centers in the 4 regions, and will collaborate with other partners implementing TB/HIV in the same region such as PATH in Mwanza and NTLP in Tanga, Mara and Manyara to ensure smooth referral, linkages and follow up of patients.

**CHECK BOXES:** The areas of emphasis were chosen because activities will include training for TB and HIV health workers along with on-site strategic information and technical assistance. The general population will be targeted in HIV counseling and testing activities to increase uptake of VCT services. Persons living with HIV will be targeted in TB screening and referral activities.

**M&E:** a) AIDS Relief will collaborate with the NACP and NTLP to implement national M&E systems for TB/HIV collaborative services in the 4 regions of Tanga, Manyara, Mwanza and Mara b) The TB Screening tool will be implemented at all 47 existing, and 6 new sites and c) TB/HIV referrals will be documented using the 2-way referral form between CTC and TB clinics d) AIDSRelief will provide technical assistance at all sites for implementation of TB/HIV M&E systems and share quarterly and semi-annual/annual reports at the site, district, regional and national level e) Data quality will be ensured through regular supervision visits f) 70 HCW will be trained in the TB/HIV M&E system in the 4 regions supported by AIDSRelief.

**SUSTAINABILITY:** TB/HIV program will be sustained by integrating the services into the existing health system, by involving regional and district health management teams, incorporating the activities in the district health plans, building capacity of local authorities, coordinators, and health care providers on TB/HIV collaborative activities through training. Training of local authorities will improve capacity to manage integrated TB/HIV programs from both an administrative and a technical stance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13451

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13451	5114.08	HHS/Health Resources Services Administration	Catholic Relief Services	6504	2368.08		\$350,000
7693	5114.07	HHS/Health Resources Services Administration	Catholic Relief Services	4525	2368.07	AIDRelief Consortium TZ Budget	\$350,000
5114	5114.06	HHS/Health Resources Services Administration	Catholic Relief Services	2886	2368.06	AIDSRelief Consortium	\$350,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 2369.09

**Mechanism:** N/A

**Prime Partner:** Elizabeth Glaser Pediatric  
AIDS Foundation

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 12462.23334.09

**Planned Funds:** \$300,000

**Activity System ID:** 23334

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Scale up of TB /HIV services in Care and Treatment Clinics in four Regions

This is an ongoing activity. In FY09 EGPAF will continue providing support to all sites implementing TB/HIV collaborative activities. The priority focus for FY09 is the implementation of the "three Is" which will strengthen Intensified TB case Finding (ICF), implementation of TB Infection Control (IC) and Isoniazid preventive therapy (IPT). EGPAF will provide support to the health facilities to make sure that all HIV infected patients attending HIV care and treatment are screened for TB using national TB screening tools. Patients who are suspected of having active TB will be investigated as per National TB and Leprosy guidelines. Patients found to have active TB will be immediately referred to the TB clinic to initiate uninterrupted treatment using the Directly Observed Therapy (DOT) method. Patients tracking and follow up system from Care and Treatment Clinic (CTC), laboratory and TB clinic will be strengthened. EGPAF will work with NTLP and NACP in supporting the activity of piloting provision of IPT. All guidelines for implementation of TB/HIV collaborative activities will be printed and distributed to all implementing health facilities. TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health care providers. Health care providers from CTCs will be trained on TB/HIV co-management, TB infection control, intensified case finding, recording and reporting. EGPAF will strengthen existing laboratory services including improved sputum smear microscopy and supplement supply of X-ray films. Outreach ART services to remote TB clinics in the regions will be supported.

**NEED and COMPARATIVE ADVANTAGE:** Tanzania ranks 14th among the 22 highly burdened countries with increased HIV/AIDS epidemic. According to the National Tuberculosis and Leprosy Program (NTLP), TB-HIV dual infection contributes to 17.5 % of the total disease burden in Tanzania. Most health workers have trouble finding up-to-date information with regard to TB control and don't intensify TB screening among HIV patients. The TB/HIV activities have the objectives of creating the mechanism of collaboration between tuberculosis and HIV/AIDS departments, reducing the burden of tuberculosis among PLWHA and reducing the burden of HIV among TB patients, leading to more effective control of TB among HIV-infected people.

**ACCOMPLISHMENTS:** From October 2006 to end of March 2007, all our supported sites monitored HIV patients who were infected with TB. A total of 370 patients received TB treatment during that period. The clinicians at the EGPAF supported sites use the clinical forms which have TB screening questions thus ensuring the screening of all the patients. Linkage meetings between the TB and HIV clinics staff have been promoted. Patients were referred from care and treatment clinics to TB clinics and vice versa using referral forms.

**ACTIVITIES:** 1) All HIV infected patients receiving HIV care and treatment will be screened for TB routinely and those suspected will access TB diagnostic services. Those found positive for TB will be immediately referred to the TB clinic to initiate uninterrupted treatment using the Directly Observed Therapy (DOT) method 1a) Support creating clinical forms with TB screening tool. 1b) Clinicians at each site will be trained on TB/HIV collaborative activities including use of modified clinical forms to routinely identify underlying TB signs and symptoms for all clients attending Counseling and Testing Centers (CTC). 1c) Develop a referral system for access of HIV-infected TB suspects to laboratory diagnosis and treatment for TB.

2) TB infection control practices will be implemented in the care and treatment clinics to prevent transmission of TB among PLWHA as well as health providers. 2a) CTC staff at each site will be trained on TB infection control practices, and ensure ventilation in care and treatment clinics.

3) Strengthen existing laboratory services needed to implement TB/HIV program activities. 3a) Supplement supply of X-ray films.

4) Support outreach ART services to remote TB clinic in the regions.

**LINKAGES:** With the new funding EGPAF will collaborate with the National TB and Leprosy Program (NTLP) to increase more linkages between all the care and treatment sites and TB clinics. Referrals will be strengthened by modifying current registers and ensuring all information regarding referral is accurately recorded and reported. All the patients who are diagnosed to have TB at HIV care clinics will be referred using referral forms to TB clinics and start anti-TB treatment promptly. Linkages with the community and community based organizations (CBOs) will also be strengthened through regular meetings to reach TB patients who should be screened for HIV.

**CHECK BOXES:** The areas of emphasis and target population have been selected following the planned activities so that all male and female patients attending the CTC are adequately screened and treated for TB, and TB prevention procedures at the CTC are strengthened.

**M&E:** EGPAF will collaborate with NTLP and The National AIDS Control Program (NACP) for the TB/HIV M&E system for data collection and reporting. This will include the incorporation of the TB screening questions into the clinical recording form, the modification of the TB clinic and the CTC registers to include TB data. Referral of patients between the TB clinic and CTC will be done by a written referral form with a detachable slip for returning to the referring unit. The site linkages person will be responsible for tracking referrals between the CTC and other facility units including the TB clinic. TB/HIV data will be entered into same CTC data by the site data entry clerk. Training, development of standard operating procedures (SOPs) and supportive supervision will strengthen the quality and use of data. Data from primary health facilities with both CTC and TB/HIV activities will be collected and reported by a designated site coordinator, just like at the current CTC sites.

**SUSTAINABILITY:** EGPAF will support the Regional TB and Leprosy Coordinator in each region to initiate

**Activity Narrative:** and coordinate TB/HIV activities in each district hospital and health centre that has both a TB clinic and a CTC. 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 clinics will be supported to plan for implementing an integrated program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13470

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13470	12462.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6512	2369.08		\$300,000
12462	12462.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4534	2369.07	Project HEART - Tz Budget	\$300,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 3621.09

**Mechanism:** N/A

**Prime Partner:** Harvard University School of Public Health

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 5120.23335.09

**Planned Funds:** \$300,000

**Activity System ID:** 23335

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Expansion and Integration of TB/HIV Services in Dar Es Salaam

Harvard University will expand integrated collaborative TB/HIV services from the current three sites to 11 sites. The focus for FY2009 is to strengthen activities of reducing burden of TB among people living with HIV/AIDS (PLWHA) with emphasis on implementation of the intensified TB case finding (ICF), infection control (IC) and provision of Isoniazid in the pilot sites. Harvard will make sure that guidelines for TB/HIV collaborative activities are available at the sites and that health care providers at care and treatment clinics (CTC) are trained on TB/HIV co-management. Supportive supervision and mentoring will be provided to ensure quality of services. Intensified TB case finding (ICF) among HIV will be strengthened to ensure that all PLWHA attending CTC are screened for TB and those with active TB are referred to TB clinic for management. The plan is to ensure that all HIV infected individuals are screened for TB at enrollment and at all follow up visits. TB screening activities will be linked with PMTCT program, HBC and Pediatric units. TB infection control will be implemented to all Harvard supported sites according to national guidelines. Harvard University will work with Ministry of Health and Social Welfare (MOHSW) to pilot provision of Isoniazid preventive therapy for PLWHA whom active TB has been excluded and who will be eligible for IPT. Harvard University will work with MOHSW and other partners to finalize guidelines for implementation of IPT, TB infection control in Care and Treatment settings. In collaboration with NACP and NTLP, Harvard plans to pilot provision of IPT in one care and treatment clinic that have demonstrated quality of intensified TB screening in Dar Es Salaam.

NEED and COMPARATIVE ADVANTAGE: TB and HIV co-infection is a major public health problem in Tanzania, with Dar es Salaam among the most severely affected regions in the country. Our group has long-standing collaboration in the provision of services to patients at TB clinics and in HIV/AIDS care and treatment. We will extend our current integrated TB/HIV services from three clinics (based at the three district hospitals) to an additional 2 health centers and 2 dispensaries where we currently have a functional CTC.

Muhimbili Dar es Salaam and Harvard (MDH) is well placed to continue doing these activities for various reasons. MDH has established a unique relationship between the Harvard School of Public Health (HSPH), Muhimbili University of Health And Allied Sciences (MUHAS) and the Dar es Salaam City Council (DCC), and which has been ongoing for past 15 years – especially in training and research. The health infrastructure is well developed – the lab facilities are functioning well, there is a strong training base and patient monitoring and tracking loss to follow-up is well placed. There is strong commitment from the Dar City Council as well as the three municipalities for the advancement of the HIV care and treatment services in the Dar.

ACCOMPLISHMENTS: TB/HIV services were initiated recently, and currently three sites (Temeke, Amana and Mwananyamala hospitals) are involved. As of June 30, 2007, a total of 1,961 TB/HIV patients were enrolled, of which 1,083 have been initiated on ARV and 878 are on care. On average, 324 patients are enrolled per month from the three sites.

ACTIVITIES: In order to rapidly expand an integrated TB/HIV services in Dar the MDH program has been involved in strengthening TB/HIV activities at three sites. Considering the large burden of TB/HIV in the region, MDH will further expand the services to four more sites within the proposed funding period – Sinza and Buguruni health centers, Mbagala Rangi Tatu dispensary and at the Infectious Diseases Center (IDC). By improving the uptake at the current three sites, and with the addition of four more sites, we expect to expand enrollment to a total of 5,000 TB/HIV patients from the current 1,961 by the end of September 2008. All the TB/HIV activities will be conducted in close collaboration with the National Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP). The innovative initiatives proposed will enhance the ability of TB clinics to identify HIV patients, and for the CTCs to detect more TB cases among HIV patients, provide seamless referral to TB clinics, and deliver excellent care to TB/HIV co-infected patients with documented monitoring and evaluation (M&E) of all these activities.

We will continue the efforts to improve communication between TB and CTC units, hold regular monthly meetings to build team moral, have a holistic approach to patient management, and identify challenges and plan for common solutions. Efforts will continue to bring improvements in provision of HIV counseling and testing to all TB patients, on-going TB screening for all HIV-infected patients, provide all HIV-infected TB patients with HIV care and treatment, and enhance TB diagnosis and therapy for all HIV-infected TB suspects.

The program will implement an infection control plan through work practice, administrative and environmental control measures by training of health care workers.

In order to carry out these activities, optimal number of staff will be recruited, trained and placed at the TB/HIV sites.

We will continue using national guidelines and curricula to train health workers on the various aspects of TB and HIV co-infection including TB/HIV indicators and strategic information systems, data documentation and analysis and reporting in collaboration with the NTLP and NACP. All patients attending care and treatment clinics will be screened for TB. Those diagnosed with active TB will be referred to TB Clinic for management. MDH will continue training TB clinic staff, strengthen lab diagnostics related to TB and ensure that regular quality assurance/quality control of lab activities at the sites will be done by the central lab at MUHAS.

Funds from the COP will used to pay for the MDH staff. Moreover, we intend to provide essential equipment

**Activity Narrative:** such as mobile chest x-rays machines and the necessary supplies to the TB/HIV clinics.

**LINKAGES:** MDH works very closely with the MOH NACP and NTLP. Maximal linkages are being established between the HIV care and treatment programs and the TB diagnosis, treatment and follow-up clinics at each site. Additionally, tracking patients lost to follow-up will be conducted through the HBC patient tracking teams.

A referral system has been established between TB and CTC clinics for patients who are referred to TB/HIV clinics and those who are referred to CTC upon completion of anti-TB courses. The referral system will use registers and intake forms.

**CHECK BOXES:** Emphasis will be on strengthening the linkages and referral systems between the TB clinics and CTC, so that HIV care and treatment services are made maximally accessible and available to TB patients.

**M&E:** The MDH TB/HIV program utilizes TB/HIV forms on all TB patients enrolled at the TB/HIV clinic. Nurses at TB/HIV clinics document HIV diagnostic counseling and testing (DCT) data in the TBLP registers and the TB/HIV form. TB/HIV co-infected patients are enrolled at the CTC during their second visit to the TB/HIV clinic. Data from TB/HIV co-infected patients will be collected and monitored at each subsequent visit using a MDH TB/HIV form and the MDH CTC data collection forms. The TB/HIV form collects information on TB treatment outcomes, while the MDH CTC forms collect information on TB screening, diagnosis and management. Data will be entered daily by data clerks into Access databases developed onsite.

Monthly evaluations of the data will be performed. Examples of parameters to be measured include a) the proportion of TB patients enrolled in TB centers receiving DCT b) the proportion of patients in CTC who are screened and subsequently diagnosed with TB. Quarterly reports will be forwarded to the NTLP, NACP and CDC. At least one data clerk will be trained from each of the seven TB/HIV sites in electronic data processing.

**SUSTAINABILITY:** In order to sustain our efforts in integrating and expanding the TB/HIV services, MDH will continue working very closely with the National TB and Leprosy Control Program and NACP. All the plans and implementation of the program will be according to the National Strategic Plans. Sustainability is the core of our program. We will continue to build local capacity through on-going training and by

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13489

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13489	5120.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6520	3621.08		\$300,000
7721	5120.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4540	3621.07	Tz Budget	\$200,000
5120	5120.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3621	3621.06		\$200,000

---

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3623.09

**Mechanism:** N/A

**Prime Partner:** Program for Appropriate  
Technology in Health

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 5117.23336.09

**Planned Funds:** \$2,000,000

**Activity System ID:** 23336

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: PATH Tanzania TB/HIV Project

In FY09 Program for Appropriate Technology in Health (PATH) will continue working with Ministry of Health through national TB and Leprosy program and national AIDS Control program in collaboration with other TB/HIV implementing partners in the country. At health facility level PATH will support coordination between Health care providers working at TB and HIV services to ensure continuum of care for HIV infected TB patients. PATH will also continue to support the TB/HIV coordinators and officers at the zonal and district level. Implementation of provider initiated HIV testing and counseling (PITC) in TB clinical settings will be strengthened with improved referral, linkage and patients follow up to make sure that all TB-HIV co infected patients referred to HIV services do access the services. PATH will work with MOHSW and other implementing partners in the development and finalization of TB/HIV guidelines including guidelines for Pediatric TB/HIV, implementation of TB infection control, and provision of Isoniazid preventive therapy. PATH will continue support human capacity development through trainings of health care providers on TB/HIV co- management including HIV rapid testing, recording and reporting, implementation of Isoniazid Preventive Therapy (IPT) and TB infection control (IC). Districts will be supported to develop and implement TB infection control plans. Supportive supervision and mentoring will be strengthened to improve quality of services. All TB patients will be given health education on HIV prevention. Condoms will be promoted and provided with prevention messages to all HIV infected patients. HIV co-infected TB patients will be encouraged to disclose their HIV sero status to sexual partners and encourage partner to take HIV test. Patients will be linked to STI, PMTCT and family planning services. Intensified TB case finding will be implemented involving private pharmacies, traditional healers and village health workers in enhancing TB screening. TB diagnostic services will be improved and for a facility that does not provide diagnostic services, fixed sputum specimens will be transported to diagnostic facilities and return the smear results back. The national TB laboratory network will be strengthened by improving internal and external quality assurance. These efforts will be complemented with enhanced engagement of the private sector in TB control, strengthened collaboration with care and treatment staff, advocacy and campaigns. Public-Public and Public-Private Mix (PPM) efforts will involve private sector facilities, prisons and community in the implementation of TB infection control in HIV clinics and congregate setting. Advocacy materials on infection control including cough etiquette and hygiene messages targeting the community and health workers will be printed and distributed to all PATH supported facilities. In FY09 TB/HIV services will be scaled up to at least 5 new service outlets in existing 26 supported districts. Coordination, management and information exchange meeting will continue to be supported at all levels. Operational survey with people with TB/HIV will be conducted to determine service needs and preferences to improve access to available TB/HIV care. Management staff and coordinators will be supported to attend local and international training, Community involvement and awareness on TB and TB/HIV activities and community mobilization will be strengthened as a strategy to enhance community involvement, promote client-centered care, combat stigma, encourage TB and TB/HIV testing, and advocate for resources for TB and TB/HIV. Village Health Workers will be supported to implement TB/HIV Advocacy Communication and Social Mobilization (ACSM) activities in their communities.

**NEED and COMPARATIVE ADVANTAGE:** HIV/AIDS greatly contributes to the TB burden in Tanzania. TB causes about 30% of deaths in PLHA. TB/HIV co-infection occurs in more than 46% and 50% of TB patients and PLHA respectively. Collaborative TB/HIV services have yet to cover all the districts in Tanzania, and scale up in the private sector is very limited. The goal of NTLF is to reach the whole country by June 2008. Since 2006, Program for Appropriate Technology in Health, (PATH) in collaboration with National TB and Leprosy Programme (NTLP), National AIDS Control Programme (NACP) and Association of Private Health Facilities in Tanzania (APHFTA) has spearheaded TB/HIV services scale-up in Tanzania. Backed with local government support, and equipped with a strong, decentralized, fully integrated team that coordinates TB/HIV services, PATH has the experience and capacity to scale-up TB/HIV services to 16 new districts as requested by Ministry of Health and Social Welfare (MoHSW).

**ACCOMPLISHMENTS:** By June 2007, PATH scaled up TB HIV services in 18 districts, trained 44 coordinators and 181 health care providers on TB/HIV, and established collaborative TB/HIV services in 121 outlets. Support was provided to develop training materials, TB/HIV tools, and a National TB/HIV manual. A Knowledge, Attitudes and Practices (KAP) study to develop a National TB/HIV Advocacy, Communication and Social Mobilization (ACSM) Strategy was completed and regional-based training teams were established; more than 5,888 TB patients were counseled and tested for HIV and received their results.

**ACTIVITIES:** To improve quality of services, PATH will strengthen technical supervision, on-the-job training, and provide training to health care providers. PATH will support infection-control practices and undertake setting-up services 'under one roof'. PATH will utilize supervision findings and program indicators to improve the quality of services. With CSH/TB funding, districts will be supported to develop and implement TB infection control plans.

1. Scale-up integrated TB/HIV services in eight new districts and enhance services in the existing 18. This will take services closer to communities through 112 new service delivery outlets. 1a. Rapid facility assessment and selection of seven sites per district for introducing TB/HIV services in seven regions: Arusha (Karatu and Ngorongoro districts), Pwani (Rufiji district), Zanzibar North (North A & B districts) Zanzibar South (Central, South districts), Zanzibar Town/West (Town, West districts), Pemba North (Micheweni, Wete districts), and Pemba South (Chakechake, Mkoani districts). 1b. Coordinate and strengthen services in 18 current project districts through regular technical support, quality control, and increasing service delivery outlets. 1c. Carryout minor renovations to establish services "under one roof" in 10 facilities. 1d. Support establishment of District and Regional TB/HIV Collaborating Committees in eight districts and six regions respectively.

2. Strengthen human capacity by recruiting coordinators and training health care providers on TB/HIV. 2a. Recruit and deploy one Project Technical Officer to provide technical and managerial support, two Zonal



**Activity Narrative:** TB/HIV Coordinators (ZTHCs) to coordinate TB/HIV services in Arusha region and the Islands of Zanzibar, and eight District TB/HIV Coordinators (DTHCs) to coordinate services in the eight new districts. Services in Zanzibar's 10 districts will be coordinated by five DTHCs, each covering two districts (a region) according to Zanzibar TB/Leprosy Programme (ZTLP) structure. This is indispensable for ensuring achievement of project targets. 2b. Train 30 TB/HIV Coordinators, 13 District TB/Leprosy Coordinators (DTLCs), and 678 health care providers on TB/HIV using regional facilitators. 2c. Refresher training on TB/HIV and new HIV testing algorithm for 200 health care providers.

3. Strengthen community awareness on TB and TB/HIV, and mobilize them to reduce stigma and promote HIV testing. 3a. Support introduction of TB and TB/HIV in primary school health education curriculum in collaboration with the MoHSW National School Health Programme (NSHP) under Reproductive and Child Health Section (RCHS) unit in seven districts (six in Pwani and two in Dar es Salaam regions). 3b. Finalize, publish, and distribute 100 copies of National TB/HIV ACSM Strategy in collaboration with MoHSW and other stakeholders. 3c. Train Village Health Workers on TB/HIV and facilitate establishment of 16 community-based IEC committees. 3d. Develop, print, and disseminate three different community and patient TB/HIV education materials according to National TB/HIV ACSM Strategy. 3e. Introduce TB 'Photovoice' (uses visual images and accompanied stories) in three pilot districts (Kisarawe, Misungwi, Arumeru) as a strategy to enhance community involvement, promote client-centered care, combat stigma, encourage TB and TB/HIV testing, and advocate for resources for TB and TB/HIV.

4. Strengthen Public-Public and Public-Private Mix (PPM) according to Private Sector TB/HIV Strategy in collaboration with NTL, APHFTA and other stakeholders. Dar es Salaam, Mwanza, and Arusha regions will be the focus as these regions contribute about 36% of the national TB burden. \$ 67,000  
4a. Finalize, print and distribute 100 copies of Private Health Sector TB/HIV Strategy. 4b. Establish 20 new private collaborative TB/HIV services delivery outlets in Arusha, Dar es Salaam, and Mwanza regions.

**LINKAGES:** PATH works closely with regional and district authorities and management teams, and is represented in National TB/HIV Steering Committee, Information Education and Communication (IEC), TB/HIV Tools working groups and TB planning. Linkages will be established with the NSHP, and Regional and District School Health Coordinators who will facilitate training of school teachers on TB/HIV and monitor implementation. TB/HIV scale-up will be linked to implementation of TB activities funded with USAID Child Survival funds.

**CHECK BOXES:** Areas of emphasis selected reflect planned activities that include capacity building, minor facility renovations, and wraparound agreements with NTL and APHFTA. Council Health Management Teams (CHMTs) will be supported in planning and incorporating TB/HIV activities in Comprehensive Council Health Plans (CCHPs). Activities are engendered and target both adults and school children, and focus on areas where TB burden is high.

**M&E:** NTL data collection, recording, and reporting tools will be used. Data quality and timely quarterly reporting will be supervised by ZTHCs in collaboration with Regional TB and Leprosy Coordinators (RTLs). DTHCs will be trained to use the Electronic TB Register (ETR). DTHCs and ZTHCs will conduct regular monthly and quarterly supportive supervision to delivery sites respectively. National level supportive supervision will be done in collaboration with NTL and RTLs. Quarterly reports will be compiled and shared with stakeholders. About 7% of budget will support M&E.

**SUSTAINABILITY:** PATH will support districts to integrate TB/HIV activities in CCHPs and budgets. To improve administrative capacity, PATH will support CHMTs to build their technical and managerial capacity to manage the program. The facilities will provide staff and health infrastructure. TB/HIV scale-up is implemented in the public and private sectors as a standard national package. DTHCs and ZTHCs will be eventually absorbed in district staff establishment according to National TB/HIV Policy. Development of national tools, strengthening of CHMT capacity, involvement of local government, and sensitization of local leaders and communities will create ownership and strengthen the health system

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13573

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13573	5117.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6552	3623.08		\$2,000,000
7791	5117.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4573	3623.07		\$1,444,000
5117	5117.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	3623	3623.06		\$550,000

---

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3745.09

**Mechanism:** N/A

**Prime Partner:** Pastoral Activities & Services  
for People with AIDS

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 16441.23337.09

**Planned Funds:** \$175,000

**Activity System ID:** 23337

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Scaling up of PASADA's integrated TB/HIV service in PASADA and in outreach sites

Pastoral Activities & Services for People with AIDS (PASADA) will continue collaborate with Program for Appropriate Technology in Health (PATH) and National Tuberculosis and Leprosy Program (NTLP) in the implementation of collaborative TB/HIV activities in Dar es Salaam and Coast regions. In FY09 PASADA will increase the number of outreach service outlets from 9 to 13 and improve TB diagnosis by upgrading one health facility which was providing treatment for TB to (DOT centre) to diagnostic centre where sputum smear microscopy will be examined. 4 new diagnostic centers will be established. Health care providers will be trained on collaborative TB/HIV activities in according to Ministry of Health guidelines. In FY09 Intensified TB care finding in Care and treatment clinic will be strengthened. All HIV patients attending care and treatment clinic will be screened using screening tool. Patients with active TB will be referred to TB clinic for TB treatment. At TB clinic all TB patients will be offered HIV counseling and testing and those who will be HIV positive will be referred for Care and treatment services. HIV Prevention messages will be provide to all TB patients. TB-HIV co infected patients will be encouraged to disclose their HIV sero status to their sexual partners. Condoms will be available at TB clinics and will be promoted and distributed to HIV co-infected TB patients. PASADA will strengthen referral and linkages to HIV related services including STI, VCT, ART, OVC, HBC and Palliative Care. Information exchange meeting between health care providers from HIV and TB clinics and interdepartmental meetings will be supported. Reporting system will be improved to ensure that reports are submitted on time. Community awareness will be improved. PLWHA whom are ex TB patients in community will be trained on TB/HIV activities and community DOT. The trained PLWHA will be actively involved in providing services at the community level e.g. by carrying out community awareness activities, screening for TB symptoms providing health education on TB, HIV and TB/HIV, Home-Based and Palliative Care. Community leaders and community volunteers will also be trained. Improve quality of TB/HIV services by providing regular supportive supervision and mentoring. Cotrimoxazole will made be available for HIV co infected TB patients. Staff will continue supported using FY09 fund. PASADA will support training of health care providers from outreach sites providing TB/HIV collaborative activities. The training will follow National guideline which will include modules for provider initiated testing and counseling in TB clinical setting, HIV rapid testing, intensified TB case finding and TB infection control.

**NEED and COMPARATIVE ADVANTAGE:**

This service was started in PASADA in response to the evident association between HIV/AIDS and TB. It was also seen that while all HIV+ clients presenting typical symptoms of TB in PASADA were tested, TB patients at the district level were not being encouraged and advised to test for HIV. The need to integrate HIV/AIDS Home-Based Care services with TB services was also recognized. PASADA's TB service started gradually in late 2003 and has enrolled approximately 1,400 TB patients to date. It is a diagnosis and treatment site within the National TB Control program, and is part of the Integrated TB/HIV/AIDS Program in collaboration with Temeke District. It is part of the continuum of care in PASADA e.g. general medical, ART, HBC and Palliative Care, counseling and OVC services and has nine outreach sites in local dispensaries.

**ACCOMPLISHMENTS:**

The program has been innovative particularly with regard to the integration of Community-based TB and HIV/AIDS Home-Based Palliative Care and its relative referral system. The program has also trained 100 PLWHA who are, or were, infected with TB, on community education skills and stigma reduction. Currently, 70 of these volunteers are active in community sensitization and community directly observed therapy (DOT). The program also trains clinical staff in government and non-government dispensaries to encourage TB patients to test for HIV status. To date, the program has registered approximately 2,100 patients on TB treatment.

**ACTIVITIES:**

- 1) Increasing the number of outreach services from nine to 13 by
  - 1a) upgrading one DOT centre to diagnostic centre;
  - 1b) establishing four new diagnostic centers;
  - 1c) training 300 training of HCP in the Care and Treatment Clinic on TB/HIV collaborative activities.
- 2) Ensuring effective referrals and links with other comprehensive PASADA services e.g. general medicine, ART, HBC and Palliative Care, Counseling and OVC and with all outreach sites and TB clinics through
  - 2a) regular supervision of TB outreach sites and review meetings with site administrators
  - 2b) regular meetings with district TB clinics
  - 2c) interdepartmental meetings in PASADA
  - 2d) maintaining regular report submission to the National TB Control Program.
- 3) Strengthening community responses and referrals to TB/HIV services by
  - 3a) carrying out community awareness activities with targeted drama performances
  - 3b) sensitize community leaders and community volunteers on identification of TB patients, treatment adherence, HIV and AIDS education, ART, Home-Based and Palliative Care. This community-level education aims at raising awareness about the continuum of care available.
- 4) Improving the quality of TB/HIV services by
  - 4a) regular provision of Cotrimoxazole as prophylaxis HIV/TB therapy to all TB/HIV patients
  - 4b) continuous availability of funds to pay for X-ray examinations for all suspected TB patients with sputum negative (PASADA does not have an X-ray machine)
  - 4c) training TB service staff in order to increase their knowledge, skills and performance
  - 4d) guaranteed payment of TB service staff salaries;
  - 4e) increasing the number of supervisory visits to outreach sites and improving the quality of supervisory tools
  - 4f) providing transport for supervision and community activities
  - 4g) using NTLP monitoring tools.

**Activity Narrative:** 5) Improve TB infection control practices in the CTC and in patient wards to prevent transmission of TB among HIV+ as well as health providers  
 5a) CTC staff will be trained on TB infection control practices  
 5b) assess and modify CTC to ensure ventilation  
 2c) provide protective safety gear and support in proper use to clinic and laboratory staff.

**LINKAGES:**

To date PASADA's HIV/TB service has been funded by the German Leprosy and TB Relief Association (GLRA) and Norwegian Heart and Lung Association (the latter donor funds the collaboration with Temeke District). However, these funds are limited and do not allow expansion. The service operates within the National TB Control Programme. It is currently linked to nine dispensaries (outreach sites) and to local community groups for sensitization. It has a two-way referral system with all other PASADA services. Training of counselors and Community Health Educators on TB/HIV has been carried out through the Global Fund. Strong links exist with Temeke District, as partners in integrated TB/HIV and home-based care and in collaboration with district TB clinics with PASADA.

**CHECK BOXES:**

The HIV/TB service targets the general population, male and female and all age groups. Training is carried out at different levels: health care workers in outreach sites, PASADA staff in other services, PLWHA and community members. Sensitization targets the general population, but in some semi-urban geographical areas of the catchment area specifically targets army personnel and the Masai mobile population. The service is part of the National TB Control Program.

**M&E:**

The activities of the HIV/TB service are reported on from outreach sites and reports are compiled for submission to the National TB Control Program and to donors. The National Program regularly monitors the service. Internal narrative and statistical reports on progress are also compiled and submitted to PASADA management for decision-making. There is a need to develop appropriate monitoring tools, as specified above in the activities section. A percentage of the budget will be dedicated to Monitoring and Evaluation (5%). By mid 2008, PASADA will have a centralized data collection system which will guarantee access to accurate data for decision making. For the specific collaboration with Temeke District, all relative data is submitted to the person in charge.

**SUSTAINABILITY**

At community level, sustainability is enhanced through sensitization and training of different groups of community members. The contribution made by PLWHA groups is particularly important. Capacity building with regard to the management of HIV/TB services at the outreach dispensary sites also contributes to the general sustainability of the National TB Control program. Sustainability of the referral system is guaranteed in PASADA – through regular training and review meetings, and with the district, through similar events

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16441

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16441	16441.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$175,000

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09 **Mechanism:** LOCAL  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Care: TB/HIV  
**Budget Code:** HVTB **Program Budget Code:** 12  
**Activity ID:** 5107.23338.09 **Planned Funds:** \$30,750  
**Activity System ID:** 23338

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008

TITLE:HIV/TB Collaborative Activities, Management and Staffing (GHAI)

NEED and COMPARATIVE ADVANTAGE: Tanzania established TB/HIV program in 2001. In 2005, the Ministry of Health through NTLP signed a Cooperative Agreements with CDC for implementation of the TB/HIV collaborative activities in Tanzania. HHS/CDC provides direct technical support for all HIV/HIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. Cooperative Agreements fund these activities which are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The responsibilities of the TB/HIV staff include working with the Ministry of Health (MOH) through the National Tuberculosis and Leprosy Program (NTLP) and other partners, to oversee the overall activities within the program, guide the partners on the PEPFAR goals and ensure quality services.

ACCOMPLISHMENTS: FY 2006 funds supported the in-country TB/HIV program staff and technical assistance (TA) from Headquarters who aided the MOH with the development of TB/HIV policy, training curriculums and manuals for TB/HIV collaborative services. The staff provided technical support for the development of needs assessment tools, TB screening tools for PLHA and modification of TB data collection to incorporate HIV information. The staff worked with MOH through NTLP to conduct needs assessment, training, supportive supervision and preparing scale-up and expansion plans for TB/HIV activities in Tanzania.

ACTIVITIES: The core activities for the TB/HIV program staff in FY 2008 will include: providing technical assistance to MOH through NTLP, The National AIDS Control Program (NACP) and other partners implementing TB/HIV collaborative activities in the scaling-up of TB/HIV activities in Tanzania; guiding the partners on the PEPFAR goals and required indicators; working with NTLP and other partners in conducting needs assessment and supportive supervision activities; participating in, and providing technical support for the training of health care providers and sensitization of regional, district and community leaders on TB/HIV collaborative services; following up, in collaboration with NTLP, on the renovation of TB clinics (to done by the Regional Procurement Support Office [RPSO]) ensuring that they are able to provide TB/HIV collaborative services including provision of Anti-Retroviral Treatment (ART); providing assistance to partners in reviewing their work plan and budgets, report writing and timely submission; providing assistance to the Senior Program Manager for Care in overall program planning, establishment of new strategies, resource allocation, and expansion of the Government of Tanzania (GOT) supported TB/HIV Program to achieve the overall goals of program; assisting the Senior Program Manager with collaborations involving MOT through NTLP and insuring that the CDC TB/HIV program embodies its needs and objectives; closely monitoring and supervising TB/HIV collaborative activities allocated by the Senior Program Manager for Care and serving as a consultant to TB/HIV national and district coordinators in addressing and resolving TB/HIV implementation issues; evaluating TB/HIV collaborative implementation activities and making modifications based on protocols and available data; performing other duties as assigned by immediate supervisor or other Senior CDC/Tanzania management.

SUSTAINABILITY: The technical assistance and support provided by HHS/CDC through Cooperative Agreement will ensure a long term sustainable system for providing TB/HIV collaborative services in Tanzania

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13649

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13649	5107.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$33,000
7838	5107.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$9,660
5107	5107.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$107,850

---

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 4960.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 12451.23339.09

**Activity System ID:** 23339

**Mechanism:** ITECH

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Care: TB/HIV

**Program Budget Code:** 12

**Planned Funds:** \$200,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Ensuring health care workers receive adequate in-service TB/HIV training

I-TECH will continue provide technical assistance to the National TB and Leprosy Program (NTLP) and National AIDS Control Program to coordinate the rollout of the TB/HIV training. Trainer of trainers (TOT) will be trained from Zonal to the district level. NTLP intends to create a team of TB/HIV trainers for each district implementing TB/HIV collaborative activities. These will in turn conduct in-service training workshops for healthcare providers in the hospitals and other health facilities. I-TECH will collaborate at national level with NTLP and NACP to assist with the coordination of TB/HIV trainings including planning, implementing, monitoring and evaluating the training. Capacity of Zonal training Centre (ZTC) to monitor and evaluate the effectiveness of TB/HIV training activities in the zones will be developed. This is important to ensure high utilization of the knowledge acquired during the training and provide information about improving the quality of training materials and approach. ZTC affiliated trainers previously trained and others to be trained on M&E of training will assist with monitoring and evaluating the TB/HIV trainings in each zone. The ZTCs will be trained on the use of System of Monitoring and Reporting Training database to capture data on trainings. I-TECH staff will provide technical assistance by developing a mentoring tool/checklist and attending the trainings to mentor the trainer using the tool. The gaps identified using the tool will be used to strengthen the skills of the trainers. In collaboration with national TB and Leprosy Program, I-TECH will conduct TB/HIV TOTs in zones targeted by NTLP. This will increase the pool of qualified trainers for the TB/HIV in-service course. Training of ZTC faculty on TB/HIV will be supported. I-TECH will also provide financial support to enable ZTC faculty to attend the TB/HIV course that will be organized by the NTLP and partners. I-TECH will also select some faculty to participate in the TOTs mentioned above. In the development of all TB/HIV guidelines; I-TECH will also work/collaborate with WHO in country office to ensure that the guidelines are in line with WHO recommendation and have new updates

**NEED and COMPARATIVE ADVANTAGE:** The National TB and Leprosy Program (NTLP) sought assistance in the development of policy guidelines, improvement of coordination between the TB and HIV programs, and for support for TB/HIV training. I-TECH responded to this need in FY 2007 by working closely with the NTLP in these areas. However, the need for expanded in-service training and supportive supervision has emerged as key to the scale-up of TB/HIV care and forms the basis for this application. In addition, through capacity building of the Zonal Training Centers (ZTC), I-TECH will support the coordination of TB/HIV collaborative activities at district and facility levels. Through its ongoing work with the ZTCs and HIV/AIDS related training in Tanzania, I-TECH is well suited to support these needs.

**ACCOMPLISHMENTS:** By the end of FY 2007, I-TECH will have finalized the national TB/HIV policy in collaboration with the NTLP and other stakeholders, developed an operational manual for implementation of TB/HIV activities, and enhanced the TB/HIV in-service curriculum, including the incorporation of the International Standards for TB Care. The TB/HIV in-service training and training of trainers course will have been standardized and piloted.

**ACTIVITIES:** 1. Collaborate with the Zonal Training Centers (ZTCs) to promote, coordinate, and implement TB/HIV training. This will contribute to efforts to decentralize training through Government of Tanzania (GOT) institutions and will increase the quality of TB/HIV care and treatment. 1a) Through the ZTCs, support TB/HIV in-service trainings to health care workers in each zone. 1b) Develop the capacity of the ZTCs to coordinate TB/HIV activities by developing a cadre of master trainers and mentors through clinical and classroom teaching skill development. 1c) Maintain an on-site inventory of learning and teaching tools, curricula, educational materials, and presentations of various TB/HIV related topics at each ZTC. 1d). Provide support to the NTLP technical working group on TB.

2. Monitor and evaluate the effectiveness and quality of the TB/HIV in-service training. This is important to ensure high utilization of the knowledge acquired during the training and provide information about improving the quality of training materials and approach. 2a) Development of a process and timeline for a quality improvement of the TB/HIV in-service training through regular feedback, training observations and analysis of training reports and pre- and post-test evaluations. 2b) Monitor the training, delivery, and transfer of learning, including on-site visits by district and regional partners to clinical sites.

**LINKAGES:** I-TECH works very closely with the Ministry of Health and Social Welfare (MOHSW), CDC and other USG and non-USG partners. As in FY 2007, I-TECH will continue to work closely with Program for Appropriate Technology in Health (PATH) which is supporting TB/HIV collaborative activities, particularly to enhance public-private partnerships. In addition, I-TECH will continue to work with the Curry TB Center's International Standards for Tuberculosis Care (ISTC) medical school project and Integrated Management of Adolescent and Adult Illness (IMAI), with the aim of harmonizing materials and minimizing duplication. This will be enhanced through I-TECH's attendance of the monthly USG meetings and regular TB technical working group sessions in order to share work updates and materials. I-TECH documents meeting proceedings with the aim of improving collaboration.

**CHECK BOXES:** Human Capacity Development/In-service training: This activity addresses the in-service training needs of HIV and TB care and treatment providers. Local organization Capacity Development: In combination with projects funded by OPSS, this activity will strengthen the capacity of the ZTCs to rollout HIV related trainings.

**M&E:** Activity managers use a results-based framework and M&E plan for each activity that includes benchmarks and indicators. Progress towards objectives is entered and reviewed quarterly via a progress database. Each activity will also have a data-flow map to identify roles of implementing partners in data collection and use. Tools and relevant methods are used to assess training participants' knowledge and practice, facilitator skills, curricula products, and training program design. Data quality assurance and support will be provided where relevant. Timely stakeholder review meetings will be held to ensure that data collected is useful to program management and oversight. Approximately six percent of the I-TECH budget

**Activity Narrative:** supports M&E.

SUSTAINABILITY: By supporting decentralization of training to ZTCs, local capacity will be enhanced and sustainability promoted. I-TECH also plans to develop a cadre of skilled trainers in each zone who will be able to train on all health-related topics, including TB/HIV. With the additional focus of incorporation of HIV/AIDS and TB education into pre-service medical and allied health school curricula, a stage will be set for sustaining quality, state-of-the-art HIV/AIDS and TB care through development of a workforce wellgrounded in this area.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13598

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13598	12451.08	HHS/Health Resources Services Administration	University of Washington	6564	4960.08	I-TECH	\$200,000
12451	12451.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$300,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 7408.09

**Mechanism:** N/A

**Prime Partner:** PharmAccess

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 16444.23340.09

**Planned Funds:** \$300,000

**Activity System ID:** 23340



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Providing comprehensive TB/HIV diagnoses and treatment at Police and Prisons health facilities

PharmAccess with the support from U.S. Agency for International Development will continue to provide support for implementation of collaborative TB/HIV activities in police and prison hospitals. The activities provided will include those for reducing burden of TB among people living with HIV/AIDS as well as reducing burden of HIV among TB patients. The activities described below are to be conducted in collaboration with the Ministry of Health (MOH) through the National Tuberculosis and Leprosy Program, National AIDS Control Program and the Regional and Council Health Management Teams. PharmAccess will provide technical assistance to implement Intensified TB case finding (ICF) TB infection control (IC). ICF will be strengthened to all health facilities providing HIV care and treatment services including hospitals lower level facilities, ensure regular and proper use of the TB screening questionnaire; establish systems to prevent TB infection. Work with MOH in the development and finalization guidelines for ICF, IC and provision of Isoniazid preventive therapy. Guidelines will be printed and distributed to all supported health facilities. All HIV infected patients receiving HIV care and treatment will be screened for TB disease routinely and those found to have active TB will be referred to TB clinic to initiate an uninterrupted treatment using Directly Observed Therapy (DOT). Diagnosis of TB will follow national TB and Leprosy guidelines. Referral, linkages and patients follow up from care and treatment clinic to laboratory, TB clinic and to other HIV related services e.g. home based care will be improved. At TB clinic all TB patients offered HIV counseling and testing. TB patients who will be co-infected with HIV will be referred to CTC for care and treatment services. All TB-HIV co infected patients will be counseled on HIV prevention including condoms promotion and provision. Prevention messages will be provided to all HIV infected patients with encouragement to disclose HIV sero status to their sexual partners. HIV co-infected TB patients will be encouraged encourage to advise their partners to undergo HIV test. Patients will be linked to STI, PMTCT and family planning services according to the need of the patient. PharmAccess will provide support in the Health System Strengthening by refurbishing health facilities to have counseling rooms which will provide privacy and confidentiality during HIV counseling and testing. Human capacity will be supported through training of health care providers on TB/HIV integration and co-management. Health care providers including laboratory technologists from Police hospitals, health centers and mobile centers will train using national TB/HIV training curriculum. The focus will be on Intensified TB Case Finding among PLWHA attending care and treatment services, TB infection control in HIV clinics and congregate settings, referral system, linkage and patients follow up. Referral system from care and treatment clinic (CTC), Laboratory, TB clinics, STI and PMTCT clinics will be improved. Laboratory capacity for TB diagnosis will be strengthened by providing microscopes for TB diagnosis and laboratory supplies. PharmAccess will support health facilities with Cotrimoxazole supply for TB/HIV patients to ensure continuum of care for PLWHA. Strengthen Community awareness through "Open House" days to increase access to services partner testing. Military personnel, their dependents and civilians living in the vicinity of the hospitals and health centers will be informed through 'Open House' days and other awareness campaigns for each center. Information about the available services of the facilities, including HIV-screening, PMTCT and TB treatment will be presented and promoted through drama, music and other presentations. Conduct nutritional and dietary assessments of TB+ persons and provide nutrition counseling and support. Management and data-handling for M&E and patient and program monitoring purposes will be strengthened so as to improve data quality for patient and program management. Supportive supervision will be conducted regularly to improve quality of services

NEED and COMPARATIVE ADVANTAGE: The PharmAccess International (PAI) Police, Prisons and Prisoners Service has a network of hospitals, health centers and dispensaries through out the country, supporting a total of over 39,000 enlisted personnel and estimated 100,000 dependants. PAI will work with Police, Prisons and the Immigration Department to provide comprehensive quality care and treatment services in five Police and five Prison hospitals and 16 health centers/satellite sites.

ACCOMPLISHMENTS: FY 2007 was the first year that the USG requested Emergency Plan funding for PharmAccess (PAI) Police and Immigration Forces. Those funds have only just been awarded; though PAI is proceeding with many important aspects of coordinating initiation and development of work plan for TB/HIV program.

These hospitals and health centers do not only service personnel from these forces and their dependents, but also civilians living in the vicinity of the health facilities. The hospitals offering district level services with the largest hospitals, Kilwa Road Police and Ukonga Prison Hospital, are both located in Dar es Salaam, and serve the role of national referral centers for these forces. With an average HIV prevalence of six to seven percent, Tanzania is amongst the hardest hit countries in Africa. The rates are thought to be higher in the Uniformed Forces. PAI is poised to continue to address the needs to improve coverage and access, and to strengthen and expand care and treatment activities in the Police and Prison hospitals and health centers/satellite sites across Tanzania for their personnel and civilians, including inmates. PAI's contributions ensure a close service linkage of the HIV program of these forces being implemented in line with the national Health Sector HIV strategy.

A HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all Police, Prisons and Immigration personnel is expected to be authorized within 12 months. Consequence of the policy will be that large numbers of personnel will be tested and that an extensive increase of HIV+ and TB+ persons who need care and treatment can be expected.

Approximately 40-50% of TB patients are HIV-infected and, conversely, it is estimated that roughly one-third of HIV-infected patients develop clinically-overt TB. Expanded case identification and treatment of TB is needed in order to reduce morbidity and mortality associated with HIV infection. In addition, aggressive HIV counseling and testing of TB patients represents an important public health strategy which will be key in the further identification and treatment of other HIV-infected individuals. The program is planned to start in September 2007.

ACTIVITIES: 1) Assessments/reassessments, refurbishing, furnishing of patient counseling rooms at 16 new Tanzania Page 689

**Activity Narrative:** satellite sites/health centers

- 2) Training/retraining of staff at five Police hospitals and eight of their satellite sites/health centers and five Prison hospitals and eight of their satellite sites/health centers will be organized. Four clinicians and two laboratory technologists from 10 hospitals along with two clinicians and one laboratory technician from 16 health centers (60 + 48 = 108 in total) will undergo two to four week trainings. Health care providers of the counseling and testing centers (CTC) will be trained on TB diagnostic methods to increase detection and referral of TB cases among their HIV positive patients. Health care providers of the TB-Units will be trained on provider initiated HIV testing and counseling of all confirmed TB positive patients. These trainings will be organized in collaboration with the TB Unit of the National AIDS Control Program (NACP) and the National TB and Leprosy Programme (NTLP).
- 3) Providing microscopes for TB diagnosis, lab-materials and protective safety gear and support to improve laboratory capacity for TB diagnosis at all 26 health facilities. Kilwa Road Police and Ukonga Prison Hospital will serve as the coordinating bodies for services and oversee quality assurance following national standards for follow-up at district or regional hospitals.
- 4) TB/HIV patients will receive cotrimoxazole prophylaxis administered in accordance with existing NTLP guidelines.
- 5) Establishing a referral system for HIV+ persons from the 16 health centers to the 10 Police and Prisons hospitals and/or to nearby Regional and District hospitals: for CD4 testing and for care and treatment of complicated cases.
- 6) Conducting community education and Open House days to increase access to services and partner testing. Military personnel, their dependents and civilians living in the vicinity of the hospitals and health centers will be informed through 'Open House' days and other awareness campaigns for each center. Information about the available services of the facilities, including HIV-screening, PMTCT and TB treatment will be presented and promoted through drama, music and other presentations.
- 7) Nutritional support and infant feeding.
- 8) IT, Data management and data-handling for M&E and patient and program monitoring purposes
- 9) Project management.

**LINKAGES:** Administration of the hospitals and health centers of the Uniformed Forces is not under the MOHSW but under the respective Ministries of these Forces (Defense, Security and Home Affairs). TB/HIV services under this Program will ensure a close linkage with national HIV/AIDS and TB strategies and programs of the TB Unit of the NACP and the National TB and Leprosy Programme (NTLP). Coverage will increase through the 10 military hospitals and 16 health centers. All HIV-infected men and women will be referred for further evaluation and qualification for TB treatment and ART within the facility. Linkage will be strengthened with prevention activities under the HIV/AIDS Program of Police and Prisons, including promotion and counseling of preventive measures for HIV+ persons, provider-initiated counseling and testing (PITC), counseling and testing (C&T), PMTCT, TB/HIV and OVC.

Linkages will be established as well as referrals for HIV+ patients from the satellite sites to Police and Prison hospitals or District and Regional hospitals for CD4, TB testing and complicated cases. PharmAccess will ensure linkages with organizations of women living in the barracks. We anticipate that these women will also operate as care providers within the barracks. No NGO or other private social support organization or social support organization is allowed to work/operate within the military barracks. However, for clients in the surrounding communities, we anticipate forming linkages with existing local NGOs operating in those communities to ensure continuum of care. Linkages have been, and will be established with the Regional and District Health Management teams for supportive supervision purposes and technical assistance.

**CHECK BOXES:** The areas of emphasis were selected because the activities will include support for training of medical staff, purchase of TB-specific laboratory diagnostic equipment and reagents, consumables for HIV confirmatory diagnosis and isoniazid (INH) and cotrimoxazole for treatment and prophylaxis purposes. It is expected that a total of 1,500 people, representing approximately 50% of the 3,000 HIV-infected patients who will be on care or treatment by September 2009, will be found to be coinfecting with TB and will require TB services.

**M&E:** Data will be collected both electronically and by paper-based tools. All sites use the paper forms developed by National TB and Leprosy Program (NTLP) and NACP. TB screening and HIV-screening registrars need to be adapted to keep track of TB+ patients referred for HIV-screening and HIV+ patients referred for TB-screening. Registrars need to be checked by a member of the referring clinic to ensure that referred patient reached.

On-site data entry will take place. All sites will be provided with PCs, a database and output functions as developed for the National C&T program. 52 Data clerks from the 10 hospitals and the 16 health centers will be all trained by or in collaboration with UCC. PAI and UCC will provide supportive supervision and the hospitals will support the satellite sites. Data will be provided to NTLP, NACP and OGAC for reporting purposes.

**SUSTAINABILITY:** PAI will encourage the Office of the Director Medical Services of Police and of Prisons to integrate HIV/AIDS TB harmonization activities in their Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI will work with the respective authorities to build local authority's technical and managerial capacity to manage the program.

**Activity Narrative:** The facilities provide staff and health infrastructure. Most costs of this program are for training and for infrastructure improvement. Investments are done at the start-up phase of the program. Turnover of medical staff is low. Training is needed. Once trained, this capacity will stay within the forces. Health facilities of the Military Forces are under the administration of the Ministry of Defense, not under the Ministry of Health. This HIV/TB program will be implemented under the rules, regulations and guidelines of the National AIDS Program and NTLF. Training, treatment, treatment guidelines, M&E etc is all part of one National Care and Treatment Program

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16444

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16444	16444.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$300,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: TB/HIV

**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 25618.09

**Planned Funds:** \$41,500

**Activity System ID:** 25618

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: USAID Management & Staffing for TB/HIV

These funds will support one new half-time position for a staff member who will assist the mission in coordinating activities and providing technical direction within the TB/HIV program area. During the next fiscal year, USAID will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW) /National AIDS Control Program (NACP), the National Tuberculosis and Leprosy Control Program (NTLP) and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. USAID provides direct technical support for all of its TB/HIV programs, which are implemented in collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have established offices in Tanzania to support the GOT carry out TB/HIV activities. In FY 2009, this funding will support in-country TB/HIV program staff. In-country program staff will work with implementing partners to expand TB/HIV services, strengthen supervision systems, and conduct routine monitoring and evaluation. In-country staff will assist other non-governmental partners by ensuring compliance with national TB/HIV policies and guidelines, harmonizing TB/HIV 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.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 13 - HKID Care: OVC

**Total Planned Funding for Program Budget Code: \$25,587,694**

**Program Area Narrative:**

HKID OVC PROGRAM CONTEXT FY 2009  
Total Requested Budget: \$25,587,694

Approximately two million children (approximately 10% of children under the age of 18) in Tanzania are Orphans and/or Vulnerable Children (OVC). About 40% of orphanhood is due to AIDS, and many additional children are vulnerable due to a chronically ill parent who is unable to provide proper care. Forty percent of all children under age 18 are living in households at or below the national poverty level. Over 50% of OVC live in households with grandparents as their primary guardian, about 30% live with other relatives or caregivers, and 12% are in child-headed households.

The Tanzanian National Costed Plan of Action (NCPA) outlines specific needs of OVC, and identifies resource gaps for meeting these needs. The U.S. Government (USG) and other donors work together to fill these gaps in a way that facilitates a sustainable response. The NCPA was officially launched in a high profile event by First Lady Laura Bush and First Lady Salma Kikwete in February 2008. Immediately following the launch, the Ministry of Health and Social Welfare allocated funds from the central government budget to support a country-wide dissemination of the NCPA. The USG and other civil society partners work in concert with the government of Tanzania (GOT) to support NCPA implementation.

Through USG-supported programs, considerable progress has been made in the scale-up of direct support to OVC from 104,670 in FY 2006 to 290,341 by the end of September 2008. In FY 2009, USG, Global Fund, and UNICEF, each supporting separate geographic areas with similar approaches, will continue to provide support and quality care. USG-supported services will cover 83 of the 135 district councils. A critical component of the FY 2009 portfolio will be improvement of quality and comprehensiveness of services, versus geographical expansion. However, GOT scale up will be facilitated by the expansion of USG-supported technical assistance to implement the NCPA in uncovered districts.

All OVC partners adhere to the national guidelines, aligned with PEPFAR OVC guidance, for identifying OVC and determining their priority needs. Partners will also apply service standards to ensure a minimum quality level that has been agreed upon by OVC stakeholders in Tanzania. Community Most Vulnerable Children's Committees (MVCCs) prioritize needs, coordinate and track services, and maintain data for the GOT Data Management System (DMS). To respond to the needs of elderly caregivers, a standard care package is provided, which includes training in HIV prevention and care for OVC. Special attention is given in volunteer training and supportive supervision to the particular needs of girls and children with disabilities. Additionally, children in households receiving palliative care receive support by Home-based Care (HBC) volunteers trained in addressing the basic needs of children.

Strong support of an essential partnership between government and civil society at national and local levels helps to achieve scale and sustainability of OVC programs. This partnership requires significant and ongoing systems strengthening for effective program implementation. The partnership is exemplified by the very active and effective Implementing Partners' Group (IPG), which is convened by the government and facilitates a systemic response to meeting the needs of OVC. IPG membership has grown from 53 to approximately 100 organizations, including stakeholders from FBOs, local and international NGOs, and donors. The USG has supported the formation and operation of the IPG. The IPG builds consensus among OVC stakeholders on priority

activities and means for tracking and reporting results. Unfortunately, two other GOT coordination structures comprised of several ministries, the National OVC Steering Committee and the National Technical Advisory Committee, have not met frequently and need reinvigoration. Also, inadequate influence of the Department of Social Welfare (DSW), the lead government authority for OVC activities, has impeded the harmonizing and coordination of strategies across government sectors to improve the wellbeing of OVC. USG systems strengthening in FY 2009 will be enhanced to address these frailties.

Efforts have also been undertaken to raise the visibility of OVC issues through the media and other avenues; e.g. the First Lady of Tanzania and the wife of the US Ambassador have teamed up as OVC anti-stigma champions.

Use of the national OVC DMS has now been rolled out in 43 districts. The USG will continue to support OVC partner inputs for the DMS and use of the data to inform program decisions. The DMS, through USG support, is fully accessible both at the national and district level to generate reports for decision-making.

The USG has invested in DSW leadership and management capacity through seconded technical staff; information technology training; a human resource assessment and team building; office operational support (including equipping a new office building); and a multi-year data management effort. UNICEF complements these investments with ongoing technical support, including country exchanges. To increase ownership and sustainability of the government response, the USG has formalized a partnership with the Prime Minister's Office of Regional and Local Government Authorities (PMORALG), which oversees all district council development plans and implementation. PMORALG will ensure that councils integrate OVC needs into budgets, mainstream OVC partners' work in the council plans, and oversee NCPA implementation at the local level. The management capacity and policy influence of this office will be maximized to improve coordination and communication with other government sector ministries at local levels. This is a critical step toward ensuring that multiple government ministries and local civil society entities work together to make the NCPA relevant and successful.

In FY 2009, the USG will continue to support national level efforts, including development of national guidelines, finalization of the Children's Act to ensure protection and legal aid to OVC and caregivers at all levels, and the initiation of a child-friendly police program, which will impart basic knowledge on "interactive child service" in police work. The primary emphasis will focus on strengthening capacity at local levels to implement the NCPA. Focus will be on applying OVC service standards to improve the quality of care, developing human resource capacity to increase provision of this care, and strengthening the economic capacity of HIV/AIDS-affected households caring for OVC. Evidence-based practices in food security and nutritional support will be applied. The role the OVC portfolio as an entry point for pediatric AIDS and other clinical care, Prevention of Mother-to-Child Transmission (PMTCT), and palliative care services--and vice versa--will be enhanced. Additional funding of \$650,000 from OGAC has been made available to support pre- and postnatal nutrition for children under five. This will be linked with the maternal and child health services and MVCCs to ensure close follow-up of HIV-exposed children and referral to MVCCs. A service demand analysis, geographic profiling of OVC, and updated HIV prevalence data (THIS, 2007) indicate a need to target specific regions. OVC partners will prioritize coverage based on service needs.

The MVCC structure remains central to the provision of services and support to households affected by HIV/AIDS. The MVCC model has been in use since 2002 when UNICEF initiated the first committees in 17 districts. Qualitative evidence indicates that coverage and sustainability can be most effectively achieved when the MVCCs are empowered and equipped to oversee identification of children, assessment and prioritization of needs, and provision of services and support to both children and caregivers. The USG will continue supporting MVCCs through implementing partners and will seek their input on how to better link pediatric AIDS, PMTCT, palliative care, and other services relevant to needs of vulnerable children and their caregivers (including family planning, malaria prevention through the President's Malaria Initiative, and child survival).

A vital activity for scale and sustainability of support to OVC is improving the quality of care to ensure consistency, equity, efficiency, and effectiveness. Government and civil society stakeholders have been working to validate draft service standards by measuring improvements in partner performance, client satisfaction, and outcomes in child wellbeing. The Child Status Index is being used to inform this work. A taskforce has been formed to oversee this effort and ensure rapid turnaround of pilot activities underway in two regions. By the end of FY 2009, a monitoring framework will be used to track compliance with service standards and related partner performance improvements and changes in child wellbeing. This tracking activity will complement the national DMS. Technical supervision will be provided by one implementing partner to ensure synchronization of approach.

Only one third of all districts employ social welfare officers, many of whom do not possess adequate skills to support children affected by HIV/AIDS. Also, most qualified social workers are approaching retirement. In response to these significant human resource challenges, as well as the findings from the USG-funded assessment of human capacity, the USG has invested in curricula development, along with pre- and in-service training of social welfare officers, through the Tanzanian Institute of Social Work. In FY 2009, the USG will continue supporting the integration of a para social worker cadre into the social welfare services work scheme as Welfare Assistants at ward levels. Para social worker training was initiated as an interim measure, to train persons in the community who work in some way with vulnerable children so that they can facilitate establishing functional referral systems for households caring for OVC. Trainees in this form of task shifting include paid government and civil society staff, as well as community volunteers. Over 500 individuals have been trained with significant scale-up slated for the coming year. Supportive supervision methods and a second tier of training are being piloted, and formal certification of this cadre is being considered. The focus on professional and para social work is intended to accelerate implementation of the NCPA and increase coordination of care for OVC and their families. Both activities will experience better integration with local government through engagement of PMORALG and human capacity development and management partners.

Indicators to measure what constitutes adequate community capacity to provide comprehensive and coordinated care to OVC will be identified and applied to obtain more concrete benchmarks and quantitative evidence for the MVCC model. USG will support OVC partners to select one district in each of their implementing regions to be "program learning districts." In these districts, the OVC partner will interact with other HIV/AIDS partners to collaborate on work plans that support functional referrals. The

“program learning district” experiences will be shared across partners via exchange visits, electronic communications, and IPG forums. The lessons learned will be documented and disseminated to facilitate scale up of successful practices and for sharing with other African countries through the OVC website. A new USG partner will be engaged to support increased capacity of local government and civil society structures relevant to households caring for OVC. Key indicators of success will include resource mobilization and management skills of community committees, local compliance with the national DMS, and establishment and support of OVC IPG forums. Support of these forums will be an extension of existing MVCCs and will follow the successful national IPG model that is chaired by the GOT. These capacity-building activities will be piloted in two regions using specific performance measures before considering expansion.

USG Tanzania will seek technical input from the Economic Growth, Agriculture and Trade (EGAT) Bureau and the local USAID office to develop an operational framework for strengthening the economic capacity of households caring for OVC. Priority consideration will be given to child- and elder-headed households and those experiencing chronic illness. A portfolio analysis is being conducted to identify activities that demonstrate results in increasing household income that should be continued or expanded. Suggested modifications to the OVC portfolio will be driven by best practices in microenterprise and microfinance, e.g. youth employability. The recently published guide from EGAT on economic strengthening for OVC programming will inform the analysis and recommended modifications. Developing indicators and methods for tracking improvements in child wellbeing will be an integral component of the technical support and resulting framework. Strategies proposed in the National Growth and Poverty Reduction Strategy and a review of other donor-funded economic strengthening programs (e.g. World Bank) will inform the operational framework.

USG will encourage partners to seek opportunities for increased engagement with the private sector to improve their economic strengthening activities and ensure they are market-driven, as well as leverage opportunities to develop skills on small business development, financial management and resource mobilization.

All OVC partners are prepared to pursue more equitable, efficient, and effective food and nutrition interventions. The overwhelming need for this service area must be addressed through a cohesive and practical framework that OVC partners can implement, initially through a bulk food purchase to address the needs of OVC under five. The USG is obtaining technical inputs to assess best practices in improving food and nutrition security. The resulting analysis will inform portfolio-wide modifications in meeting the food and nutritional needs of households caring for OVC. Modifications to be considered include public-private partnerships that engage the agro-business sector and the extension workers of the Ministry of Agriculture to address the food and nutrition security needs of households caring for OVC. Strategic results will be determined by the FY 2008 food and nutrition security assessment. These results will be closely tied to HIV treatment, PMTCT, and HBC programs, as well as the successes of the Peace Corps Permaculture initiative.

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1199.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> University Research Corporation, LLC	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 25462.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 25462	

**Activity Narrative:** THIS IS A NEW ACTIVITY

TITLE: Improving Quality Care for Orphans and Vulnerable Children (OVC)

NEED and COMPARATIVE ADVANTAGE: A lack of consistency across services being provided to orphans and vulnerable children (OVC) prompted the Government of Tanzania (GOT), through the Department of Social Welfare (DSW) and other stakeholders, to invest in drafting and piloting standards for each service area within the National Costed Plan of Action (NCPA) for Most Vulnerable Children. The application of validated standards will assist USG implementing partners to measure and improve quality of care with outcomes in program performance, client satisfaction, and child wellbeing. Both OVC services and data quality for the national Data Management System (DMS) will improve as more partners meet the service standards and report results accordingly. Better data will provide an important resource for monitoring the impact of Quality Improvement (QI) on the services being provided. To ensure effective implementation of these approaches, a coordination partner is needed to facilitate and harmonize the QI activities within all OVC partner programs.

University Research Co. (URC) is well-placed to support these QI activities because of their coordination of regionally-placed experts in QI and OVC programming. URC, through the Health Care Improvement (HCI) Project, is a leading organization providing technical assistance in several PEPFAR countries on quality improvement of OVC services. URC experts have provided technical inputs to the Tanzanian OVC partners throughout 2007 and 2008. URC has been contracted by USAID/Washington to serve as the technical hub for the USG QI Initiative for OVC Programming. Lessons learned, tools, materials, and processes from other countries will be provided to inform adaptation of activities to the Tanzanian context. Mentoring to build sustainable capacity in QI is a major component in the URC approach to support defining, measuring, and improving quality in programs for OVC.

ACCOMPLISHMENTS: This will be a new activity supported by USG/Tanzania. However, OVC partners have already been working together with the GOT to draft service standards and support the piloting of these standards. Through Pact, and in close collaboration with the DSW, the services standards have been piloted and validated in two regions. OVC partners have formalized collaboration by establishing a national task force, in which the DSW is represented. The role of the task force is to maintain QI momentum, avoid duplication, and advise on the technical integrity of the work.

ACTIVITIES: In FY 2009, Tanzania will have results and lessons learned from the piloting of OVC service standards ready for dissemination countrywide. The primary focus will be placed on helping OVC partners meet the standards through QI methods and to measure outcomes in program performance, client satisfaction, and child wellbeing. QI will be focused on: improvements in structural areas (e.g., provider knowledge and skills, service environment, etc.) and processes; and the actual provision of services according to national standards. QI technical support will remain integrated within the national response under the leadership of the DSW within the Ministry of Health and Social Welfare. URC, in partnership with other OVC partners and DSW, will undertake the following activities and seek the following related results:

1. Assess individual partners and develop a QI Plan to improve their performance in service provision, including key milestones.
2. Support countrywide dissemination of the validated service standards and guidance on implementation in alignment with the NCPA. This will include in-person and electronic technical assistance to OVC partners in USG priority regions to achieve systemic action on improving quality of care.
3. Develop a measurement framework to track improvements leading to outcomes for each standard; the framework will be used to document and report progress in complying with the standards and achieving outcomes. The national DMS and existing tools such as the Child Status Index will inform the framework development and implementation of the tracking system.
4. Provide mentoring and technical supervision to expand and support a cadre of Tanzanian QI facilitators (working for implementing partners, but providing technical support to the local government) equipped to guide OVC programs on using QI methods. This includes developing and implementing a mentoring or "buddy" system that promotes achievement of core competencies that can continue beyond the life of the URC activity.
5. Reinforce a harmonized approach to improving the quality of care for OVC and their families. URC will work closely with the Implementing Partners Group (IPG) forum, chaired by the GOT, and the QI task force. Coordination will be reflected in annual work plans especially between URC and the district strengthening activity to build local management capacity to implement the NCPA locally. The approach will also be reflected in the pre- and in-service training of social workers and paraprofessional social workers.
6. Facilitate learning exchanges among frontline service providers to scale up best practices in meeting service standards and measuring improvements. Exchange forums include site visits, written and electronic communications, and regional workshops.
7. Bridge Tanzanian experiences with the larger regional and global QI initiatives by documenting and promoting emerging best practices through the GOT and regional QI website.
8. Support Tanzania as a technical hub that demonstrates how standards-based QI can increase the efficiency, effectiveness, equity, and reach of care and support services to children affected by HIV/AIDS.

LINKAGES: URC will be tasked to work with all USG OVC partners and in close collaboration with the QI task force which is a sub-group of the IPG. In this way, URC will be linking and associating their activities across OVC partners. In addition, URC will link with the AIHA Twinning partnership to ensure that QI approaches are included in training curricula. Also, URC will link with FANTA on the development of QI

**Activity Narrative:** indicators for OVC nutritional support. URC is also engaged in global work on quality service indicators for HIV/AIDS programming, and serves as a bridge between these efforts and work underway in Tanzania. In addition, because of the integrated approach between OVC services and home-based care (HBC) by many partners, URC will facilitate the expansion of the OVC QI methods and measuring techniques into HBC. Both program areas share a vision for improving the wellbeing of children and the family's capacity to care for them.

M&E: The OVC partners will be assisted with conducting self assessments in relation to meeting the service standards. These assessments will inform changes needed to comply with the standards. URC and the cadre of Tanzanian QI facilitators will provide support to local service providers on tracking and reporting improvements and determining if their efforts are on-track for achieving outcomes in program performance, client satisfaction, and child wellbeing. A regionally-placed QI M&E consultant will be periodically engaged to provide technical inputs based on tools and processes used by other countries, including mentoring of the OVC partners' M&E staffs. URC will have access to this consultant via their regional QI activities contracted by USAID/Washington. QI monitoring efforts will complement the national DMS tracking and reporting procedures.

SUSTAINABILITY: The primary function of URC will be to support the work of OVC partners as they seek to be in compliance with service standards, and to document results in child wellbeing. This will require close coordination with OVC partners in government and civil society, as well as being aligned with the NCPA. Success in mentoring and building capacity of the Tanzanian cadre of QI M&E staffs who will transfer skills at the local level will be an indicator of this collaboration. Emphasis will also be placed on expanding and promoting the capacity of Tanzanian entities, including increased competency in resource mobilization.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 25463.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 25463	



## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Protection of Orphans and Vulnerable Children through Child-Friendly Police Program

NEED and COMPARATIVE ADVANTAGE: Parents are ideally the primary caretakers and guardians of their children; however, friends, neighbors, and family members often contribute to the safety and wellbeing of the 10%-12% of children who are orphaned or made vulnerable because of a parent's chronic illness or death. Extended families and community caretakers, who have taken in orphans and provided safety nets, are being overwhelmed as the numbers of needy children increase. According to the rapid assessment of orphans and vulnerable children (OVC), more than 50% of OVC are cared for by their grandparents, many of whom struggle to provide sufficient care. A UNICEF-funded situational assessment of most vulnerable children in six districts indicated that vulnerable children are susceptible to sexual abuse, child domestic work, and child commercial sex work. Sometimes children resort to living on the streets, especially in urban settings, to avoid extended family harassment and abuse. In some instances, vulnerable children have engaged in delinquent behavior, and end up in conflict with the law or even in prison.

Aside from the trauma and bereavement that OVC suffer at the loss of parents, many also lack authority figures. This situation is exacerbated by Tanzanian customs and cultural norms that prevent children from talking to their elders. Tanzania also lacks a well-developed social protection system for children, and only one-third of the 133 districts even have a social welfare officer. Once children begin misbehaving, most caregivers and basic service providers lack the adequate skills to ameliorate the behavior problems. In addition, there is not a well-established infrastructure to support referrals if a child is in need of protection, including legal aid and police intervention. Influential service providers, such as police, health workers, and teachers could make a difference in the lives of vulnerable children, so as to avoid delinquency or imprisonment, but need the tools to be effective. Police, who are on the front line when children are in trouble, could play a pivotal role.

Issues of different forms of child abuse have recently captured public attention through increased visibility in electronic and print media. There are instances where police, residential care service providers, and prison wardens, who should be protectors of those under their care, are among the perpetrators of offences against children. The police also lack an understanding of social problems and the etiology of behavior that leads children and youth into lives as commercial sex workers or into lives on the streets. During city patrols, police frequently arrest, harass, and abuse the child commercial sex workers and street children, and report them as delinquents. With the number of street children, abused minors, and delinquents on the rise, policymakers, law enforcers, and service providers at all levels are increasingly at a loss as to how to handle the situation.

Training of police officers and others who conduct assessments with children is of critical importance to protecting them. This training is followed by linking with colleagues in social work, health, education and a range of voluntary organizations that could assist in reversing undesirable behavior before it is too late.

PharmAccess International (PAI) presently implements HIV/AIDS prevention, care, and treatment activities through workplace programs for police, prison guards, and immigration officials (funded by USAID) and the military (funded by DOD). The program would capitalize on PAI's expertise and existing collaboration with police, prisons, and immigration to implement the child-friendly police program. In addition, it would take advantage of the PAI experience in Mbeya, where their program supports OVC who are living in military barracks.

ACCOMPLISHMENTS: This is a new activity. However, PAI has already contributed in FY 2008 to care for OVC linked with programs for the Tanzanian People's Defense Force for in Mbalizi, Mbeya. Plans are also underway to create successful linkages between PAI with the Dutch Government to implement OVC activities. That program will include extending the basic healthcare coverage package by covering care costs incurred by households who are willing to take in OVC.

ACTIVITIES: In FY 2009, PAI will undertake the following activities in support of child protection in order to initiate a child-friendly police program. Police stations have been selected for this project, as they are all over Tanzania, in most wards. PAI will:

1. Work with the Juvenile Justice Unit and the Child Welfare Unit in the Department of Social Welfare (DSW), the Tanzania Police Force (TPF), and selected children in prisons to develop a supporting guideline for "Interactive Services for Children." This will provide basic guidance on appropriate and effective language and handling of children when police interact with them.
2. Develop a team in the pilot area including police, educators, health workers and community people who are willing to work as the child protection team and be trained together in principles and techniques of child protection and juvenile justice.
3. Work with the DSW and TPF to develop a strategy for Police and Prisons to work with children to ensure the supporting guideline to be developed is integrated in the daily police job descriptions, trainings, and routines.
4. Train police trainers of trainers, peer educators, and recruits on how to work with children and OVC and in the team approach to child protection.
5. Train 100 police, prison personnel, and available community team members in appropriate "handling" of OVC, abused children, street children, and other vulnerable children during detention and in the streets using the developed guidelines.
6. Support the TPF to establish the national directory of referral sites for child support and protection services, including the Most Vulnerable Children's Committees in the villages.
7. Pilot the plans for child-friendly police program in the vicinity of Kilwa Road Police and Ukonga Prison.
8. Share experiences and training materials with a comparable program in Zambia and investigate other countries' "best practices."
9. Integrate appropriate "handling" of OVC in the peer education life skills training program for police and prison officers.

**Activity Narrative:** To the extent possible, a team approach will be explored to support the role of the police in dealing with vulnerable children. Though human resources are in short supply in Tanzania, wherever possible community teams of health workers, teachers, and social workers or paraprofessional social workers should be trained to work together, to understand the perspective of each discipline and to improve the response to abused, neglected, and delinquent children and youth through a collaboration of community services. By working together, members of the team can provide more comprehensive service while minimizing the trauma of multiple interviews as an investigation is completed.

Teams also allow the possibility of a mixed gender response to children who are abused. Sexually abuse females may be reluctant to talk with a male police officer and be more comfortable talking to a para-social worker or an educator or health provider. Delinquent youth may benefit from a joint police /education approach.

Approaches to be employed in designing this activity will consider the underpinnings of the UN Convention on the Rights of the Child. A team approach creates the nucleus of a community group, which can develop expertise in this philosophy, and help educate other community members.

**LINKAGES:** PAI will work in collaboration with the DSW and TPF to develop the police “Interactive Services for Children” guidelines and to make linkages with other professionals (health professionals, teachers, social workers/paraprofessional social workers) who can work to support the role of the policy in addressing the behaviors of vulnerable children. In addition, PAI will collaborate with police and prison training institutions to integrate the guidelines and approaches to reduce gender-based violence in the peer education and life skills training programs. PAI will continue to collaborate with partner organizations for supportive supervision purposes and technical assistance.

**M&E:** The national OVC Data Management System will be used to record the number of police officers trained on the interactive services with children. Specifically, PAI will report on the number of police stations and prisons that receive training, and utilize the developed user guide manual for the “Interactive Services for Children” and a child support services referral directory. In addition, PAI will develop specific tools to capture the number of referrals which were used for children in the trained police stations and prisons, and number of police stations which established a child supporting unit.

**SUSTAINABILITY:** This is a pilot program to be implemented in the city of Dar es Salaam. The lessons learned are expected to be integrated in the TPF strategic plans for further nationwide scale up in all the prisons and police stations.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$2,625

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 10697.09

**Mechanism:** NPI

**Prime Partner:** CAMFED

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

---

**Activity ID: 25465.09**

**Planned Funds: \$0**

**Activity System ID: 25465**

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Campaign for Female Education (Camfed): Tackling Girls' and Young Women's Vulnerability to HIV/AIDS in Tanzania - New Partner Initiative Project

**NEED and COMPERATIVE ADVANTAGE:** The Camfed project will build on an already established program in three rural districts of the Iringa Region, working with communities to strengthen their capacity to tackle underlying causes of girls' and young women's vulnerability to HIV/AIDS.

**ACCOMPLISHMENTS:** In FY 2008, initial program planning was finalized and activities started. The administrative and programmatic foundation for the project was developed. Recruitment and procurement for the program set up are in the final stages. A week-long planning workshop was held to prepare the project monitoring and evaluation system, and to strengthen existing tools so that the protocol for data collection was systemic and thorough.

**ACTIVITIES:** In FY 2009, the project aims to provide financial assistance for school expenses for an estimated 7,480 orphaned and vulnerable children (OVC), and train teacher mentors who will provide social support to 12,150 children, specifically targeting children coping with bereavement and family poverty. Child protection measures will be strengthened at the school level to reduce vulnerability to abuse, and ensure that children are aware of recourse options and sources of support. This project will also strengthen school capacity to manage resources, including allocation of resources, to benefit OVC. Camfed will build the capacity of community structures to support the 7,480 OVC beneficiaries to stay in school. One of the ways in which Camfed will keep OVC in school is through Council District Committee (CDC) Training. Consultants will train six representatives from each of the three CDCs (district committees) on financial management and monitoring, and the rights of OVC. Committee members will use the skills acquired from the training to monitor funds given to schools for purposes of supporting OVC and to ensure that rights of OVC are not violated. The modules will include financial management, monitoring, and Child Protection policies, and the National Guidelines for Community Based Care, Support, Social Protection, and Security of Most Vulnerable Children. In addition, the CDC representatives will learn training skills which they will use to train 750 school committee members.

Community committees will be mobilized to work with the education system to act as a protective and empowering support source for OVC. These committees will strengthen local structures to provide comprehensive support for OVC at critical transition points: the transition from primary to secondary school, and from secondary school to independent adulthood. This period of time is when orphaned and vulnerable girls are most at risk of entering transactional sexual relationships in order to provide for their basic needs. Often times, young girls cannot attend secondary school due to lack of classroom places or other external reasons, and this places them at risk as well

Additionally, 75 school committees will develop and implement transparent and accountable systems for identifying and supporting OVC in addition to effectively managing grants to meet their educational and urgent material needs. This process will ensure that the support is delivered to the targeted beneficiaries on time.

To foster information sharing and apply best practices, a forum will be organized to disseminate information. District committee members from each of three districts will meet once a year to share lessons learned, review existing guidelines for selection of vulnerable children, and engage in discussions which can lead to a cross-fertilization of ideas. Committee members will undertake exchange visits with other districts to learn how other committees operate and to further share best practices.

Camfed will conduct community consultations to identify specific constraints to education of OVC, especially girls. Information from these consultations will guide the community on the ways in which to take action to provide support for OVC. Additionally, Camfed will train and support 90 female teachers to provide health and psychological support to OVC in schools. Teachers will receive training from consultants on guidance and counseling, reproductive health, mentoring, life skills, and HIV/AIDS prevention so that they are properly equipped to provide much needed psychological and social support to OVC.

Camfed will provide bursaries to 1,000 secondary school orphans and vulnerable girls. Eligible girls will be identified by CDCs, most vulnerable children committees (MVCC), and school committees. The bursaries will be guaranteed for four years (the duration of secondary school). Girls will be provided with a comprehensive package of support, including school fees, exam fees, transport costs, school uniforms, shoes, stationery, health fees, and lodging/food in the event that the recipient lives too far from school to travel daily. Grants for bursaries will be directly distributed to the schools, and heads of schools will be accountable for the funds. Teacher mentors in the schools will manage the funds, which will be monitored regularly by Community District Committees. Additionally, Camfed will provide block grants to 120 schools to support the 7,480 OVC beneficiaries who are at risk of dropping out of school. These grants will provide discretionary support to meet urgent material needs that include uniforms, stationery, and other special needs such as eye glasses. Camfed will provide effective monitoring of bursary and block grants at the school, district, and national level to ensure that resources reach OVC.

To enable young women to reach economic independence through training and support of economic and business endeavors, Camfed will train 180 young women in business skills and HIV/AIDS prevention. The training will be carried out by consultants and Camfed staff. Also, Camfed will provide for the training of 15 Camfed Association (Cama) District Committee members in grants assessment, financial management, and monitoring business grants in their district. Training will be structured to build the capacity of the Cama District Committee to assist their members to run successful businesses and expand their economic independence.

Camfed will enable three Cama District Committees to distribute 270 start-up business grants to enable trained young women to start businesses, thereby improving their livelihood. These 270 women will have received business skills training, 90 women in the first year, and an additional 180 in the following year.

**Activity Narrative:** Twelve young women (four from each district) will be trained in participatory research techniques. These young women will then carry out a baseline survey and ongoing measurements to understand better the relationships between economic empowerment, decision-making, and risk-taking. The results of the survey will be used to help improve the Camfed economic empowerment program and maximize its efficacy in reducing risk behavior related to HIV infection.

Finally, Camfed will facilitate international exchange visits for six Cama members to build the international Cama network and ensure that Cama Tanzania benefits from lessons learned and best practices from other country programs.

**LINKAGES:** The activity will support the implementation of the OVC National Plan of Action (NPA). Camfed will work in collaboration with the existing Tunajali program of Deloitte Consulting in Iringa region to avoid duplication of support. Camfed will also participate in the national Implementing Partner Group (IPG) network for OVC to share best practices and lessons learned in reducing girls' vulnerability.

The project will benefit from a Memorandum of Understanding (MoU) between Camfed Tanzania and the Ministry of Education, ensuring lessons learned are directly incorporated into policies, avoiding duplication, and strengthening the capacity of ministry structures at the district level. Camfed works in partnership with a range of stakeholders, including Community Development Committees, the Cama young women's network, Ministry of Education structures at the district, ward and national level, school committees, teachers and other organizations, including the Tanzanian Family Planning Association (UMATI), and Enterprise Development Centre.

**M&E:** Camfed will use the national data system. National OVC data management tools will be used to record the identified girls to be supported by the program. The data from the district will be sent by the Camfed M&E officer to the national system.

Internally, Camfed will use Camfed's M&E system, which includes regular financial and narrative reporting from the school, community, district, and national level structures. Tools are in place to collect and analyze quantitative data from schools and communities, including a program database which is technically supported and monitored by Camfed International. Regular reports from stakeholders (including CDCs and the Cama Committees) will also be captured in the database to provide a rich, qualitative source of analysis. This analysis will inform training and mentoring needs as well as adjustments to implementation strategies. Regular monitoring visits will be conducted by Camfed staff. Through strong links between the financial and M&E system, Camfed will track and report on achievements in statistical, anecdotal, and cost terms and can link individual girls and schools directly with the support they receive.

**SUSTAINABILITY:** Camfed's approach to strengthening existing community structures and empowering communities to act promotes sustainability and continuity of the intervention. Communities have responsibility for managing project resources, and this community-managed approach gives local groups the confidence and experience to access, generate, and manage resources effectively in the long term. The approach encourages local philanthropy to support project goals and activities. Close working partnerships with government ensure activities are not only complementary, but often integrated into ongoing Government of Tanzania strategies and approaches.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1026.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 4981.23292.09	<b>Planned Funds:</b> \$246,000
<b>Activity System ID:</b> 23292	

**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 2009 funds, PC/T will bring ten additional PEPFAR-funded Peace Corps Volunteers to work primarily on HIV/AIDS-related activities. Peace Corps/Tanzania (PC/T) will use FY 2009 OVC funds to pay for the costs of five of these ten PEPFAR-funded PCVs. This will increase PC/T's numbers of PCVs who work primarily on HIV to over 45, which will have a greater impact in reaching more OVC and their caretakers with OVC funds. Other PCVs will also continue to work on PC/T's HIV/AIDS program as stipulated in their project frameworks. In addition, PC/T will use some of the FY 2009 funds to pay for one of two third-year extension volunteers.

PC/T volunteers will encourage good nutrition education in their communities, helping to identify those OVC who have faltered growth, severe or moderate malnourishment, or other nutrition deficits. For OVC identified with an immediate need, living in a food insecure household, PC/T will provide linkages to relevant community services and link the household to a Permaculture activity.

\*END ACTIVITY MODIFICATION\*

TITLE: Permaculture Gardening for Improved Nutritional Status

NEED and COMPARATIVE ADVANTAGE: Peace Corps/Tanzania (PC/T) has applied experiences gained in its environment project and experience with natural resources management to improve the nutritional status of orphans and vulnerable children (OVC) and their caretakers through the demonstration and promotion of permaculture and home gardening activities in their communities. Permaculture is an intensive form of agriculture, aimed at household improvement of food production from effective gardening. The main aims are to improve quantity and quality of food available to OVC and their caretakers in close proximity to their homestead so they do not have to walk to great lengths to get food.

ACCOMPLISHMENTS: In FY 2006, the first year of the program, PC/T served 55 male and 128 female OVC through the OVC program. During the same period, PC/T 159 providers and caretakers on caring for OVC. In FY 2007, the PC/T OVC program served 255 male and 291 female OVC with supplementary services, and trained 372 providers and caretakers on caring for OVC. In 2008, PC/T program served 109 male and 110 female OVC with supplementary services, and trained 207 caretakers and providers on caring of OVC

ACTIVITIES: PC/T directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCV) in 15 of 21 regions on mainland Tanzania. Each of the 130 PCV are responsible for assisting the facilitation of HIV/AIDS activities. PC/T has three projects: the education project, which brings PCV 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 PCV in communities to work as health educators primarily addressing HIV/AIDS prevention and care activities.

PC/T will continue to conduct permaculture workshops with environment and health education PCV and their HCN counterparts, as well as adding fruit drying workshops to give them the capacity needed to conduct these nutrition education and income-generating activities (IGA) in their communities. Permaculture was such a successful activity in 2007 that the plan is to continue this endeavor in 2008. PC/T will also use EP funds to pay a technical expert to conduct these trainings for PCV and their counterparts. A fruit-drying workshop will be introduced as well. PC/T will set aside some EP funds to be obtained by PCV through volunteer activities support & training (VAST) grants to fund care activities targeted to OVC and their caretakers. PC/T will develop and acquire the needed materials for conducting the planned activities using EP funds.

PC/T also plans to use FY 2009 OVC funds to facilitate IGA targeted at strengthening households caring for OVC. PC/T will promote obtaining vocational skills using community individuals and resources. PC/T will facilitate sessions for community individuals to mentor groups of OVC to enable the beneficiaries to acquire these skills. By educating OVC on vocational skills, IGA may enable the individual to provide for their household, thereby enabling a self-sustaining way of life. In order to facilitate these activities, PCV will link OVC with skilled individuals in their communities or bring skilled individuals to instruct the OVC as volunteer guest trainers to teach them various skills (e.g., carpentry, tailoring, bread making, food processing, soap making, and other skills). Some of the EP funds will be used to purchase training tools for different skills training. PC/T will facilitate these beneficiaries to start up small-scale IGA projects in their communities. In FY 2007, PC/T planned for PCV training on memory books for OVC. Based on lessons learned with this activity, PC/T will use FY 2009 monies to continue similar trainings for PCV and their counterparts. FY 2008 PC/T brought in 10 Volunteers to work on HIV/AIDS related activities. The costs of five of them has been funded from the OVC program

With FY 2009 funds, PC/T will bring ten additional EP fully funded PCV to work primarily on HIV/AIDS related activities. PC/T will use FY 2009 OVC funds to pay for the costs of five of these ten EP funded volunteers. This will increase PC/T's numbers of PCV who work primarily on HIV to over 45, which will have a greater impact in reaching more OVC and their caretakers with OVC funds. Other PCV will also continue to work on PC/T's HIV/AIDS program as stipulated in their project frameworks. In addition, PC/T will use some of the FY 2009 funds to pay for one of two third-year extension volunteers.

LINKAGES: PC/T seeks to cultivate partnerships with grassroots, non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs), which enhance community development focus in the communities where PCV are placed. In addition, PC/T will foster linkages with USG-funded implementing partners in the applicable regions in order to complement their interventions. This will provide a more comprehensive service package to the beneficiaries. PC/T will share the promising practices and lessons learned through their permaculture, IGA, and vocational skills training to the OVC Implementing Partners Group.

**Activity Narrative:** CHECK BOXES: PC/T interventions in this area will target women to increase their access to income. There are a number of PCV working with organized groups of women in their communities. Some of these women are elderly widows serving as caregivers to OVC. PC/T will continue to support activities targeting women.

PCV have collaborated with NGOs, CBOs, and FBOs that work with OVC. PCV have been supporting these organizations through planning, grant writing, monitoring/reporting, organizational, and systems support. PC/T will continue to support PCV working with these local organizations. PC/T will continue to provide wraparound services such as economic strengthening through IGA training, and initiation of small-scale community projects to improve the livelihood of beneficiaries. In addition, PC/T will continue with the promotion of permaculture activities as the one proven method to address food security challenges in the community.

M&E: In FY 2009, PCV and their HCN counterparts will expand their work to reach 1,000 OVC, providing them with nutrition education and/or IGAs. In FY 2009, PCV will train over 500 caretakers on how to provide care for OVC, specifically on how nutrition affects the quality of care. Ideally, through these community mobilization activities, caretakers and community members will be motivated to take action on the growing OVC challenge in communities.

SUSTAINABILITY: Permaculture and IGA activities are already well integrated into PC/T's project plans and core programming. These activities will assist beneficiaries to be more self-sustainable. In addition, PCV involve local government leadership in planning these activities. Communities are encouraged to contribute to these projects, which facilitates a sense of ownership for the projects. A few PCV have incorporated their activities into the district council plans, ensuring sustainability of those activities even after the PCV have completed their service.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13679

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13679	4981.08	Peace Corps	US Peace Corps	6571	1026.08		\$346,000
7850	4981.07	Peace Corps	US Peace Corps	4606	1026.07		\$250,000
4981	4981.06	Peace Corps	US Peace Corps	2891	1026.06		\$25,000

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

---

**Mechanism ID:** 1028.09

**Prime Partner:** Kikundi Huduma Majumbani

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 3376.23293.09

**Activity System ID:** 23293

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$150,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** By SAPR 2008 more than 1,767 children have been supported by KIHUMBE. KIHUMBE also provides lunch to OVC in primary schools at their premises to ensure that at least these kids get one balanced diet in a day. More than 130 caregivers will have been trained on how to provide care for OVC by third quarter of 2008. The data management system (DMS) has been installed in June/July 2008 at KIHUMBE using a donated computer from DOD, and one staff is trained to operate the system. OVC data entry has started and data from about 1,100 OVC has already been captured.

**ACTIVITIES:** In FY 2009, the program will continue as in FY 2008, though there will be additional focus placed on case finding of HIV-positive children among orphans and vulnerable children (OVC) being served and attention to nutritional status so that those who require nutritional support can be linked with services. KIHUMBE's community volunteers will use mid-upper arm circumference measurements to determine if OVC have faltered growth or are malnourished. For OVC identified with an immediate need and living in a food insecure household, KIHUMBE will provide support while linking the household to income generating activities. The program will also work with Prevention of Mother-to-Child Transmission sites to follow up on exposed children, and there will also be additional efforts to promote prevention among older OVC.

More focus will be on provision of quality services, and KIHUMBE will work with MHNT and other partners will ensure that Most Vulnerable Children's Committees (MVCCs) are operational.

Rungwe district will be the "program learning district" in which the DMS will be installed and operational. Staff will be trained to operate the DMS and KIHUMBE will interact with MHNT and other partners to collaborate on work plans that support functional referrals. KIHUMBE will monitor and report on progress of implementation of the "program learning district," and share experiences across partners via exchange visits and, where possible, electronic communications. In addition, KIHUMBE will document and disseminate best practices to facilitate scale-up of successful practices.

**M&E:** In addition, computers will be purchased for the district/municipal social welfare officer. The DMS will be installed and data clerks will be trained.

\*END ACTIVITY MODIFICATION\*

**TITLE:** KIHUMBE provision of OVC services in the Mbeya Region

**NEED and COMPARATIVE ADVANTAGE:** Mbeya region has an estimated 18% of orphans and vulnerable children (OVC) per capita, yet due to limited resources, many go without assistance. OVC children need support to attend school and meet basic needs (food, shelter, and medical care), as well as psychosocial and spiritual support. Caregivers of OVC have limited resources and need assistance to support their families. KIHUMBE has been providing HIV services since 1991 and has been a prime partner since 2004. Its organizational infrastructure, service capacity, community linkages, and reputation makes KIHUMBE one of the most effective HIV service providers in the region.

**ACCOMPLISHMENTS:** KIHUMBE has supported 1,100 OVC, including providing educational support (school fees, uniforms, and materials), nutrition assistance, and psychosocial /spiritual support.

**ACTIVITIES:** As in activities in other program areas for this organization, KIHUMBE will collaborate with members of the Mbeya HIV Network Tanzania (MHNT), SONGONET, and RODI (see other submissions for these partners) to ensure similar packages of services are available for clients in the Mbeya, Rukwa, and Ruvuma regions. In addition, implementations of services have been standardized across these partners while allowing for some flexibility in focus or approach depending on regional conditions.

1) Establish youth centers near each of KIHUMBE's three service sites: Mbeya municipal area, Mbalizi town (Mbeya Rural), and Rungwe district. Each site will provide a venue for offering psychosocial or spiritual support to OVC, HIV prevention education, and training or access to income-generating opportunities. Priorities include to: renovate, furnish and staff youth center sites; coordinate and develop memoranda of agreement with Mbeya HIV Network Tanzania (MHNT) members and other NGOs and governmental groups to out-source provision of a range of services to youth at the sites depending on the organization's specialty; and advertise youth centers, cultivating referral relationships with schools and other entities serving youth.

2) Expand support and provide services to an additional 700 OVC. Activities include: working with local government and Most Vulnerable Children Committees (MVCCs) to identify OVC and their needs, and to maximize coverage without duplicating services; providing OVC with psychosocial support through individual and group counseling; prioritizing services for the individual for educational support (fees, uniforms, supplies), shelter, and nutrition assessment and assistance once a needs assessment has been conducted; providing training in income-generating activities for OVC caregivers and older OVC; linking OVC and caregivers to Peace Corps agriculture activities in the region for training in home gardens for both personal food production and as an income generating activity (IGA); linking OVC to USG procurement programs for distribution of insecticide treated nets (ITN) and water purification supplies to clients.

3) Improve referral system for OVC to ensure a comprehensive approach to meeting individual needs, including follow-up with the entity to which the client is referred. Activities will include: establish standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT, and HIV prevention); train OVC service providers and caregivers in identification and care for HIV related illnesses and referrals for HBC and facility-based clinical services to increase treatment of HIV infected OVC; continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up; include these referral activities, including follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

**Activity Narrative:** LINKAGES: This activity will participate in the implementation of the NPA. KIHUMBE is a founding member of the Mbeya HIV Network Tanzania (MHNT), a coalition of 13 NGOs/FBOs that provide HIV prevention and care in the Southern Highlands Zone. All member organizations refer clients to one another based upon clients' area of residence, need, and strength of the organization. KIHUMBE also links with the Anglican church, which provides training for volunteers serving OVC; district and/or regional hospitals to facilitate referrals; MVCC, ward leaders and other local government officials to identify and register OVC and comply with data reporting requirements; primary and secondary schools and the vocational training institute (VETA); Peace Corps activities and NGOs providing income-generating activities; faith groups and other providers of counseling services; and USG and other donor sources of ITN and safe water commodities.

**CHECK BOXES:** OVC services support HIV-positive and HIV-negative OVC as well as their caregivers. Linkages to healthcare address child survival, malaria, and other health issues in addition to HIV/AIDS. Education assistance and psychosocial/spiritual support promote OVC skills and well-being, while income-generating activities foster economic strengthening and food security for OVC caregivers and older OVC. Training is a key component of the OVC program area, as volunteers constitute the primary human resources delivering OVC services.

**M&E:** KIHUMBE will utilize the standardized national OVC data management tools for collecting detailed data on service delivery in compliance with government OVC data reporting requirements for the Ministry of Health and Social Welfare (MOHSW). The MHNT M&E individual will train and oversee KIHUMBE staff on a quarterly basis to ensure comprehensiveness of data input by field staff using the internal monitoring tools. These tools, developed by MHNT (including KIHUMBE), will also serve as a checklist to ensure a menu of services is offered to each child based upon individual need. Along with submitting these data to the local government, data from KIHUMBE and other MHNT member organizations will be compiled at the network level, allowing for identification of major service needs and gaps. In addition, computers will be purchased for the district/municipal social welfare officer. All reports will be shared with the local government, and compiled data from sub-partners will allow for identification of major service needs and gaps within OVC services. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. KIHUMBE will collaborate with Salvation Army and PACT to avoid duplication.

**SUSTAINABILITY:** KIHUMBE is a local, grassroots Tanzanian-run NGO that was established in 1991 and has flourished under strong leadership. Along with maintaining and expanding its original site in the Mbeya municipal area, KIHUMBE has established service outlets in Mbalizi, Tukuyu, and Chunya, extending its service capacity area. DOD is one of KIHUMBE's multiple funding sources. In addition to its impressive record of service delivery, KIHUMBE's organizational capacity to collect and manage data and secure funding is among the strongest in the zone. Capacity building and other training opportunities through other USG partners will remain available to KIHUMBE and its fellow MHNT members. KIHUMBE will play a facilitative role to ensure the incorporation of its OVC work plan, budgets, and reports in the overall district response plans as a sustainability measure. At the household level, OVC family members will receive mentors and support with IGAs. KIHUMBE will ensure involvement of district leaders, MVCC, and community leaders on the development of the viable response to OVC and elderly headed households.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13507

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13507	3376.08	Department of Defense	Kikundi Huduma Majumbani	6530	1028.08		\$150,000
7736	3376.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$90,000
3376	3376.06	Department of Defense	Kikundi Huduma Majumbani	2834	1028.06		\$60,000

### Emphasis Areas

Construction/Renovation

Gender

- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities

- \* Malaria (PMI)

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$35,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

### Economic Strengthening

### Education

Estimated amount of funding that is planned for Education \$50,000

### Water

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1109.09

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 3385.23294.09

**Activity System ID:** 23294

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$4,532,842

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Jali Watoto OVC Initiative and Anti-Stigma Campaign

NEED and COMPARATIVE ADVANTAGE: Pact Tanzania currently implements two large-scale orphan and vulnerable children (OVC) programs in Tanzania: the Jali Watoto (Kiswahili for "Caring for Children") Initiative and the Global Fund OVC Program. Both programs seek to contribute to the Government of Tanzania's (GOT) National Plan of Action (NCPA) for Most Vulnerable Children, and are being implemented in collaboration with the national Department of Social Welfare (DSW). Both programs aim to reach large numbers of OVC with services that make a difference in their lives and that meet individual and family needs. Pact has made a significant contribution to supporting the NCPA, and has developed considerable technical experience in administering programs for OVC, with promising results in over a third of the country. Jali Watoto is a leading player in the current quest for quality improvement (QI).

In 2006, 930,000 children (or approximately 5% of the children in Tanzania) were considered to be most vulnerable (NCPA). However, Jali Watoto works in regions with a much higher proportion of OVC: 16% of children in Mara, 8.5% in Mtwara, 9.5% in Tabora, 16% in Kagera, and 19.4% in Kyela, Mbeya are considered most vulnerable.

ACCOMPLISHMENTS: Jali Watoto has supported 22 districts to carry out the OVC identification process to achieve 100% coverage in districts serviced by Jali Watoto. In addition, Jali Watoto has provided one or more services to approximately 45,000 children in the same districts as of the end of FY 2008. Jali Watoto also provided substantial secretariat support to the national OVC Implementing Partners Group (IPG), a strong network that meets regularly to promote maintaining consistent standards of operation and sharing tools, materials and lessons learned. The recent launch of the NCPA by the First Ladies of the US and Tanzania was successfully accomplished through significant support from Jali Watoto. Jali Watoto also supported the DSW by assisting in setting up suitable program and office facilities, including a vehicle, internet connection, computers and other office requirements.

Jali Watoto also made significant strides in providing expanded services by selecting ten additional sub-partners. This resulted in nearly 100% coverage in the five regions of the Jali Watoto program. Jali Watoto also developed and established quality standards tools for use by volunteers providing services to OVC. Nearly 1,500 volunteers have been trained and/or mentored in their role and in implementing quality standards. Results include greater understanding of service provision needs, improved quality of services, optimized outcomes for children, and increased recognition of Jali Watoto in implementation of quality programs for OVC. Other USG partners routinely draw on Jali Watoto's experience and expertise. Lastly, additional focus is being put on supporting the role of elderly caregivers by funding HelpAge International, which works with the local NGO, SAWAKA.

Jali Watoto has demonstrated a strong presence in the effort to eradicate stigma. Up to 2,000 community, religious, and other leaders including IPG members have been trained to address stigma in their communities. Also, a successful "Bongo Flava" (popular Tanzanian hip-hop music) concert was organized to address stigma affecting children. Three songs and a DVD were produced to address stigma through popular culture. An event was also held to officially designate the First Lady of Tanzania and wife of the US Ambassador as champions against stigma.

ACTIVITIES: Jali Watoto will continue to support districts and the GOT by providing technical support to 22 districts to back-stop, monitor, and evaluate the work of the Most Vulnerable Children's Committees (MVCCs) and Jali Watoto partners, that are responsible for identifying OVC and addressing their needs. Jali Watoto will build the capacity of MVCCs to coordinate quality service provision to OVC. Jali Watoto will continue to support the DSW and act as Secretariat to the national IPG; managing the e-list, preparing newsletters, arranging meetings, and preparing documents. IPG meetings will be replicated in districts, and the districts will be encouraged to organize regular local IPG meetings to understand what services are available and to plan for and incorporate the NCPA needs into their budgets. To ensure better information sharing; Jali Watoto will support the documentation of the PEPFAR phase one program in collaboration with other implementing partners. In FY 2009, Jali Watoto will complete the refurbishment of DSW offices, continue to assist the DSW to roll out the NCPA through local sources of funding, and to enable districts to develop plans and budgets for OVC in their areas. Volunteers will continue to work alongside MVCC to build program capacity.

The program will support and closely monitor the more than 80 sub-partners with increasing levels of report verification. Quality services will continue to be provided to families of OVC in a way that is sensitive to their needs. Volunteers will continue regular visits, providing psychosocial support and nutritional counseling/assessment. Jali Watoto will strengthen the support and supervision provided to volunteers working under non-governmental and faith-based partner organizations, and ensure that the services they provide are underpinned by good financial, governance, and management processes. Jali Watoto will also advocate for promising volunteers within its program to be offered the opportunity to be trained as para-social workers, leading to formal employment positions as social welfare assistants.

Jali Watoto community volunteers will focus additional attention on nutritional assessment of OVC. Volunteers will use mid upper arm circumference tapes to determine the nutritional status of OVC. OVC identified with faltered growth, or severely or moderately malnourished, will be referred to health clinics for HIV pediatric testing and food supplementation. For OVC identified with an immediate need, living in a food insecure household, Pact will provide support while linking the household to a livelihood activity.

Special and increased emphases on service delivery, sustainability, and systems strengthening, including referral linkages, will take place in each district to ensure comprehensiveness of services. QI will be a major focus as will economic strengthening through the Pact-funded WORTH program and support to the district authorities to plan for and manage the OVC program. The WORTH program, which economically empowers low-income women, will enable families to be economically independent and to function more

**Activity Narrative:** effectively to care for and protect their children.

Jali Watoto will foster linkages with Prevention of Mother-to-Child Transmission and HIV/AIDS Care and Treatment sites to identify exposed infants so that they can be followed by the MVCCs. In addition, Jali Watoto will link with wraparound programming, particularly the President's Malaria Initiative and the national malaria campaign for children under five; HIV prevention to vulnerable youth and adolescents; and food and nutrition programs in the communities. Further facilitation in district and at national levels will be achieved through use of the IPGs. Jali Watoto will also establish model "program learning districts." These will be used to share the approaches of the learning districts with other districts that are building their comprehensive services.

Jali Watoto will continue to implement WORTH, built around literacy, savings-led microfinance, and microenterprise development. WORTH groups will be drawn from the parents and caregivers of OVC and will develop a particular focus on the care and protection of children as well as on sustaining the family economically. Pact will leverage additional funds from private foundations (e.g., the Oak Foundation) to implement the WORTH program with a particular focus on increasing Child Protection and businesses (e.g., Barrick) to strengthen local service delivery systems.

Jali Watoto will increase anti-stigma activities by widely distributing the anti-stigma songs and DVD through the media and anti-stigma champions. Both the First Lady of Tanzania and the wife of the US Ambassador will continue as champions against stigma, using their public appearances to speak out on this issue. Jali Watoto will also evaluate the impact of training carried out to date on levels of stigma experienced by children. The outcome of this will inform future activities and the use of small grants to partners. Additionally, one district in Mtwara will pilot an anti-stigma campaign that can inform a possible national campaign, with stepped up involvement of anti-stigma champions.

**LINKAGES:** The IPG provides a major forum for linkages with relevant GOT and USG departments, USG and non-USG partners, and has resulted in greatly improved coordination, accountability, communication, and technical aspects of service provision for OVC. Local IPGs are beginning to coordinate and facilitate more successful communication within districts. Jali Watoto quality standards have been shared with USG, Global Fund and other partners both locally and globally. Jali Watoto continues to link with health services to ensure the referral of OVC needing services provided by child survival programs, malaria programs, and TB programs. Jali Watoto will initiate linkages with pediatric AIDS programs to ensure that OVC identified through those programs are linked with required services in the community. This will start with sub-grantees in the areas around the Baylor Pediatric AIDS Center of Excellence in Mbeya.

**M&E:** Jali Watoto has financially supported full identification of OVC in all 22 districts, provided a computer for each of its districts and trained all partner organizations and districts (over 100 participants) on entering data into the national data management system (DMS). Pact will use the national DMS for Jali Watoto program monitoring purposes, and ensure that sub-grantees' information about OVC identified at the local levels feeds into the national system and is available to MVCCs at the local level for planning, decision making, and monitoring. Pact will also support the Jali Watoto districts to strengthen their capacity in M&E in order to conduct regular monitoring of the implementation of the NCPA for OVC in their districts. M&E training will assist sub-grantees to monitor progress against PEPFAR indicators and to report on services delivered. Pact will establish a small field office in the Lake Zone to support closer quality monitoring and evaluation of the program in Mara, Kagera, and Tabora.

Pact will also continue to strengthen the ability of all implementing partners to use data effectively by monitoring data on all children served, and monitoring continual compliance of districts in data entry. QI strategies will be widely distributed among partner organizations through regional "lessons learned" conferences in addition to the Jali Watoto newsletter.

**SUSTAINABILITY:** Pact's economic empowerment program, WORTH, will help to strengthen families caring for OVC, which should contribute to the long-term sustainability of support to OVC. In addition, long-term sustainability is being developed by the focus on strengthening district governments. This is occurring by sub-grantees 1) catalyzing the work of the MVCCs, and 2) encouraging social welfare officers and community development officers to support and monitor MVCC and NGO OVC activities in their districts.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13552

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13552	3385.08	U.S. Agency for International Development	Pact, Inc.	6547	1109.08		\$5,000,000
7783	3385.07	U.S. Agency for International Development	Pact, Inc.	4569	1109.07	Pact Associate Award	\$3,900,000
3385	3385.06	U.S. Agency for International Development	Pact, Inc.	2836	1109.06	Pact Associate Award	\$2,800,000

## Emphasis Areas

Gender

- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities

- \* Malaria (PMI)

- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$150,000

## Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$750,000

## Education

Estimated amount of funding that is planned for Education \$900,000

## Water

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1136.09

**Prime Partner:** PharmAccess

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 16422.23295.09

**Activity System ID:** 23295

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$150,000

**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008 COP

**TITLE:** Providing Care and Support for Orphans and Vulnerable Children (OVC) of Military Personnel in barracks surrounding TPDF hospitals

**NEED and COMPARATIVE ADVANTAGE:** Family of military service members are required to leave the barracks when the service member passes away. Spouses often have no relatives nearby to support them, since service members are transferred to and from various camps throughout their enlistment. When both parents pass away, their children often do not have relatives to take care of them. Many community groups are reluctant to provide services to these children, as they are not seen as coming from the community. The management of Mbalizi Military Hospital in the Mbeya region has reported that approximately 200 OVC of military personnel have been identified. Unfortunately, about half of these children are living on the streets, and the remainders are residing with older stepparents in extremely poor households. This facility has advocated for the need to address military involvement in supporting OVC from their "ranks" and will serve as a pilot to determine feasibility of this type of program under FY08.

**ACCOMPLISHMENTS and EXISTING GAPS:** Care for OVC is a new activity for PharmAccess International (PAI) and the Tanzanian People's Defense Force (TPDF). This activity started with a pilot project for OVC military in Mbalizi, Mbeya in FY08.

**ACTIVITIES:**

- 1) Provide services to 200 military and civilian OVC in Mbalizi, Mbeya:
  - 1a) Using the Department of Social Welfare (DSW) identification tool, work with the local most vulnerable children committees (MVCCs) and KIHUMBE (an organization providing support for OVC in nearby wards), to identify OVC of military personnel and civilians in Mbalizi;
  - 1b) Refurbish and furnish a support center for approximately 200 children near the barracks of Mbalizi military hospital;
  - 1c) Contract and train ten support staff to look after the children in the afternoon thereby providing a respite for caregivers;
  - 1d) Train 20 foster families in proper care of OVC;
  - 1e) Provide all OVC with psychosocial support through individual and group counseling;
  - 1f) Depending on outcomes of the needs assessment conducted as part of the identification process, prioritize services needed by individual OVC for educational support (fees, uniforms, and supplies), shelter, and nutritional assessment and assistance;
  - 1g) Train staff and caregivers in the identification of HIV related illness for proper referral of children who may be HIV infected
  
- 2) Conduct assessment of military associated OVC care at seven other barracks:
  - 2a) Using the DSW identification tool, work with the local MVCC and non-government organizations (NGOs) to identify OVC of military personnel at seven other military facilities;
  - 2b) With the MVCC and the local DSW representative, map other OVC services in the communities to ensure comprehensive services of military OVC.
  
- 3) Determine feasibility of reintegrating OVC within their original communities and extended family members:
  - 3a) In collaboration with local social workers and the DSW, assess human resource (HR) requirements of the TPDF to execute linkages through local DSW offices;
  - 3b) Review TPDF statistics on service personnel and accuracy in assisting to identify home-of-record and kin for linkages; 3c) With the DSW, evaluate the safety of this approach for OVC (it has been reported that some widowed women leave their children in the communities of their spouse's last post to increase their chances of remarrying once they have returned to their childhood communities).
  
- 4) Develop a strategy for TPDF involvement in OVC support:
  - 4a) Convene a task force to evaluate data from site and HR needs assessments;
  - 4b) Initiate discussions on gaps to be addressed within the TPDF and feasible support for OVC through either direct services or improving linkages with community based groups and/or reintegration with original community/extended family members.

This project will include delivery of services to OVC and a feasibility study to link OVC back to their original communities. The program will also assess the need for such support at seven other military hospitals in Dar es Salaam, Mzingu, Monduli, Mwanza, Mirambo, Songea, and Bububu (Zanzibar).

**LINKAGES:** The program implementation will contribute to the MVC National Plan of Action (NPA). It will be organized in close collaboration with Mbalizi Military Hospital (counseling and testing, and medical services, including pediatric AIDS treatment), schools in Mbalizi town, a woman-run NGO living in the barracks of Mbalizi military hospital, the local MVCC, local government, and KIHUMBE. Collaboration will occur on all levels to support the reintegration of the children to their original families and fostering of the children whose original lineage cannot be traced.

**M&E:** This activity will use the national Data Management System tool to collect data for the targeted beneficiaries and caregivers trained and feed to the national OVC data. M&E activities will be coordinated with the MVCCs and KIHUMBE, which provides OVC support to some of the wards surrounding Mbalizi. Close collaboration will ensure that duplication of services will not occur in providing assistance and support to OVC.

**SUSTAINABILITY:** Staff turnover is low within a military setting. Once trained, individuals providing support in this capacity will stay within the forces. Based on the outcomes and findings of this pilot, the PAI will encourage the Office of the Director of Medical Services to integrate services in military budgets at the

**Activity Narrative:** barracks and national level. To improve administrative capacity, the PAI will work with military authorities to build local technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management. While the initial start-up costs are relatively high per child, this initial expenditure will pay off in the long term once sustainable services are developed.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16422

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16422	16422.08	Department of Defense	PharmAccess	6551	1136.08		\$150,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$2,625

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$50,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1169.09

**Mechanism:** N/A

**Prime Partner:** Africare

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 4986.23296.09

**Planned Funds:** \$1,000,000

**Activity System ID:** 23296



**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

**TITLE:** Community-Based Orphan Care, Protection, and Empowerment (COPE) Project

**NOTE:** This funding complements the Track One support to achieve the full description of work.

**NEED and COMPARATIVE ADVANTAGE:** Three key challenges impacting the socioeconomic status of orphans and vulnerable children (OVC) and caregivers in Dodoma region are: HIV/AIDS, with a prevalence of 2.9% in the region, but 5.9% in Dodoma Municipal (THIS: 2007); poverty; and inadequate skills for dealing with HIV/AIDS and OVC among community-based organizations (CBOs) and communities. These challenges make it difficult to meet the socioeconomic needs of 74,500 identified OVC in the Dodoma region. Also, application and use of the national data management system (DMS) for tracking OVC and OVC services into wards, villages, and districts is an ongoing challenge, though there is a critical need to use the DMS for informed planning and implementation of OVC interventions at all levels. Africare is a lead organization for OVC service provision, within the Quality Improvement Task Force, and is a member of the OVC Implementing Partners' Group (IPG), which shares experiences, challenges, and lessons learned among partners.

**ACCOMPLISHMENTS:** Africare's COPE program provided services to six districts of Dodoma region: Bahi, Chamwino, Dodoma Municipality, Kondoa, Kongwa, and Mpwapwa. During FY 2008, COPE enhanced community capacity to coordinate quality care and support services for OVC and caregivers. COPE supported the establishment of Most Vulnerable Children's Committees (MVCCs) in all six districts. The MVCCs work at the ward or village level to identify OVC and link them with services. Nearly 500 MVCCs were established to serve 74,500 OVC. All MVCC members were trained on updating OVC lists, responding to their roles and responsibilities, providing care and support, understanding psychosocial support (PSS) needs of vulnerable children, and actively guiding communities in supporting OVC and caregivers. COPE also supported and created six District Children's Forums, a network of youth and children that advocates for children's rights in the Dodoma region. All six districts in Dodoma were supplied with computer equipment for inputting OVC records into the DMS. A total of 12 district officials (two per district) were trained on recording and use of DMS. COPE continues to support these officials in their daily data entry practices.

COPE ensured increased access to PSS services by training nearly 100 Service Corps Volunteers (SCVs) to support COPE Clubs on Psycho-social Support (PSS) and life skills, data management, and reporting. A total of 18 COPE Clubs were formed, and over 100 existing clubs were strengthened. Nearly 250 peer educators and 120 club leaders were trained on life skills, PSS, and HIV/AIDS. SCVs provided methodological guidance to committees and communities in supporting OVC and caregivers. COPE also facilitated increased access to educational support services for OVC. Approximately 250 OVC in five secondary schools received school fees through school block grants, 25,000 OVC were supported with scholastic materials, and 5,300 OVC received school uniforms.

COPE also facilitated increased access to health care and nutritional support for 58 child-headed households in Kongwa district, by buying health cards for the households to enable the children to access the government-operated Community Health Fund (CHF) for basic health services. Approximately 5,000 OVC received Insecticide-Treated Nets (ITNs) to prevent malaria. Community SCVs facilitated nutritional education to nearly 4,800 OVC households providing care to over 21,000 OVC. Thirty SCVs were trained on backyard gardening using double dig bed technology, reaching nearly 900 caregivers and benefitting over 3,000 OVC. The project supported approximately 3,000 OVC with water purification tablets, and 16,000 OVC with hygiene materials.

Two SCVs per district and five District Focal Persons (the person appointed to lead the OVC identification process) were trained on Income Generating Activities (IGAs) and reached over 900 caregivers from over 150 IGA groups supporting nearly 6,000 OVC. In Kongwa district, four caregiver groups received 48 pigs. Financial assistance was provided to 90 OVC, in addition to 12 OVC attending vocational training institutions.

**ACTIVITIES:** Africare will focus on sustainable strategies, as the Track One funding mechanism ends June 2010. Particularly, the Africare COPE initiative will continue ongoing activities and strengthen the capacity of families to cope with their own needs and problems. COPE will support viable IGAs, supply OVC with ITNs, hygiene and educational materials, and access to the CHF. COPE will train SCVs, MVCCs, COPE Clubs, district councils, and staff to address stigma and discrimination surrounding HIV/AIDS. COPE will train villages and districts on the DMS for informed planning, decision-making, and monitoring of OVC programs.

Comprehensive communication for sharing "lessons learned" and experiences in implementing and monitoring programs will build capacity in COPE programs in Mozambique, Rwanda, Tanzania, and Uganda. In FY 2009, Africare will enhance the community's capacity to coordinate quality care and support services for OVC and caregivers including capacity building of local government structures. Africare will work closely with District Focal Persons and District Service Providers to ensure effective coordination of OVC implementing partners in the region. IPG activities at district and regional levels will be established (together with one lead NGO in each district), to supplement national IPG coordination activities. This will include ongoing supervision of 12 district government officials, 120 COPE club leaders, 145 SCV, ten partner organizations, and 500 MVCCs regarding OVC support to reach 36,800 OVC and 8,000 caregivers. COPE will conduct refresher training for six District Focal Persons and six District Data Clerks on the DMS, recording, and reporting. COPE will train 120 COPE Club leaders to reach 2,400 members in core topics, such as PSS, life skills, stigma reduction, program monitoring, recording, and reporting. COPE supports increased gender equity in HIV/AIDS programs through girls' recruitment and retention as peer educators, in addition to women's training as SCVs and COPE Club leaders. COPE Clubs will also be supported with play materials reaching 4,800 OVC.

COPE will monitor the progress of 1,250 children supported through block grants in FY 2008. COPE will

**Activity Narrative:** train 96 teachers from 32 schools on recording and reporting performance, as well as retention of COPE beneficiaries at schools accessing block grants.

During FY 2009, COPE initiatives will continue to support OVC and caregivers to receive health care and nutritional education. This includes supporting 300 caregivers in establishing backyard gardens and supplementing nutrition for 1,500 OVC. Also, COPE will provide ITNs to 3,000 children under five, through the national Under Five Campaign. COPE SCVs will perform basic nutritional assessments, using mid upper arm circumference tapes to determine the nutritional status of OVC. OVC identified with faltered growth or severe or moderate malnourishment will be referred to health clinics for HIV testing and food supplementation. Africare will support OVC identified with immediate needs and living in food insecure households by linking the households to a livelihood activity.

COPE will support approximately 3,200 OVC and caregivers with IGA. This will include small business management and finance training, microfinance, and revolving loan schemes. COPE will provide technical assistance for 20 existing associations serving OVC. Local NGOs will be identified as sub-grantees for economic strengthening activities and linked with MVCCs for service provision.

In FY 2009, COPE will designate Dodoma Urban as a "learning district" to serve as a model of promising practices realized in six districts of Dodoma region. This district has been selected based upon high HIV prevalence rates (5.3%) and number of OVC (14,313). OVC households in Dodoma Urban will be selected for implementing Child Status Index (CSI) and other quality improvement (QI) mechanisms for measuring project impact on OVC wellbeing. Those practices evaluated as best practices in COPE's project will be used for cross-learning among local structures (MVCCs, SCVs, COPE Clubs, and District Children's Forums) and district authorities. COPE will train 15 SCVs, 30 MVCCs, and two district officials in using CSI for monitoring child status every six months. This learning district will be a model for other districts and regions not yet reached, so as to expand the "how" of developing quality, comprehensive, and sustainable services for vulnerable children.

**LINKAGES:** COPE is a lead organization participating in the QI Task Force and national IPG. The shared experience with other USG/non-USG-funded partners will strengthen the capacity of both COPE and other partners in mainstreaming OVC interventions into government strategic development plans and rolling out the National Costed Plan of Action.

COPE will continue to collaborate with local communities through established structures. The program will strengthen the capacity of local and government structures (village, ward, district, and region) in project management including DMS, planning, and monitoring of progress in program activities. COPE will use information from district SCV monthly meetings to engage District Focal Persons and Service Providers and project staff (two times per year) for strategic planning, experience sharing, and impact monitoring.

The Deloitte/FHI Tunajali Program is a key partner for referral to HIV care, treatment, and support services. OVC beneficiaries and caregivers who are symptomatic for HIV will be systematically referred to Tunajali sub-grantees for linkage to antiretroviral therapy, home-based care, and supportive health services.

**SUSTAINABILITY:** COPE will use the following strategies to ensure sustainability of program's interventions:

1. Strengthen the capacity of local structures, partner NGOs, and local government authorities. COPE will continue to support established local structures (MVCCs, COPE Clubs, Children's Forums, and SCVs), and partner local and national NGOs and local government authorities in planning, implementation, and monitoring of project activities. COPE will build capacity of stakeholders to manage project activities through training on DMS, participatory approaches in planning, advocacy, monitoring, and district networks. COPE will gradually hand over management of initiatives to local CBO partners through capacity building and sub-granting.

2. Support OVC and caregivers with IGAs. COPE will train more SCVs on IGAs to continue supporting OVCs and caregivers in developing viable IGAs. Trained SCVs will link with agricultural extension staff (ward and district) to provide technical support to OVCs and caregivers on issues of food production and preservation. OVCs and caregivers will be supported with provision of revolving loans and follow-up of groups given loans by the SCVs, District Focal Persons and Service Providers, and project staff. Economic strengthening activities will enable OVC and caregivers to access care and treatment, educational support, and economic improvement activities. OVC and caregivers supported with IGA will be periodically trained on group dynamics/conflict management, savings mobilization, household budgeting, and business skills.

3. Strengthen access to the CHF: COPE will strengthen the capacity of MVCCs, village government, local authorities, and partner NGOs in accessing CHF. MVCCs will lead community mobilization and contribute funds towards enrolling OVC and caregivers in CHF, enabling access to free health care.

**M&E:** Africare will continue to support implementation of the national DMS, and use that system for M&E purposes. Dodoma's six district offices, supported in FY 2008 with computers for DMS, will be monitored to facilitate quality data entry, timely reporting, computer maintenance, and back up storage of records. The 12 district officials trained on DMS will be periodically supported in updating OVC data obtained from the MVCCs and sub-grantees. COPE will ensure that sub-grantees' information about 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, monitoring, and decision making.

COPE staff will conduct routine monitoring and quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher trainings (as needed). Routine monitoring will engage participation of key stakeholders, including MVCCs, COPE Club leaders, SCVs and District Focal Persons. COPE will continue to support and strengthen capacity of child district forums, SCVs networks, and partner organizations to ensure mainstreaming of OVC activities and improved quality services in the district.

**Activity Narrative:** To ensure quality services, COPE will also conduct a qualitative assessment through focus groups and interviews (using the CSI monitoring tool), along with quantitative surveys (follow-up on COPE baseline survey) reaching 120 OVC households in Dodoma Urban. COPE will also support QI for OVC services by implementing continued coordination of monthly QI Task Force meetings for OVC implementing partners at the national level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13430

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13430	4986.08	U.S. Agency for International Development	Africare	6493	1169.08		\$950,000
7675	4986.07	U.S. Agency for International Development	Africare	4516	1169.07		\$970,000
4986	4986.06	U.S. Agency for International Development	Africare	2847	1169.06	Track 1 OVC Additional Funding	\$50,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$250,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$6,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$80,000

**Education**

Estimated amount of funding that is planned for Education \$120,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1197.09

**Mechanism:** Fac Based/RFE

---

**Prime Partner:** Deloitte Consulting Limited

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 3442.23297.09

**Planned Funds:** \$450,000

**Activity System ID:** 23297

**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008 COP.

TITLE: The Rapid Funding Envelope for HIV/AIDS (RFE) in Tanzania

**NEED AND COMPARATIVE ADVANTAGE:** To increase participation of civil society, ten donors and the Tanzanian Commission for AIDS (TACAIDS) cooperated in creating a "Rapid Funding Envelope (RFE) for HIV/AIDS" to assist with the HIV/AIDS response in mainland Tanzania and Zanzibar. The RFE is a competitive mechanism to support not-for-profit civil society institutions, academic institutions, and partnerships on projects up to a maximum of 12 months. The RFE allows Civil Society Organizations (CSOs) to implement projects, build capacity, and improve project coordination and management skills, while gaining experience and lessons learned on HIV/AIDS interventions. Projects funded by the RFE are required to comply with national policy and the strategic framework for HIV/AIDS as set by TACAIDS and the Zanzibar AIDS Commission (ZAC), with goals of contributing to longer-term objectives of the national response and encouraging projects that promote institutional partnerships and have potential for scale up.

**ACCOMPLISHMENTS:** To date, the RFE has conducted seven rounds of grant making and approved \$11.2 million for 78 projects. In FY 2007, the RFE successfully held a 4th round, providing awards worth \$3.5 million to 23 CSOs (seven of which were activities addressing the needs of OVC); monitored and managed existing sub-grantees; created a reliable base for donors to reference without duplicating efforts; continued to strengthen CSOs, financially and technically, thus laying a solid foundation for further funding; and facilitated increased resources for CSOs via disbursement of significant funding in a short timeframe. Generally, funding leveraged from other donors cover the cost of the grants, and the USG funds are used for management of the funds. The amount of funding requested for FY 2008 includes an amount for the USG to fund at least one specific OVC activity, in addition to approximately \$250,000 in funding for the management costs for the entire RFE.

**ACTIVITIES:** Ongoing activities for FY 2008 will include:

1. Grants and financial management of existing sub-grantees including disbursements of grants, liquidation reviews of sub-grantee financial reports, and M&E of projects.
2. Technical monitoring and management of existing sub-grantees, including a review of project work plans and progress reports, review of project deliverables, and M&E of projects.
3. Completion of the fifth open round of funding including conducting pre-award assessments and sub contracting to about 40 CSOs,
4. Financial administration of the RFE fund (USG and multi-donor accounts) including management of donor receipts, preparation of financial reports, and engaging project audits.
5. Grants and project administration including external RFE communications/correspondence, convening of donor meetings, and preparation of (ad-hoc) reports.

This component of the funding for the RFE will support OVC activities. The RFE will coordinate a special OVC round that will involve solicitation and reviewing of short-listed proposals, conducting pre-award assessments to determine organizational, financial, and technical capacity of CSOs to identify and mitigate weaknesses. One to two successful CSOs will be contracted. The balance of OVC funds will support management costs paid by the USG, maintained in a non-pooled account, which will leverage an approximately additional \$2 million of funding through multi-donor support of similar OVC projects.

**LINKAGES:** In keeping with previous arrangements, Deloitte Consulting Limited is the prime partner and the lead for grants and finance management. They will link with Management Sciences for Health (MSH) as the lead technical partner for supporting the RFE, and Emerging Markets Group (EMG) for initiating capacity-building initiatives to CSOs. The RFE will work closely with the TACAIDS and ZAC in all aspects of work; ensuring that they champion decisions made, including the path that each RFE round makes. RFE will also develop formal linkages with large funding mechanisms including Foundation for Civil Society and Regional Facilitating Agencies (World Bank T-MAP funding agents) to develop information networks and a common database of funded CSOs to avoid duplication of efforts. In efforts to encourage organizational development, RFE will share funding experiences with each donor to ensure that the right level of funding and capacity support is provided to the CSO. With a special round under the proposed PPP initiative, linkages will be formed with private organizations and workplaces to create partnerships in support of workplace facilities providing HIV-related services to local communities.

**CHECK BOXES:** The RFE will fund organizations that support OVC within the national guidelines, specifically targeting young girls, to provide them access to income-generating opportunities. The RFE will support capacity building through various steps including the pre-award assessment that highlights key areas of weakness to be strengthened in the capacity plan, technical assistance/training on programmatic (HIV) issues and finances, and ongoing coaching from the grant manager and technical advisor.

**M&E:** The RFE will develop annual work plans, which will include built-in M&E for which the relevant RFE staff member takes responsibility. RFE management will continue to conduct the following M&E activities: regular update of project through participation in activities; quarterly reviews of technical reports for performance against work plan; monitoring through field visits; collection of data; preparation of site visit reports; and progress reports. The progress reports will be shared with concerned CSOs and donors, to enable improvement and development of these organizations. Best lessons learned will be captured and shared, publicized on the RFE website, and processed in a database according to the plans of TACAIDS and ZAC. They will also be shared through the OVC Implementing Partners Group.

**SUSTAINABILITY:** RFE will encourage CSOs to foster local community networks that will assist in continued operations of the project once RFE funding has ended. RFE requires projects to consider the

**Activity Narrative:** issues of sustainability during the proposal development and ensures that a realistic plan has been developed to integrate the project into existing programs. RFE supported CSOs will also be provided institutional capacity-building support enabling them to graduate to direct funding and/or increase the level of funding from other donors post RFE funding. A new management structure will be proposed to the donors to better manage the function of the RFE, whose mandate has changed from its original form due to the number and size of projects funded.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13465

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13465	3442.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$450,000
7700	3442.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$300,000
3442	3442.06	U.S. Agency for International Development	Deloitte Touche Tohmatsu	2857	1197.06		\$200,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$30,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 8866.23298.09	<b>Planned Funds:</b> \$4,900,000
<b>Activity System ID:</b> 23298	

**Activity Narrative:** ACTIVITY NARRATIVE HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

**TITLE:** Scaling Up Quality Care and Support of Orphans and Vulnerable Children (OVC) in Six Regions and Zanzibar

**NEED and COMPARATIVE ADVANTAGE:** In Tanzania, 6% of children are estimated to be orphaned by HIV/AIDS, with far greater concentrations of OVC in high prevalence areas. Community responses are already overstretched and resources have been strained. As more people in productive ages die of complications from AIDS, the burden of caring for OVC is growing dramatically. The responsibility has particularly shifted to the elderly, especially the grandparents. The Tunajali (Kiswahili for "we care") team is well-positioned to respond to OVC needs and their elderly caregivers through its established partnerships with government structures and systems in the regions. Program staff is located in all Tunajali implementation regions (Coast, Dodoma, Iringa, Morogoro, Mwanza, and Singida, as well as Zanzibar) to provide timely technical assistance and supportive supervision. In addition, 27 sub-grantees and 27 district authorities are currently supported to plan, implement, and monitor quality OVC care and support interventions. Employees of Tunajali possess numerous strengths, including a thorough understanding of local OVC care environment and a sound and practical technical approach.

**ACCOMPLISHMENTS:** As of the end of FY 2008, Tunajali, through a network of over 3,000 community volunteers, had supported over 70,000 OVC in various areas such as education, health, psychology, and income generation activities (IGAs). Over 30,000 OVC received primary direct support while about 40,000 were reached with supplemental direct support. The program coverage expanded to nearly 500 wards.

In FY 2008, Tunajali established and nurtured working relationships with the government. Twenty new District Continuum of Care Coordinating Committees (DCoCCCs) were established with the aim of strengthening ownership and increasing sustainability of the program activities. Quarterly DCoCCC meetings were conducted in 20 districts, where challenges that partners face while addressing the needs of the ever-increasing number of OVC were shared and strategies were set to address those challenges. To ensure quality and compliance to the national guidelines and standards, joint supportive supervision with the District Social Welfare Officers were conducted in 20 districts. Annual work plans and progress reports were shared with government authorities in 27 districts. Over 300 Most Vulnerable Children Committees (MVCCs) established and several already existing MVCCs were strengthened to ensure community participation and ownership in OVC identification, care, and support. In recognition of Tunajali efforts in supporting the government to implement activities of care and support to OVC, the regional and district authorities invited Tunajali to participate in Regional Management Team, Regional Consultative Committee and Council Multisectoral AIDS Committee meetings in Coast, Iringa, Morogoro, and Mwanza regions. In Zanzibar, Tunajali was selected to be a member of the OVC Technical Working Group.

Through a strong partnership and collaboration with the local government councils, Tunajali has encouraged financial commitments from the local councils' budget to complement the planned activities. While the contributions to date have been modest, the budget allocation is an important step to strengthen the potential for sustainability.

**ACTIVITIES:** In FY 2009, Tunajali shall:

1. Train 200 new volunteers and retrain 2,200 existing volunteers in OVC care and support, in collaboration with national facilitators from the MOHSW, and establish a total of 800 MVCCs in 15 districts. A total of 250 MVCCs will be strengthened through training, in order to provide consistent information pertaining to specific roles and responsibilities.
2. Provide services to 73,000 OVC in 27 districts, expanding the quality and comprehensiveness of services. All OVC under both primary and supplemental support will receive psychosocial support through activities, such as development of memory books and education of caregivers to learn positive parenting skills. Tunajali will train paralegals in each Tunajali district to address OVC rights and social protection. The paralegals will further support the caretakers in succession planning and will writing. Upon completion of a needs assessment that will prioritize interventions, issues will be addressed regarding support for education, nutrition, basic health management, and access/referral to health services, shelter, and economic strengthening. Tunajali will continue strengthening referral networks in 27 districts for referring OVC to services not already provided. The program will provide incentives (e.g., the provision of bicycles) to 3,039 volunteers to ensure retention and quality service. Tunajali will continue to collaborate with the Regional Psychosocial Service Initiative (REPSSI) in promoting children's participation and scale-up memory book and the hero book approach in all its operational areas. Also, using the "Journey of Life" manual by REPSSI, Tunajali will conduct "community workshops" aimed at mobilizing the community in addressing the psychological needs of children.
3. Provide support to elderly OVC caregivers. More than 50% of OVC caregivers are elderly, with an average of three OVC per household. During FY 2009, Tunajali will support over 10,000 elderly caregivers. About half of these individuals will benefit from support groups or some other possible method of strengthening their efforts and support networks. In collaboration with HelpAge International, Tunajali will raise public awareness on the vulnerability of elderly caregivers and the need to focus on the importance of these individuals as a conduit of services to orphans. Tunajali will facilitate the formation of elderly caregiver support groups. These will provide opportunities for caregivers to experience understanding and empathy, receiving some respite services, and share their challenges in caring for OVC. The program will also provide primary caregivers with knowledge and skills to effectively care for sick OVC, as well as training in identification of HIV-related illnesses for proper care and referral to facilities for HIV testing of the child.
4. Strengthen referrals for vulnerable children, starting with Prevention of Mother-to-Child Transmission Programs, so that HIV-positive infants can be identified, followed, and referred for assistance. In addition, Tunajali will link closely with Care and Treatment Clinics to identify those vulnerable children who should be

**Activity Narrative:** receiving services in the community.

5. Build the capacity of 27 local community service organizations (CSOs) and district public units to network effectively and coordinate the provision of comprehensive quality care and support to OVC. Tunajali will regularly monitor and review referral systems at community and district levels. It will conduct regular mapping and updates of organizations providing essential services and wraparound programs to enhance comprehensive care in areas of medical care, spiritual support, psychosocial support, food and nutrition, income-generating activities (IGA), and legal and human rights. Tunajali will support DCoCCC to meet, plan, and monitor the provision of comprehensive services across a continuum of care at community and district levels. Overall, Tunajali will increase the technical and organizational capacity of CSOs to deliver comprehensive care and support to OVC. Tunajali will also increase the capacity of CSOs to roll out the NCPA by strengthening links with the MVCC to address OVC needs: implementing the national OVC quality standards, addressing legal rights and protection, increasing children participation, addressing youth unemployment, mobilizing community to address OVC food crises by creating food storages during harvesting, and utilization of the national data management system (DMS).

6. Build wraparound programs as often as possible. OVC needs include: education, shelter, health care, spiritual, psychosocial support, legal rights, and economic resources. To address these needs, Tunajali will assist sub-grantees and districts to identify institutions that can support OVC priority needs that are not directly covered by the program such as food, nutrition, and IGA. Tunajali will strengthen local food reserves through contributions by community members to support child- and elder-headed OVC households. Tunajali will continue to link with Peace Corps Tanzania to scale-up Permaculture Gardening initiatives. A team of CSO staff and ward agricultural extension workers will be trained by the Peace Corps program and these will in turn train volunteers to ensure sustainability. Community volunteers will be required to demonstrate proficiency in building vegetable gardens that can be replicated in OVC households. These can also be emulated by older OVC as IGAs. Tunajali will link CSOs with HelpAge International for sensitization of communities on supporting elderly caregivers, and REPSSI in training community Trainer of Trainers on psychosocial support so that they may train volunteers who will provide the same to OVC and their caregivers. In Zanzibar, the program will collaborate with UNICEF and Save the Children in addressing the needs of OVC, especially concerning psychosocial support.

6. Build capacity of Non-Governmental Organizations (NGOs). Through Deloitte, NGOs will be assessed and receive technical assistance to ensure that financial controls and systems are in place to ensure fiscal accountability.

7. Develop "learning districts," which will serve as models for others. In Tunajali learning districts (Kilombero, Magu, Njombe, Kibaha, Mufindi, West, and Chake), comprehensive care and support will be provided in conjunction with capacity building measures for CSOs and Local Government Authorities.

**LINKAGES:** This activity will contribute to the implementation of the NCPA. It is linked to the President's Malaria Initiative and/or direct USG procurement of bulk insecticide-treated nets for OVC, with a priority for accessing nets for those less than five years of age. The program will also link closely with Maternal/Child Health services to ensure that children receive basic health services, especially those funded with USG child survival initiatives. Tunajali is also closely aligned with the technical assistance provided by Family Health International to the Department of Social Welfare with USG funding. In addition, Tunajali will link with other OVC partners through the monthly meeting of the Implementing Partners Group. The program will attempt to maximize linkages for wraparound programs, as indicated above.

**M&E:** In FY 2009, Tunajali will train district officers and sub-grantee staff in 13 districts on the DMS. Support will be provided to the 25 districts with data-related infrastructures such as computers and accessories. The program will monitor OVC care services using the national DMS for tracking OVC and OVC services, as well as the storage and reporting system, and will monitor the use of data for decision making. Volunteers will work with MVCC to register OVC at the community level. CSOs will use service providers' register and referral forms to track services provided to OVC and they will enter the data in their database and export it to the district. CSOs will analyze and report data to the regional office according to services provided, age, and gender. The regional office will report to the head office on a quarterly basis. Tunajali will build the capacity of sub-grantees on data collection, use, and reporting. Duplication in counting OVC will be avoided to the extent possible. All reports will be shared with relevant authorities for decision making and planning. 6% of the budget will be used for M&E.

**SUSTAINABILITY:** In FY 2009, Tunajali will intensify efforts to nurture and enhance the following measures of sustainability: play a facilitative role to ensure the incorporation of CSO work plans, budgets, and reports in the overall Government of Tanzania district response plans; at the household level, mentor family members to adopt caring roles; with the support of district leaders, MVCC, and community leaders, develop strategies to leverage local food production to create community reserves for the child and elderly headed households; train Tunajali-supported CSOs in project proposal development in order to allow for other grant opportunities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13466



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13466	8866.08	U.S. Agency for International Development	Deloitte Consulting Limited	8030	8030.08	Community Services	\$4,980,000
8866	8866.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$3,100,000

#### Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning

#### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,225,000

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$95,000

#### Food and Nutrition: Commodities

#### Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$12,000

#### Education

Estimated amount of funding that is planned for Education \$726,000

#### Water

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1219.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 8703.23300.09	<b>Planned Funds:</b> \$1,200,000
<b>Activity System ID:</b> 23300	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Strengthening National Systems for OVC Services in Mainland and Zanzibar

**NEED and COMPARATIVE ADVANTAGES:** Tanzania has an estimated two million orphans and vulnerable children (OVC). To date, only about half of the 134 district councils have established Most Vulnerable Children's Committees (MVCCs) to identify vulnerable children and address their needs, and only about 20% of these vulnerable children have been formally identified. Despite the considerable progress in OVC identification and provision of services, systems for decentralized programs for OVC are weak. A considerable challenge is those districts that have been unreached to date because funds are not presently available to support services. Social welfare services (including OVC programs) are supposed to have been decentralized by devolution under government reform; however, the transfer of responsibility in this sector has not occurred with clarity. Strategic leadership is particularly necessary at this time from both the Department of Social Welfare (DSW) in the Ministry of Health and Social Welfare (MOHSW) and the Department of Local Governments (DLG) in the Prime Minister's Office for Regional Administration and Local Governments (PMORALG). These bodies are responsible for coordinating, implementing, and monitoring the rollout of the National Costed Plan of Action (NCPA) for Most Vulnerable Children, as well as the related national Data Management System (DMS), which tracks OVC and OVC service providers. Yet the DSW remains weak and has not coordinated their rollout plans clearly to PMORALG to date. Although implementing partners, with technical assistance from Family Health International (FHI), have made substantial progress in OVC identification and service provision, they also require continued assistance to catalyze implementation of the NCPA and DMS successfully at the district level. There is also considerable need to standardize the quality of OVC services. A national Quality Standards (QS) Framework of care for OVC was recently developed and is now ready for implementation at the service delivery point. As the lead organization in the QS Framework development, the NCPA, and the DMS, FHI is well-positioned to strengthen the planned rollout of these new national systems. FHI has a strong working relationship with the MOHSW; a formal partnership with PMORALG (which implements and monitors NCPA activities at the district and community level); and successful collaborations with other implementing partners.

**ACCOMPLISHMENTS:** In mainland Tanzania, the following key milestones have been accomplished with FHI's technical support and leadership: 1) the NCPA was finalized and launched at an event presided over by First Ladies Salma Kikwete and Laura Bush; 2) the national DMS was introduced in 43 district councils; 3) 180 social welfare, community development, and M&E officers were trained on the DMS; 4) full application of the DMS (with data feeding up to the national system, being analyzed, and reported back to districts) was completed in six districts; and 5) 30 national facilitators received training in caretaking skills.

FHI has provided ongoing support and systems strengthening advice to the DSW for the rollout of the NCPA and the DMS. A DMS manager has been seconded to the DSW to develop and support national coordination of the data system. FHI has signed a memorandum of understanding with PMORALG to ignite local government involvement and increase communication and partnership with all district councils in the rollout of programs to serve OVC. A joint implementation plan has been developed to build upon accomplishments of the past year and expand the rollout of the NCPA and the DMS to an increasing number of districts. Likewise, FHI supported implementing partners to strengthen their capacity to ensure quality of data and to use data for decision making at national and local levels.

FHI and the DSW Zanzibar have advanced OVC efforts in Zanzibar significantly. Within the past year, an OVC situation analysis was completed, information technology equipment was supplied and installed, an FHI-funded Data Management Specialist was recruited, and work on the development of the DMS for Zanzibar has commenced with FHI support.

**ACTIVITIES:** In FY 2009, FHI will continue to provide support for the DSW and the DLG to intensify efforts for effective implementation and quality assurance of national OVC policies, strategies, guidelines, and operational plans. This support aims to strengthen the capacity of both the DSW and DLG staff to scale up quality and sustainable services for OVC. In previous years, FHI has focused on supporting the DSW, but now that the NCPA is in the rollout stage and needs strong local government involvement, support has been extended to the PMORALG. To expand the phased implementation of the NCPA to an increasing number of districts, FHI will support the efforts of the PMORALG OVC focal person in the DLG. FHI will provide information technology support to the DLG to facilitate coordination and monitoring of NCPA implementation. FHI will also facilitate ongoing and clear communication from PMORALG to the district councils and MVCCs about the NCPA, sharing effective implementation tools and the successes of several model districts. FHI will continue to work with the DLG and implementing partners to ensure the effective functioning of district councils to develop district-specific NCPA plans, integrate OVC care and support in their day-to-day work, and strengthen and empower Council Multi-sectoral AIDS Committees and MVCCs to provide and coordinate OVC care and support. FHI will provide ongoing technical support to PMORALG to advocate for increased funding allocation for OVC support in central and local government budgets to ensure appropriate resources for the success of the NCPA. FHI will help to reinforce local government's roles and responsibilities for OVC under a decentralized structure, and facilitate collaboration between implementing partners and local government through the DLG. FHI will also work with PMORALG to set the stage for the overall devolution of social workers into the local government system and the integration of paraprofessional social workers to support local needs.

FHI will continue to strengthen the DSW by focusing on the strategic national role they should play in terms of policy, standards, manpower development, and monitoring. FHI will help the DSW ensure that the leadership and effective coordination needed for a successful rollout of OVC programs through the NCPA is in place, and that that national OVC guidelines and policies are up-to-date. FHI will also help to ensure a smooth transition in leadership resulting from the retirement in FY 2009 of the two major government leaders responsible for the OVC programs. An important component of the transition is to strengthen the delegation of authority and responsibility within the DSW. Also, staff will be strengthened with ongoing leadership and management support, plus funds will be made available for renovation of an OVC resource facility within the office of the DSW.

**Activity Narrative:** To foster national leadership, FHI will also work with the DSW to ensure that the National Steering Committee for OVC (comprised of high level officials from several ministries and key national stakeholders) meets on a regular basis. This Steering Committee provides the backbone for the national OVC Implementing Partners Group (IPG), whose membership makes up the national Technical Coordinating Committee. FHI will provide crucial technical assistance to the effective functioning of these important groups, which are led by the government of Tanzania (GOT).

FHI will continue to provide technical expertise and advice to other OVC implementing partners and to local implementation. Useful avenues to achieve this include providing technical leadership and facilitating Quality Improvement Taskforce meetings. FHI will continue to co-chair the Quality Improvement Taskforce formed by the OVC IPG, leading the pilot of the newly-developed national QS framework for OVC care and support. FHI will also develop mechanisms to ensure inputs from implementing partners, local communities, MVCCs and children's clubs to inform policy and planning. In addition, to ensure that critical technical issues are discussed and practices are evaluated for scale-up, FHI will sponsor periodic inter-regional learning sessions to share and disseminate promising practices for OVC care and support, and identify those practices to be considered for adoption into the national guidelines for OVC services. Technical tools and materials will be developed by FHI to strengthen the provision of services. For example, to address the psychosocial needs of OVC, FHI will finalize the national guidance for establishing and managing children's clubs and will conduct training for trainers. FHI will engage HelpAge International to develop a resource manual for service providers to support elderly caregivers. Also, materials may be developed for individuals who will use DMS data as a case management tool. FHI will also work with FANTA to include appropriate nutritional support into the OVC guidelines.

A strategic piece of an effective OVC program is the routine monitoring of OVC services by the GOT, which depends on a highly functional DMS system and competent staff to manage it. In addition the presently-supported DMS Manager, FHI will second a new M&E officer to the DSW. This officer will monitor, analyze, and report on OVC data from the DMS, as well as evaluate the progress toward goals outlined for the implementation of the NCPA and DMS. In addition, in FY 2009, FHI will work with the DMS staff at the DSW to identify lessons learned from the initial 43 rollout districts to improve the system. In FY 2009, FHI will also engage and oversee a team of information technology experts that will rove the districts working with the DMS staff to ensure that partners and local government are collecting data appropriately, and that the local MVCCs and local government authorities are equipped to use the data for planning, budgeting, and decision making. These technical experts will also continue to roll out the DMS to all 134 districts, perform local "troubleshooting," build local capacity to ensure data quality, and ensure that data recording, reporting, and use for OVC programs are operational at all levels. In addition, FHI will provide guidance to help national government officials understand how to use data for multiple aspects of their job, including overseeing programs, policy development and planning, and decision-making. FHI will also work with the DSW to train staff on data quality review systems. Lastly, FHI will support DSW to connect the server for the national DMS in their new office space, and to procure necessary computers for key staff members.

FHI will work with the DSW and the Intrahealth Capacity Project to address the severe nationwide shortage of social workers. A critical element of this initiative is to have, at a minimum, the short-term needs addressed so that at least minimal infrastructure is in place for the rollout of the NCPA. Specifically, FHI will work with the IPG to involve trained paraprofessional social workers in community-based OVC support activities. In addition, FHI will work with the Intrahealth Capacity Project, PMORALG, and the President's Office for Public Services Management to advocate for the full integration of the paraprofessional social workers into district systems. FHI will also work with the DSW and the Institute of Social Work to organize student internship opportunities.

Finally, FHI will continue to support Zanzibar's DSW to further increase its capacity to oversee and coordinate OVC services in Zanzibar and operationalize its DMS. Based on lessons learned from the mainland, FHI will support the piloting of the DMS in five districts. In addition, FHI will support training of trainers in community identification of and planning for care and support of OVC, particularly psychosocial support and caretaking skills.

**LINKAGES:** This activity will link with the OVC IPG network, which includes all USG OVC implementing partners, as well as UNICEF, the Tanzanian AIDS Commission (TACAIDS), and other key OVC stakeholders. FHI will support these linkages through technical assistance, sharing strategic information at IPG meetings, and harmonizing methods and approaches. Where appropriate, FHI will formalize linkages through memoranda of understanding (MOU) in joint projects, such as the MOU with Pact and Africare. FHI will collaborate with the DSW and GOT Ministries on issues of local government, education, vocational training, food security, nutrition, and legal support. FHI will work with the National Bureau of Statistics to integrate the DMS into their system and TACAIDS to coordinate OVC HIV/AIDS multi-sectoral framework. FHI will also work closely with the PMORALG and the Intrahealth Capacity Project to facilitate the devolution of social workers and integration of OVC support.

**M&E:** The program will continue to support the national DMS for tracking OVC and service providers, and will support its rollout by providing staff, technical support, and training on data quality and use. FHI will continue to assist all OVC USG-funded implementing partners to adopt the system. The program will also assist the DSW national M&E data analysis and dissemination to provide feedback to frontline data collectors and inform policy makers on progress.

**SUSTAINABILITY:** FHI will continue to foster sustainability by mentoring DSW and DLG staff, and fostering leadership through existing government structures such as the DSW and DLG. All activities are designed to build the capacity of DSW, DLG, local GOT structures and other partners for sustainability. Through the proposed decentralization strategy of OVC identification, DMS, NCPA and supportive supervision, local government authorities can gradually embrace their important role in providing for the care of OVC, especially by including OVC issues into their annual plans and budgets to ensure sustainable quality care. Also, through capacity building, systems strengthening, and policy environment improvements, the DLG and

**Activity Narrative:** DSW will be in a stronger position to scale up and monitor quality OVC services in the country.  
**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13477

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13477	8703.08	U.S. Agency for International Development	Family Health International	6516	1219.08		\$1,000,000
8703	8703.07	U.S. Agency for International Development	Family Health International	4537	1219.07		\$400,000

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7930.09	<b>Mechanism:</b> AIDSTAR II
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 25076.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 25076	

## Activity Narrative: THIS IS A NEW ACTIVITY

TITLE: Strengthening Capacity of District-Level Government Structures

In FY 2009, PEPFAR/Tanzania will award a Task Order under AIDSTAR II to support the strengthening of district-level government structures in Tanzania. In Tanzania's FY 2008 COP, two separate entries were included to support systems strengthening activities: one a TBD under antiretroviral (ARV) services to strengthen districts in management and accountability, and one in Other Policy/Systems Strengthening to strengthen key Government of Tanzania organizations. Given the complementary nature of these activities, funds from multiple sources will be programmed through a single Task Order. With the greater focus on sustainability in FY 2009, a new component of district strengthening included in the Task Order will focus on the district-level government's ability to support programs and services for orphans and vulnerable children (OVC). The details of this component follow:

**NEED and COMPARATIVE ADVANTAGE:** Tanzania has been actively pursuing decentralization through devolution of responsibility and accountability for programs that were formerly the responsibility of central government to local government authorities (LGAs). Although LGAs in Tanzania have started to play a significant role in the delivery of key health and community services, the degree to which local responsibility has developed varies by sector. The social welfare services branch of central government has been particularly slow to release resources and power to LGAs, in spite of the mandate LGAs have to provide services. The social welfare services have not been formally integrated into local government administrative functions and by default the responsibility has continued under the central government. This ambiguity has slowed the ability of LGAs to accept responsibility and accountability for services; particularly for OVC. Consequently, the strengthening of LGAs is hindered, as most of the local government councils are still depending on the central government technical and capacity support, and are slow to embrace their new responsibility. One critical problem is the fact that until the district is clearly charged with responsibility and accountability for social welfare services, they do not include them in their annual plans or budgets. Other key challenges that affect the decentralization by devolution of central government activities to LGAs are the shortage of skilled human resources; lack of basic management and coordination skills, as well as financial management skills; and the inability to access and use updated socio-economic data and information for the purpose of informing district development plans and priorities. For the sake of sustainability, it is essential that LGAs have the ability to plan for and manage funds and programs effectively. It is also critical that they be skilled at leveraging resources and services in the communities. Based on the critical role that the local government should play, it is important that these structures be strengthened so as to be more efficient, equitable, and transparent in resource allocations within the community development plans. This strengthening is essential for all districts, even those where the USG is not providing services, to lay the groundwork for sustainable OVC programs and services as Tanzania rolls out the National Costed Plan of Action for Most Vulnerable Children.

**ACTIVITIES:** In response to these significant challenges and to ensure sustainable OVC support, the USG/Tanzania program intends to provide strengthening to the Council Multi-sectoral AIDS Committee (CMACS), particularly the Council HIV/AIDS Coordinator (CHACS) and the District Executive Director (DED), as well as the council management team. The program will provide critical support to develop an effective approach to identify and serve vulnerable children with a continuum of services in the community. The program would focus on essential skills such as: ability to assess need, good planning and budgeting of resources, supportive supervision, monitoring for action and decision making, linking with health facilities and community/outreach services, and accountability for results. The DED and the council management team, in particular, will be trained to appropriately plan for, recruit, and retain social workers and allied staff. To date, the OVC implementing partners have worked to ignite a cohesive program with the CMACS, the subsidiary Most Vulnerable Children's Committees, and the CHACS, but the need for further intervention is apparent. TBD, under AIDSTAR, would work initially with six pilot districts to assess needs, then to prepare a standard package and tools for strengthening the district council functionaries. TBD would also visit the "learning districts" set up as model districts by implementing partners to understand what makes them work well. The pilot would be modified as necessary, and then scaled up in 40 districts in FY 2009. The expectation is that after the strengthening, the CMACS will be able to set their own priorities, based on need, and translate those priorities into good decisions in terms of financial and human resources, and achieve the desired results. They will also be able to coordinate programs funded by different donors in the districts, reduce gaps in services, and minimize duplication of services in some areas.

In addition to the critical elements described above, the model will include the establishment of a meaningful referral system; linkages with the community and, especially, faith-based networks; skills to advocate for resources; OVC information sharing; and coverage of OVC needs through the integration of para professional social workers for appropriate task shifting. It will include training the councils on the use of data, including from the OVC data management system for planning, management and resource mobilization, and decision making. It will help the councils recognize priority elements of OVC support, including manpower and accessible (e.g., distance-based learning) training needs. TBD will also ensure that districts are equipped with basic working tools, support such as computers, information boards, etc. to facilitate their work.

A critical initial step has been achieved to set the stage for the formal transfer of power, authority, and resources to the LGAs. A memorandum of understanding has been signed between one of the USG partners handling national OVC system's strengthening (FHI--Family Health International) and the Prime Minister's Office, Regional Administration and Local Government (PMORALG--which has mandate to oversee all the local government councils) to initiate their oversight of the LGA strengthening. FHI has been working with the Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare on the National Costed Plan of Action for Most Vulnerable Children, and on the plan for rolling out the National Costed Plan of Action. FHI will continue their strengthening of DSW to develop their normative and regulatory role and with PMORALG for oversight of the rollout of the National Costed Plan of Action through effective local government programs. TBD, under AIDSTAR, will be responsible for translating this transformation of responsibility into results-oriented programs at the district level.

**Activity Narrative:** LINKAGES: TBD, under AIDSTAR will provide critical technical expertise to strengthen the local councils. They will link with all the USG OVC implementing partners and their programs' councils and the PMORALG through FHI to ensure national policy support for the work. In addition; AIDSTAR will work with other stakeholders and donor partners who will be supporting the district councils to ensure their work complements other ongoing work or plans.

M&E: A primary challenge in system strengthening is measuring and attributing the benefits of the work to the intended OVC. The common indicator used is the number of people trained to support OVC. AIDSTAR, as any other USG OVC implementing partners, will use the national Data Management System (DMS) for Most Vulnerable Children for reporting and monitoring of results in those districts that have been strengthened. They will report on the number of district officers trained. For program monitoring, specific indicators to be monitored will include number of district that have integrated OVC in their budget; availability of OVC data to the district councils; number of district councils replicating the IPG coordinating meeting; number of local councils' system development plans that include the improvement of the working environment for social workers; and availability of data for decision making.

SUSTAINABILITY: AIDSTAR will work in collaboration with the Council Health Management Teams, the DED and PMORALG to ensure sustainability of LGA strengthening for OVC care. Success of the program will be attained when all the district councils start planning for paraprofessional social workers' salaries and capacity development in their staff development plans and OVC DMS activities into their budgets.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1225.09	<b>Mechanism:</b> CAPACITY
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 16427.23301.09	<b>Planned Funds:</b> \$1,512,800
<b>Activity System ID:</b> 23301	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

**TITLE:** Scaling-up of Paraprofessional Social Workers and Integrating Them into Local Government Systems

**NEED and COMPARATIVE ADVANTAGE:** Tanzania faces a crisis in its ability to provide needed services to orphans and vulnerable children (OVC). Presently, only one third of districts have trained social workers, and those social workers are not trained on child development or the particular needs of OVC. The needs for people skilled in caring for the needs of OVC are particularly acute at the village level. Adequate and qualified human resources, along with short- and long-term emergency measures to supplement the available work force, are required to respond to the needs of OVC, and to support the effective rollout of the National Costed Plan of Action (NCPA). The Capacity Project completed a Human Capacity Assessment in 2006. From those assessment findings, training was developed by the American International Health Alliance (AIHA) Twinning partnership between the Tanzania Institute of Social Work (ISW) and Jane Adams College of Social Work (JACSW) to provide basic skills for people in the community who are likely to have interaction with OVC (e.g., community development officers) to serve as "paraprofessional social workers (PSWs)" to address the shortage of trained professional social workers. After piloting this training, it has become apparent that these is need to work with the Department of Social Welfare (DSW) to actually develop a new cadre into the social welfare manpower scheme, and to ensure that the new cadre fits into the local government structure for service delivery; i.e., to take those receiving basic paraprofessional training and give them another level of training so that they can be employed as a low cadre of social welfare worker. The integration of a new cadre of workers also means there is need to work with local government to budget appropriately for this additional manpower. The knowledge gained in the 2006 Human Capacity Assessment, as well as Intrahealth Capacity Project's experience in supporting human resources for health work at the district level, has equipped Intrahealth to expand the new cadre of paraprofessionals for wider coverage of social services, with broader scope focused on enhanced sustainability.

**ACCOMPLISHMENTS:** Intrahealth's OVC program will build upon the AIHA Twinning Partnership pilot training done in FY 2008, where approximately 500 PSWs were trained. In addition, the consultants who did the 2006 Human Capacity Assessment returned to frame the pilot experience into the needs at the various levels of local government. A decision was made that the duration of training done in the pilot (five days) is insufficient to provide quality services. An Implementation Plan has now been developed with Intrahealth and the AIHA Twinning Partnership to have the ISW and the JACSW prepare a second level of training of approximately three weeks in duration, to be completed after six months of supervised field work. The Government of Tanzania (GOT) has agreed to recognize this PSW cadre after the second level of training and has recommended they be formally certified by the GOT and integrated officially into the social welfare work scheme. Once certified, the GOT would categorize them as "social welfare assistants."

**ACTIVITIES:** Using lessons learned and best practices from the pilot program undertaken by the AIHA partnership, as well as the recently developed Implementation Plan, Intrahealth will continue to expand the PSW cadre. Using FY 2008 funds, Intrahealth has begun training in eight districts, applying the first level five-day training curriculum, and using trainers prepared through the AIHA Twinning program between the JACSW and the ISW. Once trained at this basic level, the individuals will be considered Paraprofessional Social Worker Trainees (PSWTs). Intrahealth will ensure that these PSWTs are integrated into their communities to provide for the basic needs of OVC. Intrahealth will also train supervisors, using a curriculum developed by JACSW and the ISW, to oversee the work of the PSWT for approximately six months. After that PSWT probationary period is completed satisfactorily, Intrahealth will provide the second level of training that will qualify the PSWT to become a PSW. Once the formal certification process is completed by the DSW, this cadre will be formally designated as social welfare assistants.

The Intrahealth OVC program will also explore opportunities to provide follow-on training opportunities for supervisors in the initial eight districts (both District Social Welfare Officers and Ward Field Supervisors) to ensure continuing professional development as supervisors and managers of PSWTs. M&E of the program will be revised to look at quality improvement of service delivery, based on impact after the second round of training, and how well the supervision itself supported PSWTs to become capable ward PSWs.

Intrahealth will work with the DSW to support the adaptation and integration of the PSW cadre in the formal social welfare work scheme. This will include the formal certification of PSWs as social welfare assistants to be employed by the Ministry of Health and Social Welfare (MOHSW). To ensure continuity of recruitment of PSWTs to the social welfare assistant level, Intrahealth will use the existing M&E data to develop an action agenda aimed at replicating success factors in ten new districts throughout Tanzania. This will ensure continuity of the trainings to a feeder system of welfare assistants.

In addition, in collaboration with the Prime Minister's Office for Regional and Local Government (PMORALG), Intrahealth will ensure the mainstreaming of social welfare assistants into the local government structure. Intrahealth will develop capacity building tools to strengthen the skills of local government for more effective management of social welfare staff (particularly on recruitment, retention, and performance) and those providing supportive supervision. This will involve strengthening the planning function of local government to identify needs for staffing and meet those needs through effective approaches to recruitment and retention. It will also mean developing clear roles, responsibilities, and performance expectations for those who are engaged (whether as trainees, as social welfare assistants, or social welfare officers) to work with children at the community level. To facilitate this work at the local level, Intrahealth will work with the DSW and the AIHA Twinning partnership on the development of job descriptions that are in line with the enhanced paraprofessional social worker and social worker curricula. To assure quality of services provided to OVC and to enhance the profession, Intrahealth will also work with these groups to strengthen the professional code of conduct of social workers in Tanzania. Intrahealth, in collaboration with its technical partners, will continue to work with the DSW and the PMORALG to ensure that the staffing up and enhancement of social welfare staff is seamless.

**Activity Narrative:** Intrahealth will train 1,000 PSWTs and 150 supervisors under the FY 2009 plan. A key component of this activity will be to ensure PSWTs are well trained, and that they are nurtured through effective supervision to maximize those who are accepted for the second level of training to become PSWs.

**LINKAGES:** This activity will link to the Tanzanian NCPA and with the entire USG-funded OVC Implementing Partner Group (IPG). Intrahealth will continue to collaborate with the MOHSW, PMORALG, the ISW, AIHA, and Family Health International as well as its own technical partners who will support the local government level work. Likewise, Intrahealth will continue to contribute to and use the work of the OVC IPG and the Quality Improvement Sub-Taskforce in the development of standards for paraprofessionals providing OVC care. Most importantly, this activity will be linked to the work of the Most Vulnerable Children's Committees (MVCCs) at the local level.

**M&E:** This activity will support the implementation of the NCPA by providing quality care for OVC through trained PSWTs. Using the M&E indicators developed in the pilot and working with the pilot database (which interfaces in data exchange with the national Data Management System), Intrahealth will continue to build this repository of data to ensure the continual improvement of subsequent district rollouts. Intrahealth and partners will leverage data being maintained at the local level through the MVCCs, ensuring that information about caregivers trained and available for supporting OVC needs 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 as part of Intrahealth's district government strengthening support.

**SUSTAINABILITY:** The MOHSW has agreed to integrate the unofficial PSW cadre into the formal social welfare work scheme. The PSW will be regarded as social welfare assistant at ward level. In the current social welfare system, the social welfare officers are placed only at the district level, and these social welfare assistants will provide for a type of task shifting to relieve those few social welfare officers who serve entire districts. Intrahealth will continue to sensitize and strengthen the existing district council structure's ability to understand, plan for, and advocate for the deployment of the local social welfare function. By becoming an institutionalized part of the GOT's local governance scope and annual planning process, the program is far more likely to be sustainable.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16427

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16427	16427.08	U.S. Agency for International Development	IntraHealth International, Inc	6525	1225.08	CAPACITY	\$1,400,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,400,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development



**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 9573.23302.09

**Planned Funds:** \$261,000

**Activity System ID:** 23302

**Activity Narrative:** THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity has been modified to include New SFN OVC Specialist

\*END MODIFICATION\*

FY08 funds will support two full-time equivalent staff who will assist in coordinating activities within the USG portfolio, serve as technical leads for aspects of the work, and facilitate programming collaboration across stakeholders. The staff members will work directly with implementing partners, both governmental and nongovernmental, 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 members 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 specialists on the USG team they 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. They will be active participants 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. Each will have fiduciary responsibility for USAID activities as Cognizant Technical Officers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13611

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13611	9573.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$150,000
9573	9573.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$56,712

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 1415.09

**Mechanism:** N/A

**Prime Partner:** Pathfinder International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 16423.23303.09

**Planned Funds:** \$1,150,000

**Activity System ID:** 23303

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to those activities undertaken in FY 2008, in FY 2009, PFI will focus on improving quality of services for OVC through adaptation of the standardized national quality standard of OVC services. This will be initiated with the provision of direct support to OVC in the Shinyanga region. PFI will select one district with high HIV/AIDS prevalence to set an example as a "program learning district." This district will serve as a model to demonstrate linkages between referral systems, prevention programs, and treatment programs stemming from a collaborative effort from implementing partners. Specifically, PFI will work in collaboration with the OVC food and nutrition implementing partner to pilot the community nutrition support program in its learning district. PFI is in the best position to pilot the program as it currently implements both home-based care and OVC services. PFI works collaboratively with the treatment partner in their regions (the Elizabeth Glaser Pediatric AIDS Foundation--EGPAF), to ensure that services are coordinated, and neither duplicated nor insufficient. EGPAF also implements prevention of mother-to-child transmission services in these communities, and monitors adolescent HIV/AIDS prevalence growth rates. EGPAF then links OVC with the Maternal and Child Health (MCH) community outreach activities or care and treatment clinics for HIV care and support, based on need. HIV-positive OVC are linked to existing programs that will provide facility-based food by prescription, or whatever available services they may require.

PFI will enhance its work with MVCCs to ensure that OVC are formally identified and linked with community services that provide food and nutrition assessment and education, as well as referral for MCH services. Through MVCC linkages, services can be particularly focused on OVC under five years of age, children who are primarily responsible for the household, and to elderly caregivers of OVC.

To ensure sustainability, PFI will strengthen poor households through trainings on food security, increased income generating activities, and development of entrepreneurship skills. In addition, PFI will build capacity at all levels to ensure community participation and ownership of the program. PFI will work with the district councils to ensure integration of the OVC programs in the districts plans and budgets.

Best practices and lessons learned will be shared across the OVC implementing partners. Other OVC stakeholders will have opportunities to visit and learn about the ongoing activities and linkages as well as to gain knowledge of how to solicit the community to take ownership of the program and for OVC in their catchment areas.

\*END ACTIVITY MODIFICATION\*

TITLE: Tutunzane Integrating Community Program for Orphans and Vulnerable Children (OVC).

NEED and COMPARATIVE ADVANTAGE: Tanzania has approximately 2.5 million orphans and vulnerable children (OVC). Previously, orphanhood did not pose a problem to existing coping mechanisms. However, the increasing numbers of OVC have overburdened traditional coping mechanisms. In response, Tanzania has developed different strategies to improve and scale up services to assist OVC and families affected by HIV/AIDS. Pathfinder International (PFI) has worked in Tanzania since 2001, building strong working relationships at the community level and providing home-based care to people living with HIV/AIDS (PLWHA). This provides an opportunity to do case finding for HIV-exposed OVC and provide services to them. The home-based care program, called Tutunzane (which translates to "let us take care of each other"), will be expanded to include support for OVC, leveraging its relationships with communities and expertise in home-based care.

ACCOMPLISHMENTS: Tutunzane already serves 18,000 PLWHA. Its key sub-partner, the Axios Partnership in Tanzania (APT) also has considerable expertise working with OVC and communities. With Abbott funding, APT served 4,698 OVC in paralegal cases; 15,000 in medical and psychosocial support; 11,000 with nutritional support; 1,148 with birth certificate registration; 165 with income generation activities (IGA); and trained 811 volunteers. APT also built capacity for vocational training, worked with school health programs and district OVC management teams, developed a business coalition model, produced guidelines for institutional care, and developed an exit strategy for mature OVC to transition from institutions into the community.

ACTIVITIES: With FY 2008 funds, Tutunzane will collaborate with APT as a sub-partner to scale up the OVC National Plan of Action (NPA) by applying the national OVC identification process and provision of comprehensive, effective, and high quality services. Tutunzane will build on existing local initiatives and programs to establish interventions that are culturally appropriate in care giving and suitable to the communities. Emphasis will be placed on ensuring that OVC receive better care within communities than in institutions. This project is proposed to be implemented in the regions where Tutunzane is already active, in addition to expanding to seven districts of Shinyanga Region. It will operate both in urban and rural areas, with preference for areas with referral facilities for wraparound services. The program is expected to reach 9,800 OVC.

By the end of year one, PFI and APT will have completed a baseline survey, including an identification of the OVC, and a market analysis of micro enterprise opportunities; trained project staff in psychosocial outreach to OVC; and solidified project partnerships for rollout. PFI will provide educational support to OVC identified by the community during the baseline assessment. Methods of operation will also be established, laying out procedures to identify children who have been exposed to HIV so that they are referred for testing and care/treatment, if necessary. OVC served during this period will include those children and adolescents already identified by communities through other community-based organizations (CBOs) and local Most Vulnerable Children's Committees (MVCCs). Established indigenous and other organizations will receive necessary training in order to carry out project activities, and MVCC will be supported in building capacity to provide oversight. Lessons learned and insight gained from this process will be used to inform, encourage, and facilitate replication to other communities. In subsequent years of the project, PFI will work with established partners to rapidly take to scale, model interventions, and mentor newly identified CSOs to replicate the project and share relevant experiences. The programmatic responses will be complemented

**Activity Narrative:** and supported by implementing activities that strengthen the policy and program environment to adequately address the needs and interests of OVC.

The Tutunzane Program will train community home-based care providers (CHBCPs) on the provision of psychosocial support (PSS) to quickly catalyze and coordinate community PSS for OVC. Cultural, recreational, and life-skills activities will be accessible to all children and adolescents in the community, with a particular emphasis on the inclusion of OVC. Educational opportunities for OVC will be facilitated in partnership with local CBOs through activities such as awareness raising by CHBCPs; provision of scholastic materials to OVC; and teacher training on PSS. Vocational and life skills training for adolescents will be developed following the program baseline survey and market surveys. Tutunzane will link with community programs for food provision, coordinated by sub-grantees, to reduce food insecurity felt by households caring for OVC. CHBCPs will provide nutritional education both inside and outside the home. Tutunzane will collaborate with other OVC programs to ensure that child protection, social welfare, and succession programs will be in place to bridge the gap between law and traditional practices, strengthen child protection capacity at district and community level (to protect children from abuse and exploitation), and provide a focal point to link all OVC related interventions.

Throughout the project intervention, particular attention will be given to child protection and minimizing girls' vulnerability to exploitation and abuse. CHBCPs will ensure that those girls identified as being particularly vulnerable to sexual exploitation are actively recruited for vocational training.

**LINKAGES:**

This activity will link with all USG-funded OVC activities, especially through the OVC Implementing Partner Group network. It will also be closely aligned with the PFI home-based care activity. Basic mapping will be accomplished in program regions to identify other programs for potential wraparound activities. Replication of the national OVC IPG activities at district and regional levels will be encouraged in order to enhance linkages, reduce duplication, and support the districts' social welfare capacity to coordinate OVC activities. PFI will also link with Peace Corps to strengthen nutritional and economic needs of OVC households.

**CHECK BOXES:** The project will be implemented in five regions and the target populations are OVC. Both urban and rural areas will be targeted for service provision with preference for areas with referral facilities for wraparound services. Tutunzane will also assist to the MVCCs and CBOs to strengthen managerial capacities in order to improve program quality and ensure compliance with the national programs. The project will strive to ensure that every individual in the operational area in need of OVC service has access to the services, with particular attention given to child protection and minimizing girls' vulnerability to exploitation and abuse.

**M&E:** Tutunzane will adopt the national Data Management System, and will use that system for monitoring and evaluation. They will ensure that sub-grantees are responsible and accountable for inputting information about identified OVC. Tutunzane will also ensure that the data from 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. Tutunzane will also work with FHI to build capacity of the district social welfare and M&E officers and purchase them computers to ensure data quality and integrity. In addition, PFI will conduct quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher training as needed. Lastly, PFI will support CBOs that are implementers at the district level to ensure correct monitoring of the Emergency Plan program. Monthly data will be compiled, reviewed, and aggregated from all districts/regions on a quarterly basis, to be shared with stakeholders and the USG.

**SUSTAINABILITY:** Tutunzane will support capacity development of the MVCCs, district social welfare officers, and local CSO sub-grantees to ensure sustainability. Tutunzane will have memoranda of understandings with council health management teams and implementing partners stipulating each party's roles, responsibilities, and expectations, including the stipulation that OVC activities be included in comprehensive district plans. At village levels, households will be strengthened through training and income generating activities and entrepreneurship skills. With the support of district leaders, MVCC and community leader's strategies will be developed to leverage local food production to create community reserves for the child and elderly headed households. Tutunzane-supported CSO will be offered training in project proposal development to open other grant opportunities.

**MAJOR ACTIVITIES:**

1. Identify and provide high quality care and support services to 9800 OVC.
2. Train Most Vulnerable Children Committees and strengthen provision of integrated services for OVC at the community level.
3. Support district and regional coordination of the OVC implementing partners.
4. Perform basic mapping of the region and build partnerships and referrals to achieve integrated service networks and wraparound programs.
5. Expand access of OVC to the continuum of care and comprehensive HIV/AIDS services as well as preventive care and interventions.
6. Build the capacity of government and civil society for sustainable delivery of OVC services.
7. Purchase computers for the district social welfare officers, as well as two for APT, to ensure quality data and feedback report to the community

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16423

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16423	16423.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	6550	1415.08		\$1,200,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$250,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10566.09	<b>Mechanism:</b> Track 1.0
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 3471.23304.09	<b>Planned Funds:</b> \$619,977
<b>Activity System ID:</b> 23304	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Support for Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS

NEED and COMPARATIVE ADVANTAGE: Since 2004, Catholic Relief Services (CRS) has implemented PEPFAR supported programs for OVC affected by HIV/AIDS in Tanzania. CRS' technical approach reaches out to HIV-affected families through durable indigenous institutions such as churches, parish coordinating committees, and village Most Vulnerable Children's Committees (MVCCs), supported through resource mobilization initiatives, program funding, financial and technical assistance. This approach has not only demonstrated program effectiveness, but has also extended OVC wellbeing activities that contribute to the sustainability of integrated human development of OVC in Tanzania.

ACCOMPLISHMENTS: With PEPFAR funding to CRS/Tanzania (both Track 1.0 and from the Tanzania budget), substantial progress continues in the support of national efforts to establish sustainable programs for OVC. CRS reinforces national coordination, partnership, and Monitoring & Evaluation (M&E) mechanisms for OVC care and support. Notable achievements from 2004 to date include an increase in the number of OVC receiving care and support services from 3,750 to 35,000 by the end of September 2008. Of these, 16,500 OVC were reached in FY 2008, and a cumulative 18,500 continue to be supported since 2004. Fifty-two percent of the 16,500 OVC supported in FY 2008 have received at least three different types of services from seven core program areas. The education-support initiative has reached 30,000 out of 35,000 OVC with scholastic materials, uniforms, and payment of required school fees. Additionally, over 15,000 OVC have received life-skills education and 750 have acquired skills in vocational training and trade. Other educational supports include periodic tracking of school attendance and performance of individual children.

In health support, 15,000 OVC have been fully insured through two health insurance schemes, one focusing on agreements with a local health fund and another accessing the newly established Community Health Funds operated by district councils. The project has also increased community leadership in OVC care initiatives and collaboration with local, districts and the national Department of Social Welfare (DSW). At the community level, communities are fully engaged in resource mobilization, advocacy to address issues of stigma and discrimination, and food support to needy households and people living with HIV/AIDS. Regarding coordination, program review, and planning, a total of four meetings and three trainings focusing on strengthening of OVC systems were organized. District authorities participated in these meetings and trainings, demonstrating community leadership in OVC care and support initiatives. The number of OVC on antiretroviral therapy (ART) has increased from 82 in 2004 to approximately 1,400 by September 2008. Finally, the national OVC data management system (DMS) is now functional at all CRS OVC program sites and all key program staff, field officers, and community volunteers have been trained on the national M&E framework including periodic reporting tools.

ACTIVITIES: The proposed FY 2009 activities are based on lessons learned and the periodic reassessment of OVC project outcomes conducted during the implementation of the FY 2008 work plan. FY 2009 outcomes will ensure that: 1) OVC are actively engaged in their own care and have the opportunity to invest in their future; 2) community members take a leadership role in the care of OVC in their catchment areas; 3) community-based service providers provide effective, high-quality core services to OVC and their families/caregivers; 4) community-based service providers engage in good resource stewardship; 5) local authorities and systems are strengthened to provide long-term programs, quality services, and resource support needed to sustain their community partners; and 6) CRS and national HIV technical resource institutions (such as district social welfare officers, council health management teams, local health facilities, and diocesan leadership) provide the necessary technical and material support to parish coordinating committees, MVCCs and the community home-based care (HBC) networks. These supports will strengthen families, build critical capacities, provide integrated quality services, and support the capability of the national M&E system to obtain quality and reliable data for decision-making at various levels including local, district, and national to ensure maximum integrated human development of OVC through uninterrupted delivery of quality services.

One major goal for FY 2009 is to enhance the quality and sustainability of services. Efforts will facilitate local ownership and leadership for quality service programs, while transitioning CRS' role from overall management of the portfolio to one that provides key technical assistance in programming, accounting, administrative skills, and auditing practices. FY 2009 activities will focus on building the institutional capacity of partners to plan, implement, evaluate, and manage OVC programs, as well as providing quality services including community nutritional support.

Community volunteers will use mid-upper arm circumference tapes to determine the nutritional status of OVC. OVC identified with faltered growth, or who are severely or moderately malnourished, will be referred to health clinics for HIV testing and food supplementation, if available. For OVC identified with an immediate need, living in a food insecure household, CRS will provide interim support, while linking the household to a livelihood activity.

LINKAGES: This activity will link to the Tanzanian National Costed Plan of Action (NCPA) for Most Vulnerable Children and with the entire USG-funded OVC Implementing Partner Group (IPG) network. CRS will continue to collaborate with the Ministry of Health and Social Welfare (MOHSW), the Prime Minister's Office for Regional and Local Government, and the Institute for Social Work through a learning and internship program for undergraduate students. Under this program, students in their third year of studies participate in short-term assignments and deploy to different sites where CRS implements programs benefiting OVC. CRS will continue to collaborate with the OVC IPG and the Quality Improvement Sub-Taskforce in the development of standards in OVC care and to share best practices and lessons learned

Furthermore, in FY 2009, health care initiatives will extend their focus to support vulnerable children whose parents are living with HIV/AIDS. HIV-positive children will access ART services through linkages and improved referral systems as well as through the provision of bus fare. In the Iringa region where the

**Activity Narrative:** current HIV prevalence rate is reported at 18.2%, the project under the Catholic Diocese of Njombe will be linked to Njombe District Hospital, Makete District Hospital, and St.Consolata Ikonda Mission Hospital, which are the ART service points that coordinate the HIV/AIDS continuum of care in the program area. In Tanga Region, the program will be linked with AIDSRelief ART and HBC networks to ensure more comprehensive and sustainable care at Bombo Regional Hospital, Muheza District Hospital, Korogwe, and Pangani hospitals. While in Arusha region through Uhai Centre, the program will be linked to ART programs at Mt. Meru and Selian Hospitals. In Babati and Karatu districts the OVC program will be linked to Dareda hospital and Rhotia Health Centre, respectively. In Ruvuma Region, apart from linking the program to Namtumbo district and regional hospitals that provide ART services, the Diocesan program management has signed a health care agreement with 24 diocesan-owned health facilities. Most importantly, this activity will be linked to the work of the MVCCs at the local level.

CRS OVC programs will also be linked with the national Malaria voucher scheme for insecticide treated nets and child survival initiatives at local health facilities.

M&E: Developing strong supervisory systems is essential to maintaining the quality of services achieved through competency-based training, which also contributes to the implementation of the NCPA. In FY 2008, CRS adapted and harmonized supervision tools to monitor quality of services at different program levels systematically. Under the M&E framework and standards of quality programming, CRS trained over 23 key program staff in six geographical sites in the Data Management System (DMS), information management skills, reporting and computer skills, and problem solving solutions. At the central level, through the DSW, the MOHSW has requested capacity building trainings to its District Social Welfare Officers, and supports national efforts to roll out and disseminate the NCPA, national DMS and quality standards. In order to sustain and strengthen the capacities of partners to monitor the program effectively, CRS will invest more resources to strengthen the overall M&E and DMS. The grant will support more M&E activities, increase technical assistance to key government stakeholders, supportive supervision, and training of staff. Consultancies will be included in the M&E and DMS development in order to put clear monitoring and evaluation mechanisms into place for all programs. Inadequate staff, a lack of data processing skills and deficient tracking systems are key impediments to effective M&E systems. CRS will address these issues throughout the implementation of this work plan and cost extension period.

SUSTAINABILITY: In FY 2009, the CRS program team and diocesan partners will work together with local communities, households, and district authorities to develop and market a culturally acceptable sustainability strategy, which will promote key fundamental competencies and coping mechanisms. These will be delivered through open dialogues among OVC, families, clans, parish-based OVC support committees, self-help groups, and MVCCs. The FY 2009 CRS OVC programming strategy focuses on interventions that safeguard the best interests of OVC and promote the CRS Integrated Human Development strategy. To achieve this goal, CRS will provide comprehensive, and quality-based interventions for OVC across the following seven core program areas; education and vocation training support, food and nutrition, healthcare, psychosocial support, child protection, shelter and care, and income generation. In addition to child-centered interventions, special focus will be on systems strengthening and human capacity development. CRS has developed a vision to guide the implementation strategy: OVC are resilient, healthy, and see purpose in their lives now and in the future and reside in self-sufficient, vibrant, nurturing communities and households.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13448

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13448	3471.08	U.S. Agency for International Development	Catholic Relief Services	6502	1506.08	Track 1.0	\$177,057
7690	3471.07	U.S. Agency for International Development	Catholic Relief Services	4523	1506.07	CRS Track 1.0	\$187,000
3471	3471.06	U.S. Agency for International Development	Catholic Relief Services	2873	1506.06	Track 1 OVC Program	\$429,028

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$3,147

## Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$6,245

## Education

Estimated amount of funding that is planned for Education \$70,150

## Water

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3490.09	<b>Mechanism:</b> ROADS
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 3459.23305.09	<b>Planned Funds:</b> \$450,000
<b>Activity System ID:</b> 23305	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Expanding OVC Support in Makambako, Tunduma, and Dar es Salaam

NEED and COMPARTIVE ADVANTAGE: ROADS has made notable progress in reaching most-at-risk populations including truck drivers, sex workers, others engaged in transactional sex and sexually active youth. However, there is a need to scale-up programming for orphans and vulnerable children (OVC) given the severe impact of HIV and AIDS in project sites. ROADS is USAID's regional platform to address HIV/AIDS along the transport corridors of East and Central Africa. It is a comprehensive program that focuses on the most underserved communities, extending prevention, care, and support to address gaps, while adding value to existing bilateral programs. ROADS has a strong comparative advantage in reaching OVC through its array of community partners who work in HIV transmission hotspots along Tanzanian transport corridors.

ACCOMPLISHMENTS: ROADS established the SafeTStop model in two sites, linking indigenous volunteer groups and businesses through common branding. ROADS trained 57 providers/caregivers in caring for OVC, who served 272 OVC.

ACTIVITIES: In FY 2009, the project will continue to work with existing child-welfare organizations, faith-based organizations, local officials, and the private sector/business community to meet the daily needs of OVC, using the national quality standards package. The project will continue OVC programming in Makambako and Tunduma, and expand to the port of Dar es Salaam. Following a USG service demand analysis and geographic profiling of OVC, consultation with ROADS has resulted in conducting upcoming OVC activities in Dar es Salaam instead of Isaka in the Shinyanga region.

Child-focused needs assessments will identify services to be provided. All OVC, under both primary and secondary support, will receive psychosocial support (PSS) in the form of counseling and/or training in life skills. Depending on results of the identification process, issues regarding support for education; nutrition; basic health management; access/referral to health services; shelter and economic strengthening (linking to income-generating activities including opportunities in business management training) will be addressed. ROADS will continue to work with the private sector through public-private partnerships, based on the specific needs and opportunities at each site. ROADS expects to continue its work with farmers and traders in Tunduma to use community food banks initiated with FY 2008 funding. With FY 2009 funding, ROADS will continue programming for orphan headed households, recognizing their unique vulnerability and needs. To address the long-term needs of orphan-headed households, ROADS' LifeWorks partnership will conduct job training, job creation, and develop other economic opportunities for child-headed households.

The project will also continue supporting HIV risk-reduction, prevention, and care strategies specifically for OVC who are heads of households, linking them with abstinence and faithfulness messaging, counseling and testing, and services for sexually transmitted infection and family planning, if required. ROADS will also provide PSS, linkages to food/nutritional support and emergency care in cases of rape and sexual assault. ROADS will focus additional attention of nutritional status of OVC, monitoring mid-upper arm circumference to identify nutrition problems. Children with faltered growth or malnutrition will be referred to health clinics for HIV pediatric testing and food supplementation. For OVC identified with an immediate need, living in a food-insecure household, ROADS will provide support, while linking the household to a livelihood activity.

ROADS will introduce programming specifically to address the needs of OVC caregivers by providing PSS, education/training in nutrition and parenting, medical and social services, access to economic strengthening through agriculture and other business development, and community-sharing of child support. Health services for OVC will include voluntary counseling and testing for all children and caregivers in the family. Health-related wraparounds will include referrals for family planning, malaria services and insecticide-treated nets through the national under 5 campaign, and child survival programs.

FHI/ROADS will test a cash-transfer model in one site as a methodology for addressing the needs of OVC living in desperate poverty situations. "Cash" for the cash-transfer will be leveraged from public-private partnership donations with PEPFAR funds managing and evaluating implementation. As an OVC program, ROADS will scale-up the implementation of the National Costed Plan of Action for Most Vulnerable Children and the national Data Management System (DMS). The data will be transferred to the national DMS for dissemination.

LINKAGES: As a regional program, ROADS integrates with and adds value to USAID bilateral programs. This entails linking closely with USG and non-USG partners. In Tanzania, ROADS has linked with FHI/Tunajali and the Department of Defense programs on care, support, and treatment and FHI/UJANA for youth programming that includes outreach to older OVC. The SafeTStop strategy is predicated on building local capacity in Makambako, Tunduma and Dar es Salaam. ROADS also work closely with district leadership and the health teams.

M&E: ROADS will adopt the national DMS for monitoring and evaluation. The program will ensure that sub-grantees input information about identified OVC at the local level, which will feed into the national system. Data must also be available to Most Vulnerable Children's Committees at the local level for planning, decision making, and monitoring. ROADS will also build capacity of the district social welfare and M&E officers and purchase computers to ensure data quality. FHI will conduct quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher training as needed. In addition, ROADS will support implementers at the district level to attend the PEPFAR M&E capacity building trainings and meetings. Lastly, qualitative and quantitative data will be collected by the ROADS site coordinators in liaison with indigenous volunteer groups and local child welfare authorities.

SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding. As a result, project activities are highly sustainable. ROADS activities will continue to be integrated into the



**Activity Narrative:** district plans through collaboration with the Department of Social Welfare during program design, implementation and reporting.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13482

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13482	3459.08	U.S. Agency for International Development	Family Health International	6517	3490.08	ROADS	\$500,000
7715	3459.07	U.S. Agency for International Development	Family Health International	4538	3490.07	ROADS	\$100,000
3459	3459.06	U.S. Agency for International Development	Family Health International	2864	1219.06		\$600,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$50,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3505.09

**Mechanism:** Track 1.0

**Prime Partner:** Africare

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 3419.23306.09

**Planned Funds:** \$503,614

**Activity System ID:** 23306

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Community-Based Orphan Care, Protection, and Empowerment (COPE) Project

**NEED and COMPARATIVE ADVANTAGE:** Three key challenges impacting the socioeconomic status of orphans and vulnerable children (OVC) and caregivers in Dodoma region are: HIV/AIDS, with a prevalence of 2.9% in the region, but 5.9% in Dodoma Municipal (THIS: 2007); poverty; and inadequate skills for dealing with HIV/AIDS and OVC among community-based organizations (CBOs) and communities. These challenges make it difficult to meet the socioeconomic needs of 74,500 identified OVC in the Dodoma region. Also, application and use of the national data management system (DMS) for tracking OVC and OVC services into wards, villages, and districts is an ongoing challenge, though there is a critical need to use the DMS for informed planning and implementation of OVC interventions at all levels. Africare is a lead organization for OVC service provision, within the Quality Improvement Task Force, and is a member of the OVC Implementing Partners' Group (IPG), which shares experiences, challenges, and lessons learned among partners.

**ACCOMPLISHMENTS:** Africare's COPE program provided services to six districts of Dodoma region: Bahi, Chamwino, Dodoma Municipality, Kondoa, Kongwa, and Mpwapwa. During FY 2008, COPE enhanced community capacity to coordinate quality care and support services for OVC and caregivers. COPE supported the establishment of Most Vulnerable Children's Committees (MVCCs) in all six districts. The MVCCs work at the ward or village level to identify OVC and link them with services. Nearly 500 MVCCs were established to serve 74,500 OVC. All MVCC members were trained on updating OVC lists, responding to their roles and responsibilities, providing care and support, understanding psychosocial support (PSS) needs of vulnerable children, and actively guiding communities in supporting OVC and caregivers. COPE also supported and created six District Children's Forums, a network of youth and children that advocates for children's rights in the Dodoma region. All six districts in Dodoma were supplied with computer equipment for inputting OVC records into the DMS. A total of 12 district officials (two per district) were trained on recording and use of DMS. COPE continues to support these officials in their daily data entry practices.

COPE ensured increased access to PSS services by training nearly 100 Service Corps Volunteers (SCVs) to support COPE Clubs on Psycho-social Support (PSS) and life skills, data management, and reporting. A total of 18 COPE Clubs were formed, and over 100 existing clubs were strengthened. Nearly 250 peer educators and 120 club leaders were trained on life skills, PSS, and HIV/AIDS. SCVs provided methodological guidance to committees and communities in supporting OVC and caregivers. COPE also facilitated increased access to educational support services for OVC. Approximately 250 OVC in five secondary schools received school fees through school block grants, 25,000 OVC were supported with scholastic materials, and 5,300 OVC received school uniforms.

COPE also facilitated increased access to health care and nutritional support for 58 child-headed households in Kongwa district, by buying health cards for the households to enable the children to access the government-operated Community Health Fund (CHF) for basic health services. Approximately 5,000 OVC received Insecticide-Treated Nets (ITNs) to prevent malaria. Community SCVs facilitated nutritional education to nearly 4,800 OVC households providing care to over 21,000 OVC. Thirty SCVs were trained on backyard gardening using double dig bed technology, reaching nearly 900 caregivers and benefiting over 3,000 OVC. The project supported approximately 3,000 OVC with water purification tablets, and 16,000 OVC with hygiene materials.

Two SCVs per district and five District Focal Persons (the person appointed to lead the OVC identification process) were trained on Income Generating Activities (IGAs) and reached over 900 caregivers from over 150 IGA groups supporting nearly 6,000 OVC. In Kongwa district, four caregiver groups received 48 pigs. Financial assistance was provided to 90 OVC, in addition to 12 OVC attending vocational training institutions.

**ACTIVITIES:** Africare will focus on sustainable strategies, as the Track One funding mechanism ends June 2010. Particularly, the Africare COPE initiative will continue ongoing activities and strengthen the capacity of families to cope with their own needs and problems. COPE will support viable IGAs, supply OVC with ITNs, hygiene and educational materials, and access to the CHF. COPE will train SCVs, MVCCs, COPE Clubs, district councils, and staff to address stigma and discrimination surrounding HIV/AIDS. COPE will train villages and districts on the DMS for informed planning, decision-making, and monitoring of OVC programs.

Comprehensive communication for sharing "lessons learned" and experiences in implementing and monitoring programs will build capacity in COPE programs in Mozambique, Rwanda, Tanzania, and Uganda. In FY 2009, Africare will enhance the community's capacity to coordinate quality care and support services for OVC and caregivers including capacity building of local government structures. Africare will work closely with District Focal Persons and District Service Providers to ensure effective coordination of OVC implementing partners in the region. IPG activities at district and regional levels will be established (together with one lead NGO in each district), to supplement national IPG coordination activities. This will include ongoing supervision of 12 district government officials, 120 COPE club leaders, 145 SCV, ten partner organizations, and 500 MVCCs regarding OVC support to reach 36,800 OVC and 8,000 caregivers. COPE will conduct refresher training for six District Focal Persons and six District Data Clerks on the DMS, recording, and reporting. COPE will train 120 COPE Club leaders to reach 2,400 members in core topics, such as PSS, life skills, stigma reduction, program monitoring, recording, and reporting. COPE supports increased gender equity in HIV/AIDS programs through girls' recruitment and retention as peer educators, in addition to women's training as SCVs and COPE Club leaders. COPE Clubs will also be supported with play materials reaching 4,800 OVC.

COPE will monitor the progress of 1,250 children supported through block grants in FY 2008. COPE will train 96 teachers from 32 schools on recording and reporting performance, as well as retention of COPE

**Activity Narrative:** beneficiaries at schools accessing block grants.

During FY 2009, COPE initiatives will continue to support OVC and caregivers to receive health care and nutritional education. This includes supporting 300 caregivers in establishing backyard gardens and supplementing nutrition for 1,500 OVC. Also, COPE will provide ITNs to 3,000 children under five, through the national Under Five Campaign. COPE SCVs will perform basic nutritional assessments, using mid upper arm circumference tapes to determine the nutritional status of OVC. OVC identified with faltered growth or severe or moderate malnourishment will be referred to health clinics for HIV testing and food supplementation. Africare will support OVC identified with immediate needs and living in food insecure households by linking the households to a livelihood activity.

COPE will support approximately 3,200 OVC and caregivers with IGA. This will include small business management and finance training, microfinance, and revolving loan schemes. COPE will provide technical assistance for 20 existing associations serving OVC. Local NGOs will be identified as sub-grantees for economic strengthening activities and linked with MVCCs for service provision.

In FY 2009, COPE will designate Dodoma Urban as a "learning district" to serve as a model of promising practices realized in six districts of Dodoma region. This district has been selected based upon high HIV prevalence rates (5.3%) and number of OVC (14,313). OVC households in Dodoma Urban will be selected for implementing Child Status Index (CSI) and other quality improvement (QI) mechanisms for measuring project impact on OVC wellbeing. Those practices evaluated as best practices in COPE's project will be used for cross-learning among local structures (MVCCs, SCVs, COPE Clubs, and District Children's Forums) and district authorities. COPE will train 15 SCVs, 30 MVCCs, and two district officials in using CSI for monitoring child status every six months. This learning district will be a model for other districts and regions not yet reached, so as to expand the "how" of developing quality, comprehensive, and sustainable services for vulnerable children.

**LINKAGES:** COPE is a lead organization participating in the QI Task Force and national IPG. The shared experience with other USG/non-USG-funded partners will strengthen the capacity of both COPE and other partners in mainstreaming OVC interventions into government strategic development plans and rolling out the National Costed Plan of Action.

COPE will continue to collaborate with local communities through established structures. The program will strengthen the capacity of local and government structures (village, ward, district, and region) in project management including DMS, planning, and monitoring of progress in program activities. COPE will use information from district SCV monthly meetings to engage District Focal Persons and Service Providers and project staff (two times per year) for strategic planning, experience sharing, and impact monitoring.

The Deloitte/FHI Tunajali Program is a key partner for referral to HIV care, treatment, and support services. OVC beneficiaries and caregivers who are symptomatic for HIV will be systematically referred to Tunajali sub-grantees for linkage to antiretroviral therapy, home-based care, and supportive health services.

**SUSTAINABILITY:** COPE will use the following strategies to ensure sustainability of program's interventions:

1. Strengthen the capacity of local structures, partner NGOs, and local government authorities. COPE will continue to support established local structures (MVCCs, COPE Clubs, Children's Forums, and SCVs), and partner local and national NGOs and local government authorities in planning, implementation, and monitoring of project activities. COPE will build capacity of stakeholders to manage project activities through training on DMS, participatory approaches in planning, advocacy, monitoring, and district networks. COPE will gradually hand over management of initiatives to local CBO partners through capacity building and sub-granting.

2. Support OVC and caregivers with IGAs. COPE will train more SCVs on IGAs to continue supporting OVCs and caregivers in developing viable IGAs. Trained SCVs will link with agricultural extension staff (ward and district) to provide technical support to OVCs and caregivers on issues of food production and preservation. OVCs and caregivers will be supported with provision of revolving loans and follow-up of groups given loans by the SCVs, District Focal Persons and Service Providers, and project staff. Economic strengthening activities will enable OVC and caregivers to access care and treatment, educational support, and economic improvement activities. OVC and caregivers supported with IGA will be periodically trained on group dynamics/conflict management, savings mobilization, household budgeting, and business skills.

3. Strengthen access to the CHF: COPE will strengthen the capacity of MVCCs, village government, local authorities, and partner NGOs in accessing CHF. MVCCs will lead community mobilization and contribute funds towards enrolling OVC and caregivers in CHF, enabling access to free health care.

**M&E:** Africare will continue to support implementation of the national DMS, and use that system for M&E purposes. Dodoma's six district offices, supported in FY 2008 with computers for DMS, will be monitored to facilitate quality data entry, timely reporting, computer maintenance, and back up storage of records. The 12 district officials trained on DMS will be periodically supported in updating OVC data obtained from the MVCCs and sub-grantees. COPE will ensure that sub-grantees' information about 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, monitoring, and decision making.

COPE staff will conduct routine monitoring and quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher trainings (as needed). Routine monitoring will engage participation of key stakeholders, including MVCCs, COPE Club leaders, SCVs and District Focal Persons. COPE will continue to support and strengthen capacity of child district forums, SCVs networks, and partner organizations to ensure mainstreaming of OVC activities and improved quality services in the district.

To ensure quality services, COPE will also conduct a qualitative assessment through focus groups and

**Activity Narrative:** interviews (using the CSI monitoring tool), along with quantitative surveys (follow-up on COPE baseline survey) reaching 120 OVC households in Dodoma Urban. COPE will also support QI for OVC services by implementing continued coordination of monthly QI Task Force meetings for OVC implementing partners at the national level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13429

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13429	3419.08	U.S. Agency for International Development	Africare	6492	3505.08	Track 1.0	\$632,714
7674	3419.07	U.S. Agency for International Development	Africare	4515	3505.07	AC Track 1.0	\$730,033
3419	3419.06	U.S. Agency for International Development	Africare	3505	3505.06		\$296,366

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$125,900

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$6,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$80,000

**Education**

Estimated amount of funding that is planned for Education \$120,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3506.09

**Mechanism:** Track 1.0

**Prime Partner:** Salvation Army

**USG Agency:** U.S. Agency for International Development

---

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 9634.23307.09

**Activity System ID:** 23307

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$745,101

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, The Salvation Army/Tanzania (TSA/Tanzania) will focus on expanding and strengthening community capacity building to ensure sustainability and ownership of the program, in a move to start transferring responsibility for programs to the Government of Tanzania and communities. TSA/Tanzania will continue to implement community strategies determined to be effective in ensuring integration of OVC-supported activities in the community district plans and budgets. TSA/Tanzania will develop a protocol to be followed while implementing activities that will support community understanding of the national strategies supporting OVC. Examples of these strategies include quality improvement of OVC services; improved collection, processing, and use of data; and technical support to the community as they adopt the national quality standard for OVC services. In addition, TSA/Tanzania will follow guidance developed from the recent nutritional assessment of OVC, proposing strategies for cost-effective community-based food and nutrition programs through TSA/Tanzania's Mama Mkubwa committees.

TSA/Tanzania will document best practices, lessons learned, and challenges encountered throughout the life of the program. This will inform and strengthen the national OVC strategies for PEPFAR Phase Two. Lessons learned will be shared among key stakeholders, implementing partners, and the Government of Tanzania. In addition, other OVC stakeholders will have the opportunity to visit the program and learn about successful activities, linkages, and ways to engage the community to foster community ownership and support of the program.

\*END MODIFICATION\*

**NEED AND COMPARATIVE ADVANTAGES:** The severe AIDS epidemic presents an enormous challenge to Tanzania, which ranks among the poorest countries in the world. The response of national programs international agencies has contributed in efforts to fight this pandemic. The development of the HIV/AIDS epidemic have its clear impact on all sectors of development through not only pressure on AIDS cases care and management of resources, but also through debilitation and depletion of economically active population especially young women and men. Most affected groups are the youth and the women. Several reasons can be advanced to explain this observation. Early marriage and early initiation of sex among women, young girls having sex with older men, peer pressure for high-risk behavior, biological and anatomical predisposition are some of the most important reasons. In addition, failure of women to protect themselves from HIV infections due to economic hardships, repressive customary laws, beliefs and polygamy could all contribute to this state of affairs.

Adult mortality in Tanzania has increased considerably during the nineties and there is evidence from several districts that AIDS is now the leading cause of death among adults. The modest child mortality decline in Tanzania stagnated during the second half of the nineties and this may be due to HIV/AIDS. The proportion of children under 15 who are orphans has gradually increased and by the turn of the century 10.1% had lost both parents, 6.4% had no father and 3.5% had no mother (AIDS in Africa during the nineties, Tanzania, 2001). In Southern Tanzania, Lindi and Mtwara regions have only limited data. A comparison of antenatal clinic data in Lindi town between 1989 and 1993 showed a rise in HIV prevalence from 0.5% to 8.7% (Petry and Kingu, 1996). In Kilimanjaro region, antenatal clinic surveillance in Umbwe (Moshi rural district) shows an increase, especially since 1997. HIV prevalence was nearly 20% in 1998–99. In Hai district, AIDS was the second most common cause of death, with 26% of female and 37% of male adult deaths associated with HIV/AIDS. The increase in adult mortality implies that many more children will be orphaned because of the AIDS epidemic.

In the implementation of this program, The Salvation Army will utilize the funds to create awareness in communities about the HIV/AIDS pandemic, risky behavior, and advocate for behavioral change among children, youth, and adults. Similarly, the program proposed will train community members through community-based structures known as Mama Mkubwa Teams/ Most Vulnerable Children's Committees (MVCC) in community counseling, psychosocial support, home-based care, nutrition, HIV/AIDS, entrepreneurial skills, and resource mobilization in order to sustain the program activities, and effectively provide sustainable care and services to identified OVC/MVC. OVC/MVC will receive psychosocial support through kids clubs in their communities where they will also learn about HIV/AIDS, anti stigma issues, body hygiene, children's rights, and entrepreneurial skills for older youth, youth sexuality and HIV/AIDS. OVC/MVC will directly benefit from the program in education, food and nutrition, and psychosocial support. The program will provide direct material support to the OVC to provide for their immediate needs. Those with needs beyond what the program can offer, such as health and ARV treatment, will be referred to other partners.

In addition to the above-mentioned components, TSA/Tanzania will also implement the WORTH program – a literacy-led, savings-based village banking program for female caregivers of OVC/MVC. This will support the OVC families to earn a living, as well as provide children with their basic needs. Women with no literacy skills will learn how to read and write. The program also organizes mobile workshops among WORTH groups on various topics such as HIV/AIDS, nutrition, successful business practices, and OVC care and support through an OVC fund.

**ACCOMPLISHMENTS:** During October 2007 - June 2008, Salvation Army continued with community strengthening through community dialogues and caregivers' training in order to ensure sustainable care and support to the OVC/MVC in Lindi and Kilimanjaro regions. Community Counselors facilitated the dialogues; sensitized and mobilized the communities to participate in the dialogues, and complement the Salvation Army (TSA) support in caring for the OVC in their communities. In various communities, local government officials, teachers, elders, children, community and religious leaders participated in the dialogue. The communities have witnessed the progress of the OVC/MVC work and Mama Mkubwa initiatives that support the OVC/MVC. The Field Supervisors and TSA Officers joined the counselors to encourage other community members and the caregivers who are not part of Mama Mkubwa teams and the most vulnerable children committees (MVCCs) to attend these dialogues. Through dialogues communities were urged to be creative, and take initiatives of utilizing the provided information and knowledge to start the income

**Activity Narrative:** generation activities. The dialogues enabled community participation and ownership of the initiated TSA programs activities; which will help communities to continue serving OVC/MVC even after the program funds ends. The community dialogue concerning OVC/MVC issues have enhanced community awareness, participation, commitment and ownership of the program, Among the key issues involved in the dialogue are behavioral change to prevent HIV/AIDS risk behaviors, fight stigma, and sustain OVC/MVC care and support. From community dialogues, a number of community strategies to support OVC/MVC were established, supported by cash and material contributions from community members. The program trained 145 community counselors. TSA has supported about 18,734 (March 2008) children with psychosocial support through Kids Clubs. Through support initiatives of Mama Mkubwa teams, WORTH group members, caregivers and community members, some OVC/MVC and their families were provided with basic needs including education materials.

TSA has reached about 5,692 women through WORTH the literacy-led, savings-based village banking program. The vast majority of these women are caregivers of OVC. Through WORTH, female caregivers are raising their household incomes, starting and growing their businesses, and in some cases, learning to read and write for the first time. The average savings per member has grown to 300 Tanzanian shillings per week. Members businesses continued to grow while other members embarked into new income generating activities. During this period loans given to members have increased as members have seen the importance of putting more money in their loan fund.

In order to determine the extent of OVC/MVC support by WORTH groups, TSA conducted a research project in April, 2008. The research looked at material support, and non-material support. The results indicated that WORTH groups have provided support to 2,764 OVC/MVC since October 2007. WORTH groups have supported these children with shelter, food, school feeding, assistance with farm work, school materials, fees, and uniforms, medicine, help setting up savings clubs, and referrals. Eighty-four WORTH groups have OVC funds. Some groups held fund raising activities to solicit additional support from community members.

Men's interest in the WORTH program has also increased. despite of the fact that WORTH program target poor women households only; there are a number of men's groups that have replicated the WORTH model with some technical support from the women's WORTH groups and from Empowerment Workers. Some men's groups are even paying the community Empowerment Workers (EWs) for their technical support. WORTH women are assisting these groups in terms of helping them to operate profitable groups with a minimal assistance from the EWs who have been giving occasional support during times when they are not working with the women groups.

Empowerment of the Counselors, Mama Mkubwa (MM) team members, Caregivers and WORTH group members was done through, various trainings conducted during this quarter to make sure that the counselors, MM teams and women in the WORTH groups are technically equipped to fulfill their goals of caring for the OVC/MVC in their communities.

Support visits to Mama Mkubwa teams, OVC/MVC households and WORTH groups has been ongoing through visits by the program teams. The Salvation Army has been working with about 260 WORTH groups in Kagera and Kilimanjaro communities. However, there is a need to scale up OVC/MVC support services to cover OVC identified in the regions in a quality manner, given the needs that OVC and their families have.

**ACTIVITIES:** 1. Train 960 Mama Mkubwa/Most Vulnerable Children's Committees (MVCC) members in community counseling, psychosocial support (PSS), first aid, Monitoring and Evaluation (M&E), nutrition, and resource mobilization to improve knowledge and skills for OVC care and support. This includes: training 80 Mama Mkubwa/MVCC members per district; training twelve individuals from the Department of Social Welfare (DSW) and community development officers (one per district) in M&E and navigation of the database (officers will need to monitor data collection, tracking, and progress in the respective districts according to program indicators and objectives); and engaging the community in conversations to enable communities to understand problems facing OVC, identify needs, and establish community committees and plans for further provision of care and support. 2. Identify and serve OVC. Mama Mkubwa/MVCCs will be established through the prescribed national identification process. TSA/Tanzania shall build the capacity of these committees to deal with the situations that may arise as they provide care for OVC. 3. Scale up quality services and intensify coverage of the Lindi and Kilimanjaro regions. This includes: providing PSS through 400 kids clubs for children to receive counseling, education, and psychological, physical, and emotional rehabilitation (TSA/Tanzania will purchase and distribute 400 new kids clubs kits and 400 first aid kits to new clubs and replacement of old club tools); producing and printing HIV/AIDS sensitization materials and nutrition books; providing food supplements through centrally purchased commodities, providing dairy goats to MVC caregivers, distributing blankets/bed sheets and distributing insecticide treated mosquito nets. 4. Conduct refresher training for twenty-four staff members and officers in community counseling, PSS, first aid, nutrition, M&E, and resource mobilization. Ensure staff and officers have sufficient knowledge, skills, and increased capacity to provide quality care and support OVC effectively. 5. Support coordination and capacity building of local government structures. To ensure coordination and effective referrals, Salvation Army will work through field staff to support capacity building and ensure effective coordination of OVC implementing partners in the Lindi and Kilimanjaro regions through replication of national OVC Implementing Partner Group activities. TSA/Tanzania will collaborate with the following entities on a quarterly planning basis: local government councils, school management committees, village authorities, representatives of business associations, and local management of public and private health facilities. A continuum of care will be provided to OVC. 6. Conduct community conversations in communities where the program operates to raise awareness of the OVC issues and enable them plan care and support services based on real situations of OVC in their communities.

**M&E:** TSA/Tanzania shall:

1. Adopt the national Data Management System (DMS) and use that system for M&E purposes. Ensure that sub-grantees' information about 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. Assist local

**Activity Narrative:** government in using the data available in the DMS for planning, budgeting, and decision making.  
 2. Purchase six computers for the district social welfare officers in the 12 districts of Lindi and Kilimanjaro regions, build capacity of the district social welfare and M&E officers and provide basic training to use the purchased computers to ensure data quality and integrity.  
 3. Conduct daily monitoring (through Mama Mkubwa/MVCCs), and conduct quarterly field visits to assess the quality of services provided, review data, and provide onsite refresher training (as needed).  
 4. Conduct mid-term and year-end evaluations. Feedback shall be provided to staff, partners, community members, and district leaders to ensure quality services, as well as follow up challenging situations.  
 5. Include M&E activities in the work plan that is integrated into the program processes for each category of staff. Data shall be collected from the field on monthly basis and reviewed by the program M&E specialist. In FY 2009, approximately 7% of the budget will be used for overall M&E purposes.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13586

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13586	9634.08	U.S. Agency for International Development	Salvation Army	6557	3506.08	Track 1.0	\$1,120,000
9634	9634.07	U.S. Agency for International Development	Salvation Army	5240	5240.07	Non-Track 1	\$550,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$85,125

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$175,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3555.09	<b>Mechanism:</b> Twinning
<b>Prime Partner:</b> American International Health Alliance	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 5002.23308.09	<b>Planned Funds:</b> \$395,000
<b>Activity System ID:</b> 23308	



**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: American International Health Alliance Orphans and Vulnerable Children Social Work Training Program

NEED and COMPARATIVE ADVANTAGE: There is an acute need for trained personnel at both the national and local levels to provide care and support for orphans and vulnerable children (OVC). Currently the government employs social workers in only one-third of districts and a total of approximately 300 social workers countrywide, falling far short of the need to address the needs of the estimated two million orphans and vulnerable children (OVC) in Tanzania. The key training institution for social workers, the Tanzania Institute of Social Work (ISW) needs strengthening and support for greater training output. Other options for training venues need to be explored, as well. The present curriculum for both pre- and in-service training in social work is inadequate preparation to support OVC throughout the country, and the ISW faculty and management need strengthening. There also needs to be continued emphasis on supporting additional short-term training for community members to handle needs of OVC until more social workers are trained and hired.

The Twinning partnership between the ISW in Tanzania and the Jane Addams College of Social Work (JACSW) is presently strengthening ISW's capacity to train social workers and other community members to respond to the needs of OVC. JACSW has demonstrated expertise in social work education, and is also experienced in supporting social work training in other developing countries.

ACCOMPLISHMENTS: The Twinning partners have conducted needs assessments for trainings, developed an OVC in-service training manual for existing social workers, and conducted training for 45 social welfare officers. As an interim measure until more social workers can go through their full pre-service education, the Twinning partnership has established a short-term training for people in the community who have the potential of assisting with the needs of OVC (e.g., Community Development Officers). To implement this program, a training manual for Paraprofessional Social Worker Trainees has been developed and pilot training has been done. Over 50 trainers and 500 Paraprofessional Social Worker Trainees (PSWTs) have been trained. Training materials for PSWT have been translated in Kiswahili. The ISW and JACSW partners will work together to modify the selection process and training approach based on the pilot experience, then hand off the responsibility for the actual roll out of training to the Capacity Project.

Currently, the Twinning partners are developing the PSW field supervisor's guidelines. Initial work was completed in collaboration with the Capacity Project and the Tanzanian Department of Social Welfare (DSW). Plans are underway to ensure PSWT are supervised and assessed during their six-month field work, during which they will apply their acquired knowledge prior to certification as para-social workers (PSWs). Capacity will work with local government councils to ensure integration and retention of the PSW cadre. As an active member of the OVC Implementing Partners Group, the American International Health Alliance (AIHA) has supported the coordination of activities and contributed to the development of the National Costed Plan of Action for Most Vulnerable Children.

ACTIVITIES: With FY 2009 funding, AIHA will:

1. Continue to support capacity building of the ISW at all levels, including faculty, field supervisors, social work students, and social workers receiving in-service training. This includes improving the institutional capacity of ISW faculty to deliver quality pre-service social work education, particularly in the areas of HIV/AIDS and OVC. AIHA will evaluate new OVC and HIV/AIDS-enhanced diploma and degree curricula; support continued expansion of OVC and HIV/AIDS resources and educational materials; expand internet connectivity at the Learning Resource Center for the use of students; establish a meaningful student fieldwork placement and supervision program; enhance faculty skills and expertise, especially with regard to HIV/AIDS and OVC; and engage in an ongoing exchange of resources and educational materials. The partnership will also continue to work with DSW to identify gaps for future consideration to enhance the capacity of community Social Welfare Officers and related staff who have a role in managing, coordinating, monitoring, and evaluating the scaled-up response to OVC needs.
2. Increase the volume of social work students who graduate from ISW, targeting promising students and providing 25 pre-service scholarships at ISW for social workers.
3. Expand training venues for PSWTs at the Kisangara Institute in Same (Kilimanjaro Region). The AIHA partnership will perform a needs assessment of Kisangara Institute as a potential training venue to expand capacity for preparing PSWTs, and provide for reasonable upgrades necessary for expanded training. This will enhance sustainability because this Institute is funded and maintained by the Ministry of Health and Social Welfare (MOHSW).
4. Strengthen the skills of PSWs with an additional two weeks of training normally provided to Ward Welfare Assistants, with the goal of accreditation by the MOHSW to be fully integrated in the social welfare work scheme. The AIHA partnership will enhance the curriculum, develop an orientation guideline, and the DSW and Capacity will facilitate the integration of the accredited PSWs into the local government infrastructure. The AIHA partnership will also ensure appropriate supervision of PSWT on application of national quality standards by developing training for field supervisors. This effort will also include the development of tools to assess the impact of the supervision on the PSWTs. This supervisor's training will occur at the ISW.
5. Re-launch and strengthen the Association of Social Workers, working with both the ISW and DSW. This action is intended to build the professionalism of social workers and the status of the profession. Partners will build the capacity of the Association to maintain and enforce standards of training, standards of service, and ethics within the social work profession. Partners will plan and host the first annual social work conference in FY 2009.

LINKAGES: As an OVC partner, this activity will continue to link with the Implementing Partner Group Tanzania Page 745

**Activity Narrative:** network for OVC and the national OVC Data Management System (DMS). The partners work very closely with the DSW in the MOHSW. Other linkages include PASADA, Walio Katika Mapambano ya UKIMWI Tanzania (WAMATA), and the Regional Psychosocial Support Programme in the development of social worker and PSW training activities. AIHA will also continue to maintain a close collaboration with the Capacity Project for the rollout of the PSW program.

**M&E:** In collaboration with DSW and PSWs, the ISW will support the regular collection of data for the training module of the OVC DMS for use in district planning. The AIHA Twinning Center has also assisted the partners to develop a monitoring and evaluation system for the partnership achievements. AIHA will continue to assist the partners in implementing this system and developing training-specific monitoring tools to monitor the OVC indicators. AIHA continues to assist partners to develop the appropriate tools and systems to collect and report relevant data and provide technical assistance when necessary. AIHA reports these data to USG teams quarterly, and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period.

**SUSTAINABILITY:** The Twinning partners are helping to strengthen the existing OVC support structures through the development of enhanced training, certificates, diplomas, and degrees that will enable professionals to meet the needs of children affected by HIV/AIDS. To ensure the program is sustainable beyond the involvement of JACSW, the program focuses on capacity building of ISW faculty and field supervisors. Support from MOHSW through District Social Welfare Officers will enable ISW to continue to provide supervision to trained PSWs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13433

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13433	5002.08	HHS/Health Resources Services Administration	American International Health Alliance	6495	3555.08	Twinning	\$400,000
7677	5002.07	HHS/Health Resources Services Administration	American International Health Alliance	4517	3555.07	AIHA	\$600,000
5002	5002.06	HHS/Health Resources Services Administration	American International Health Alliance	3555	3555.06		\$300,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3745.09

**Mechanism:** N/A

---

**Prime Partner:** Pastoral Activities & Services  
for People with AIDS

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 8708.23309.09

**Activity System ID:** 23309

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$700,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, PASADA will continue to provide comprehensive services to orphans and vulnerable children (OVC). Additional focus will be placed on improving the quality of services for OVC through adaptation of the national quality standards of OVC services. Information from the recent national nutritional assessment of OVC will inform PASADA's strategy for food and nutritional support, particularly those who are HIV-positive and are growth stunted or malnourished.

PASADA will also apply the national identification process for OVC in all program areas to maintain consistency with all USG-supported OVC programs. In particular, it will follow those infants born to women participating in the Prevention of Mother-to-Child Transmission (PMTCT) program, all of whom are considered vulnerable. In addition, PASADA will maintain standards identified by the national strategy for community-based OVC care. This will enable wider community participation and ownership of the program.

PASADA plans to scale up children's participation in activities and community support. This includes implementing economic strengthening initiatives for child-headed households and supporting elderly caregivers to strengthen these vulnerable households and help to ensure sustainability. Lessons learned will be shared among implementing partners, and other OVC stakeholders will have the opportunity to visit and learn about ongoing activities, existing and future linkages, and ways to engage the community to support the program.

PASADA will adapt the data collection tools that they presently use so that they begin using the national OVC Data Management System. PASADA will hire a data clerk to expedite data entry of the previous year's supported OVC in the system. Family Health International, through the Department of Social Welfare of the Ministry of Health and Social Welfare will provide technical support on software utilization and posting of the data to the national system.

\*END ACTIVITY MODIFICATION\*

TITLE: TITLE: Expansion of PASADA's Support Services to Orphans and Vulnerable Children (OVC) in Dar es Salaam Archdiocese

NEED and COMPARATIVE ADVANTAGE: The number of orphans and vulnerable children (OVC) is steadily rising and their growing needs must be addressed. Children orphaned by HIV/AIDS are particularly disadvantaged due to the trauma of losing their parents and the stigma surrounding HIV/AIDS. Although not orphans, many children are deemed vulnerable because of the pandemic and these individuals are often even more difficult to identify and assist. PASADA is a faith-based program operating under the auspices of the Catholic Diocese of Dar es Salaam. It currently serves over 20,000 People Living with AIDS (PLWHA) and nearly 4,000 OVC with many different services. Assistance to OVC started in PASADA in 1994. Services aim at building the capacity of OVC in education, psychological stability, empowerment, and other areas of need. Services are closely linked to the care and treatment components of the PASADA program and to communities. One of the main priorities is assisting communities to identify and strengthen their response to the problems of OVC.

ACCOMPLISHMENTS: PASADA has developed an expanded system of support to OVC with regulated service entry and exit points, aimed at avoiding "dependency syndrome." Extensive psychosocial support is provided, including memory work and residential grieving groups. Educational support at all school levels, including a vocational training program with training on small business management and a small grant on successful completion of vocational training courses (graduates' small businesses are then monitored regularly). PASADA also offers support services to the elderly (mainly grandmothers) caring for OVC, including training on parenting skills. PASADA, as a comprehensive service HIV/AIDS program, is poised to identify both OVC in the community and serve their needs.

ACTIVITIES: Key activities to address the needs of OVC with FY 2008 funding include:

1) Expansion of support to OVC for education from nursery to secondary school level through to vocational training level with promotion of remunerated activities for teenage OVC. These include: provision of uniforms, books, stationary, shoes, bags, and bus fares; payment of school fees; monitoring of child's progress with teachers; increased number enrolled in VT programs; increased number trained in small business management; increased number receiving small grants to start small enterprises; and increased involvement of the private business section in apprenticeships for vocational training graduates.

2) Capacity building and empowerment of OVC through: "Stepping Stones Life Skills" training; training on alcohol and drug abuse; training on the legal rights of children; memory work (together with parent/s who are still alive and/or with guardians; residential grieving groups aimed at helping OVC overcome the traumas they have endured; various peer group activities including sports and the arts; and consolidation and expansion of the TAYOPAD initiative that aims at training and developing community linkages of vulnerable youth groups, teenage OVC on the borderline of risky behavior, and the local police force. The reformed youth groups are trained as trainers of "Stepping Stones Life Skills" and train and counsel OVC who are about to be involved in, or are already engaged in behavior that could lead to HIV infection. Local police are also trained on how to work with youth groups and OVC.

3) Support to caregivers, particularly elderly guardians, through: care and parenting training to elderly guardians; care and parenting training to small community groups; provision of basic household essentials to families who need them most; provision of health care for elderly guardians; provision of social support; and provision of opportunities for income-generating activities for elderly caregivers.

4) Strengthening of the OVC department and ensuring quality of services through: regular payment of salaries to staff; capacity building of staff through targeted training courses; monitoring and evaluation of strategies and activities; and ensuring regular operation of the department.

**Activity Narrative:** 5) Assisting communities to identify their own responses to the problems of OVC in their midst and provision of technical assistance in the consolidation of those responses. This will occur specifically through collaboration with specific community groups, local political and religious leaders, small Christian communities and others.

**LINKAGES:** PASADA's OVC department works closely with other departments (e.g., home-based care, medical, and Antiretroviral Treatment, counseling, and community education) in order to ensure integrated action and support. The department also works closely with the Ministry of Health and Social Welfare (MOHSW) on policy issues; the Institute of Social Welfare for field work of their students in PASADA; NGOs working to support OVC; with small local grassroots associations; and with key participants and stakeholders within the legal system with vested interest in issues of children's rights and child abuse. The department has established a good network with vocational training centers throughout Dar es Salaam, with head teachers and teachers in primary and secondary schools, and with teachers in special schools for the physically and psychologically disadvantaged.

**CHECK BOXES:** The target populations chosen reflect the effective target population of all PASADA OVC services: children from 0 years to 18 years of age (male and female); vulnerable youth groups; children on the streets; and children on the borderline of various types of risky behavior. The services also target key stakeholders in the community who are involved in the problems and activities surrounding OVC and can serve as role models (e.g., executives for vocational training activities, teachers, and religious leaders) as persons in positions of authority and power with regard to community behavior and outcomes. Areas of emphasis also reflect the services offered.

**M&E:** All OVC enrolled in the OVC service have personal files and monitoring and updating of these is computerized. Regular reports are sent to the appropriate government agencies at district level, thereby feeding into the national system. PASADA reports the implementation of the national Data Management System and will use that system for its own M&E. Regular progress reports evaluating key indicators are compiled monthly and submitted to donors. Community groups report to the PASADA OVC department on their activities and refer identified OVC in need of services to the applicable agencies.

**SUSTAINABILITY:** The difficult area of sustainability is addressed at various levels: empowering OVC themselves, psychologically and in terms of capacity to build their own future lives in terms of education, vocational training, and initiation of small businesses ; involving the community through identifying and consolidating their responses to OVC; empowering the guardians of OVC to carry out their parenting role and to support the OVC in their care; awareness raising and training at community level; improving the capacity of affected individuals to manage OVC problems. Sustainability is also considered in terms of quality services and this can be achieved through retaining competent, qualified, and motivated staff and by improving knowledge and skills.

**MAJOR ACTIVITIES:**

1. Expand support of education for OVC from nursery to secondary level and to the vocational training level.
2. Provide capacity building and empowerment of OVC, including consolidation and expansion of the TAYOPAD initiative.
3. Support caregivers of OVC, particularly elderly caregivers.
4. Strengthen PASADA's OVC department and ensure quality of services provided.
5. Assist communities in identifying their own responses to the problems of OVC and provide technical assistance in consolidating those responses.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13563

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13563	8708.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$700,000
8708	8708.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$507,346

---

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$166,250

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$200,000

**Education**

Estimated amount of funding that is planned for Education \$150,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4082.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Selian Lutheran Hospital - Mto wa Mbu Hospital	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 6517.23310.09	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 23310	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, Selian will continue providing direct support to OVC in their catchment area, focusing on improving quality of OVC services through the adaptation of the national quality standard for OVC services.

To ensure comprehensive support, a meaningful referral system will be strengthened in all districts. Selian will select one district with high HIV/AIDS prevalence to constitute a "program learning district," to serve as a model for others. Information collected from this district will demonstrate linkages, referral systems to prevention and treatment (when appropriate), and successful wraparound programs. Collaboration among the partners, different stakeholders, and council members will be paramount, to ensure transparent integration of the plan throughout each governing and participating unit. Promising practices and lessons learned will be shared among implementing partners. In addition, other OVC stakeholders will have an opportunity to visit and learn about the ongoing activities and linkages, as well as ways to engage the community to take responsibility for the program and OVC in their catchment area.

School attendance and performance of many OVC will be improved by integrating different forms of psychosocial support, including emotional support, into all aspects of OVC services. Selian will also strengthen the capacity of OVC care by training 40 caregivers and 100 home-based care volunteers in four working districts. In addition, Selian will provide 400 OVC with school uniforms and material, medical treatment support to 60 OVC, and bedding to 50 OVC.

Selian will make important referrals to their Reproductive and Child Health Clinics for OVC requiring basic health services through child survival programs. In addition, those qualifying for the under-5 insecticide-treated net campaign will receive free nets, and Selian will provide them for older OVC.

Selian will put greater emphasis in FY 2009 on nutritional status of OVC, monitoring growth with mid upper arm measurements to identify growth faltering and malnutrition. Presently, the goal is to provide food and nutritional support to 800 OVC, with strong linkages with the World Food Programme initiative at Selian. The results of the USG nutritional assessment for OVC services will help to inform Selian's ongoing nutrition support program. Children with stunted growth will be referred for HIV testing and services, if necessary.

To ensure sustainability, Selian will also work on economic strengthening for 40 OVC households. This will ensure household economic empowerment and strengthen the ability of the family to care for OVC, which will reduce dependency on the project. With the assistance of trained volunteers, communities will be challenged to prioritize the needs of OVC and complement program support in their development plans to ensure continuity of the program.

\*END ACTIVITY MODIFICATION\*

**FY 2008 NARRATIVE**

**TITLE:** Selian Orphans and Vulnerable Children (OVC) program

**NEED AND COMPARATIVE ADVANTAGE:** As a faith-based organization (FBO), Selian has been working in the Arusha region for several years supporting orphans and vulnerable children (OVC) through its network of partners, which range from grass-roots church congregations to regional systems. The Selian approach for OVC care is family-based support, focusing on empowering the extended families to be able to care and support the OVC. Selian ensures a continuum of care through facilitating meaningful referral and linkages to provide comprehensive support for OVC. Arusha is an area of particular need due to the relatively high HIV/AIDS prevalence (5.3%).

**ACCOMPLISHMENTS:** As of June 2007, Selian provided direct support to 1,973 of the 5,054 identified and registered OVC. The service area covered Arusha municipality, Monduli, and Arumeru districts in Arusha region and Simanjiro district in Manyara region. Support provided included nutritional assistance to 750 OVC, school uniforms and school material to 296 children, medical treatment to 21 OVC, psychosocial support (PSS) through three children, social clubs to 1,202 OVC, and economic strengthening for 20 households, which were provided with capital to start income-generating activities (IGA)

**ACTIVITIES:**

1. Use community involvement in identifying OVC, assessing their needs, prioritizing provision of service support, and providing direct services. This will include activities such as: offering nutritional support to 3000 OVC; providing school uniforms, and school materials to 400 OVC; providing medical treatment to 60 OVC; provision of bedding to 50 OVC; provision of psychosocial support to 2,500 OVC through six social clubs, three of which are existing, and three of which are slated to begin building; conducting follow-up and monthly home visits per congregational recommendations.
2. Create three additional OVC social clubs for PSS and: provide children playing kits/materials; hold quarterly ward level meetings; support OVC tours-travels to the nearby wildlife parks once a year as a learning and entertainment trip.
3. Build capacity of the community and caregivers to care and support OVC in four districts by identifying and training 1000 caregivers on caring and support of OVC; conducting seminars for 150 community volunteers on OVC support, care, and protection; conducting community sensitization meetings in four districts on care and support of OVC. The sensitization meeting will be rolled out to all villages with help of trained volunteers. In addition: train 40 caregivers on how to run small income generating businesses/projects; strengthen households through providing funds to 40 families to start IGAs; and provide funds for overhead costs for running the project.
4. Build and support government capacity in the four district councils, which includes encouraging complementary planning by the councils to support OVC; facilitating community sensitization for village council and wards; and provide computers for entering OVC data into the national Data Management

**Activity Narrative:** System (DMS).

5. Provide food supplements through centrally purchased commodities, and the insecticide treated mosquito nets (ITNs) available through the national voucher system.

CHECK BOXES: OVC programs serve children under 18 years, as well as provide wraparound assistance in terms of nutrition, health care, and education.

LINKAGES: The program is linked to the National OVC Plan of Action (NPA), the national Implementing Partner Group (IPG) network for OVC, and all USG-funded OVC programs.

At the local level, Selian will link with area organizations working on HIV/AIDS prevention, treatment, and care, such as UHAI Centre of the Arusha RC church, along with several other church congregations providing OVC support. Local government, along with agencies providing PMTCT, home-based care, and CTC will also participate in collaboration. The program will also be linked to the national voucher system for the provision of ITNS.

CHECK BOXES: OVC programs serve children under 18 years, as well as provide wraparound assistance in terms of nutrition, health care, and education.

M&E: Selian will monitor OVC care services using the national Data Management storage and reporting System (DMS). Volunteers will work with MVCC to register OVC at the community level. CSOs will use service providers' registry and referral forms to track services provided to OVC and they will enter the data in their database and export it to the district. CSOs will analyze and report data to the regional office according to services provided, age, and gender. All reports will be shared with relevant authorities for decision making and planning. Monthly and quarterly reports will be prepared by both the OVC volunteers and evangelists at the congregations and sent to the national DMS focal person in each district for compilation. The data from the DMS will provide management reports that will assist in planning which services are provided (including healthcare, nutritional support, financial support, emotional and psychological support, school related assistance, and number of community based committees who mobilized services for households with OVC). The allocated funding for M&E is 5%.

SUSTAINABILITY: Selian's OVC program aims to strengthen families and ensure involvement of the community in supporting OVC. Church parishes are a primary and ongoing community entity where OVC are cared for and supported irrespective of their denominations in the villages. Working through these vested parish structures will enhance sustainability. This project will broaden parish activities and involve the communities through awareness, care giving trainings, and identification of OVC. OVC caring programs will be initiated in every church. This innovative approach will make church congregations centers for prevention, care, and support for PLWHA and OVC. Selian will promote sustainability by supporting the four district councils and encouraging complementary planning by the councils to support OVC. Selian will also sensitize and work with community leaders and CBOs to mobilize resources to support OVC. Selian will continue to solicit funds from different development partners for continuation of the program.

**MAJOR ACTIVITIES:**

1. Use community involvement in identifying OVC for direct service provision support.
2. Create OVC PSS clubs in local church parishes and provide play kits.
3. Build capacity of the community and caregivers to protect and care for OVC through educational training on OVC care, small business management, and provision of business capital.
4. Build capacity of the four district councils by providing computers to the districts for OVC data entry and support of collaboration between the councils.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13589

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13589	6517.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$150,000
7804	6517.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$100,000
6517	6517.06	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4082	4082.06		\$200,000



### Emphasis Areas

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$37,500

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

### Food and Nutrition: Commodities

### Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$5,000

### Education

Estimated amount of funding that is planned for Education \$25,000

### Water

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4896.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Balm in Gilead	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 8699.23311.09	<b>Planned Funds:</b> \$511,079
<b>Activity System ID:</b> 23311	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to those activities undertaken in FY 2008, in FY 2009, PFI will focus on improving quality of services for OVC through adaptation of the standardized national quality standard of OVC services. This will be initiated with the provision of direct support to OVC in the Shinyanga region. PFI will select one district with high HIV/AIDS prevalence to set an example as a "program learning district." This district will serve as a model to demonstrate linkages between referral systems, prevention programs, and treatment programs stemming from a collaborative effort from implementing partners. Specifically, PFI will work in collaboration with the OVC food and nutrition implementing partner to pilot the community nutrition support program in its learning district. PFI is in the best position to pilot the program as it currently implements both home-based care and OVC services. PFI works collaboratively with the treatment partner in their regions (the Elizabeth Glaser Pediatric AIDS Foundation--EGPAF), to ensure that services are coordinated, and neither duplicated nor insufficient. EGPAF also implements prevention of mother-to-child transmission services in these communities, and monitors adolescent HIV/AIDS prevalence growth rates. EGPAF then links OVC with the Maternal and Child Health (MCH) community outreach activities or care and treatment clinics for HIV care and support, based on need. HIV-positive OVC are linked to existing programs that will provide facility-based food by prescription, or whatever available services they may require.

PFI will enhance its work with MVCCs to ensure that OVC are formally identified and linked with community services that provide food and nutrition assessment and education, as well as referral for MCH services. Through MVCC linkages, services can be particularly focused on OVC under five years of age, children who are primarily responsible for the household, and to elderly caregivers of OVC.

To ensure sustainability, PFI will strengthen poor households through trainings on food security, increased income generating activities, and development of entrepreneurship skills. In addition, PFI will build capacity at all levels to ensure community participation and ownership of the program. PFI will work with the district councils to ensure integration of the OVC programs in the districts plans and budgets.

Best practices and lessons learned will be shared across the OVC implementing partners. Other OVC stakeholders will have opportunities to visit and learn about the ongoing activities and linkages as well as to gain knowledge of how to solicit the community to take ownership of the program and for OVC in their catchment areas.

\*END ACTIVITY MODIFICATION\*

TITLE: Tutunzane Integrating Community Program for Orphans and Vulnerable Children (OVC).

NEED and COMPARATIVE ADVANTAGE: Tanzania has approximately 2.5 million orphans and vulnerable children (OVC). Previously, orphanhood did not pose a problem to existing coping mechanisms. However, the increasing numbers of OVC have overburdened traditional coping mechanisms. In response, Tanzania has developed different strategies to improve and scale up services to assist OVC and families affected by HIV/AIDS. Pathfinder International (PFI) has worked in Tanzania since 2001, building strong working relationships at the community level and providing home-based care to people living with HIV/AIDS (PLWHA). This provides an opportunity to do case finding for HIV-exposed OVC and provide services to them. The home-based care program, called Tutunzane (which translates to "let us take care of each other"), will be expanded to include support for OVC, leveraging its relationships with communities and expertise in home-based care.

ACCOMPLISHMENTS: Tutunzane already serves 18,000 PLWHA. Its key sub-partner, the Axios Partnership in Tanzania (APT) also has considerable expertise working with OVC and communities. With Abbott funding, APT served 4,698 OVC in paralegal cases; 15,000 in medical and psychosocial support; 11,000 with nutritional support; 1,148 with birth certificate registration; 165 with income generation activities (IGA); and trained 811 volunteers. APT also built capacity for vocational training, worked with school health programs and district OVC management teams, developed a business coalition model, produced guidelines for institutional care, and developed an exit strategy for mature OVC to transition from institutions into the community.

ACTIVITIES: With FY 2008 funds, Tutunzane will collaborate with APT as a sub-partner to scale up the OVC National Plan of Action (NPA) by applying the national OVC identification process and provision of comprehensive, effective, and high quality services. Tutunzane will build on existing local initiatives and programs to establish interventions that are culturally appropriate in care giving and suitable to the communities. Emphasis will be placed on ensuring that OVC receive better care within communities than in institutions. This project is proposed to be implemented in the regions where Tutunzane is already active, in addition to expanding to seven districts of Shinyanga Region. It will operate both in urban and rural areas, with preference for areas with referral facilities for wraparound services. The program is expected to reach 9,800 OVC.

By the end of year one, PFI and APT will have completed a baseline survey, including an identification of the OVC, and a market analysis of micro enterprise opportunities; trained project staff in psychosocial outreach to OVC; and solidified project partnerships for rollout. PFI will provide educational support to OVC identified by the community during the baseline assessment. Methods of operation will also be established, laying out procedures to identify children who have been exposed to HIV so that they are referred for testing and care/treatment, if necessary. OVC served during this period will include those children and adolescents already identified by communities through other community-based organizations (CBOs) and local Most Vulnerable Children's Committees (MVCCs). Established indigenous and other organizations will receive necessary training in order to carry out project activities, and MVCC will be supported in building capacity to provide oversight. Lessons learned and insight gained from this process will be used to inform, encourage, and facilitate replication to other communities. In subsequent years of the project, PFI will work with established partners to rapidly take to scale, model interventions, and mentor newly identified CSOs to replicate the project and share relevant experiences. The programmatic responses will be complemented

**Activity Narrative:** and supported by implementing activities that strengthen the policy and program environment to adequately address the needs and interests of OVC.

The Tutunzane Program will train community home-based care providers (CHBCPs) on the provision of psychosocial support (PSS) to quickly catalyze and coordinate community PSS for OVC. Cultural, recreational, and life-skills activities will be accessible to all children and adolescents in the community, with a particular emphasis on the inclusion of OVC. Educational opportunities for OVC will be facilitated in partnership with local CBOs through activities such as awareness raising by CHBCPs; provision of scholastic materials to OVC; and teacher training on PSS. Vocational and life skills training for adolescents will be developed following the program baseline survey and market surveys. Tutunzane will link with community programs for food provision, coordinated by sub-grantees, to reduce food insecurity felt by households caring for OVC. CHBCPs will provide nutritional education both inside and outside the home. Tutunzane will collaborate with other OVC programs to ensure that child protection, social welfare, and succession programs will be in place to bridge the gap between law and traditional practices, strengthen child protection capacity at district and community level (to protect children from abuse and exploitation), and provide a focal point to link all OVC related interventions.

Throughout the project intervention, particular attention will be given to child protection and minimizing girls' vulnerability to exploitation and abuse. CHBCPs will ensure that those girls identified as being particularly vulnerable to sexual exploitation are actively recruited for vocational training.

**LINKAGES:**

This activity will link with all USG-funded OVC activities, especially through the OVC Implementing Partner Group network. It will also be closely aligned with the PFI home-based care activity. Basic mapping will be accomplished in program regions to identify other programs for potential wraparound activities. Replication of the national OVC IPG activities at district and regional levels will be encouraged in order to enhance linkages, reduce duplication, and support the districts' social welfare capacity to coordinate OVC activities. PFI will also link with Peace Corps to strengthen nutritional and economic needs of OVC households.

**CHECK BOXES:** The project will be implemented in five regions and the target populations are OVC. Both urban and rural areas will be targeted for service provision with preference for areas with referral facilities for wraparound services. Tutunzane will also assist to the MVCCs and CBOs to strengthen managerial capacities in order to improve program quality and ensure compliance with the national programs. The project will strive to ensure that every individual in the operational area in need of OVC service has access to the services, with particular attention given to child protection and minimizing girls' vulnerability to exploitation and abuse.

**M&E:** Tutunzane will adopt the national Data Management System, and will use that system for monitoring and evaluation. They will ensure that sub-grantees are responsible and accountable for inputting information about identified OVC. Tutunzane will also ensure that the data from 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. Tutunzane will also work with FHI to build capacity of the district social welfare and M&E officers and purchase them computers to ensure data quality and integrity. In addition, PFI will conduct quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher training as needed. Lastly, PFI will support CBOs that are implementers at the district level to ensure correct monitoring of the Emergency Plan program. Monthly data will be compiled, reviewed, and aggregated from all districts/regions on a quarterly basis, to be shared with stakeholders and the USG.

**SUSTAINABILITY:** Tutunzane will support capacity development of the MVCCs, district social welfare officers, and local CSO sub-grantees to ensure sustainability. Tutunzane will have memoranda of understandings with council health management teams and implementing partners stipulating each party's roles, responsibilities, and expectations, including the stipulation that OVC activities be included in comprehensive district plans. At village levels, households will be strengthened through training and income generating activities and entrepreneurship skills. With the support of district leaders, MVCC and community leader's strategies will be developed to leverage local food production to create community reserves for the child and elderly headed households. Tutunzane-supported CSO will be offered training in project proposal development to open other grant opportunities.

**MAJOR ACTIVITIES:**

1. Identify and provide high quality care and support services to 9800 OVC.
2. Train Most Vulnerable Children Committees and strengthen provision of integrated services for OVC at the community level.
3. Support district and regional coordination of the OVC implementing partners.
4. Perform basic mapping of the region and build partnerships and referrals to achieve integrated service networks and wraparound programs.
5. Expand access of OVC to the continuum of care and comprehensive HIV/AIDS services as well as preventive care and interventions.
6. Build the capacity of government and civil society for sustainable delivery of OVC services.
7. Purchase computers for the district social welfare officers, as well as two for APT, to ensure quality data and feedback report to the community

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13441

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13441	8699.08	HHS/Centers for Disease Control & Prevention	Balm in Gilead	6499	4896.08		\$400,000
8699	8699.07	HHS/Centers for Disease Control & Prevention	Balm in Gilead	4896	4896.07	Balm in Gilead	\$200,000

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$120,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5027.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 6522.23312.09	<b>Planned Funds:</b> \$1,200,000
<b>Activity System ID:</b> 23312	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Support for Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS

**NEED and COMPARATIVE ADVANTAGE:** Since 2004, Catholic Relief Services (CRS) has implemented PEPFAR grant programs for OVC affected by HIV/AIDS in Tanzania. CRS' technical approach reaches out to HIV-affected families through durable indigenous institutions such as churches, parish coordinating committees, and village Most Vulnerable Children's Committees (MVCCs), supported through resource mobilization initiatives, program funding, financial and technical assistance. This approach has not only demonstrated program effectiveness, but has also extended OVC wellbeing activities that contribute to the sustainability of integrated human development of OVC in Tanzania.

**ACCOMPLISHMENTS:** With PEPFAR funding to CRS/Tanzania, substantial progress continues in the support of national efforts to establish sustainable programs for OVC. CRS reinforces national coordination, partnership, and Monitoring & Evaluation mechanisms for OVC care and support. Notable achievements from 2004 to date include an increase in the number of OVC receiving care and support services from 3,750 to 35,000 by the end of September 2008. Of these, 16,500 OVC were reached in FY 2008, and a cumulative 18,500 continue to be supported since 2004. Fifty-two percent of the 16,500 OVC supported in FY 2008 have received at least three different types of services from seven core program areas. The education-support initiative has reached 30,000 out of 35,000 OVC with scholastic materials, uniforms, and payment of required school fees. Additionally, over 15,000 OVC have received life-skills education and 750 have acquired skills in vocational training and trade. Other educational supports include periodic tracking of school attendance and performance of individual children.

In health support, 15,000 OVC have been fully insured through two health insurance schemes, one focusing on agreements with a local health fund and another accessing the newly introduced Community Health Fund, operated by the district councils. The project has also increased community leadership in OVC care initiatives and collaboration with local, districts and the national Department of Social Welfare (DSW). At the community level, communities are fully engaged in resource mobilization, advocacy to address issues of stigma and discrimination, and food support to needy households and people living with HIV/AIDS. Regarding coordination, program review, and planning, a total of four meetings and three trainings focusing on strengthening of OVC systems were organized. District authorities participated in these meetings and trainings, demonstrating community involvement in OVC care and support initiatives. The number of OVC on antiretroviral therapy (ART) has increased from 82 in 2004 to approximately 1,400 by September 2008. Finally, the national OVC data management system (DMS) is now functional at all CRS OVC program sites and all key program staff, field officers, and community volunteers have been trained on the national M&E framework including periodic reporting tools.

**ACTIVITIES:** The FY 2009 proposed activities are based on lessons learned and the periodic reassessment of OVC project outcomes conducted during the implementation of the FY 2008 work plan. FY 2009 outcomes will ensure that: 1) OVC are actively engaged in their own care and have the opportunity to invest in their future; 2) community members take a leadership role in the care of OVC in their catchment area; 3) community-based service providers provide effective, high-quality core services to OVC and their families/caregivers; 4) community-based service providers engage in good resource stewardship; 5) local authorities and systems are strengthened to provide long-term programs, quality services, and resource support needed to sustain their community partners; and 6) CRS and national HIV technical resource institutions (such as district social welfare officers, council health management teams, local health facilities, and diocesan leadership) provide the necessary technical and material support to parish coordinating committees, MVCCs and the community home-based care (HBC) networks. These supports will strengthen families, build critical capacities, provide integrated quality services, and support the capability of the national M&E system to obtain quality and reliable data for decision-making at various levels including local, district, and national to ensure maximum integrated human development of OVC through uninterrupted delivery of quality services. These sustainable outcomes will ultimately foster strong partnerships and develop project sustainability among local authorities, and within the community, diocese, and household levels.

One major goal for FY 2009 is to enhance the quality and sustainability of services. Efforts will facilitate local ownership and leadership for quality service programs, while transitioning CRS' role from overall management of the portfolio to one that provides key technical assistance in programming, accounting, administrative skills, and auditing practices. FY 2009 activities will focus on building the institutional capacity of partners to plan, implement, evaluate, and manage OVC programs, as well as providing quality services including community nutritional support.

In FY 2009, there will be a greater emphasis on nutritional assessments. Community volunteers will use mid-upper arm circumference tapes to determine the nutritional status of OVC. OVC identified with faltered growth, or who are severely or moderately malnourished, will be referred to health clinics for HIV testing and food supplementation, if available. For OVC identified with an immediate need, living in a food insecure household, CRS will provide interim support, while linking the household to a livelihood activity.

**LINKAGES:** This activity will link to the Tanzanian National Costed Plan of Action (NCPA) for Most Vulnerable Children and with the entire USG-funded OVC Implementing Partner Group (IPG) network. CRS will continue to collaborate with the Ministry of Health and Social Welfare (MOHSW), the Prime Minister's Office for Regional and Local Government, and the Institute for Social Work through a learning and internship program for undergraduate students. Under this program, students in their third year of studies participate in short-term assignments and deploy to different sites where CRS implements programs benefiting OVC. CRS will continue to collaborate with the OVC IPG and the Quality Improvement Sub-Taskforce in the development of standards in OVC care and to share best practices and lessons learned.

Furthermore, in FY 2009, health care initiatives will extend their focus to support vulnerable children whose parents are living with HIV/AIDS. HIV-positive children will access ART services through linkages and

**Activity Narrative:** improved referral systems as well as through the provision of bus fare. Most importantly, this activity will be linked to the work of the MVCCs at the local level.

CRS OVC programs will also be linked with the national Malaria voucher scheme for insecticide treated nets and child survival initiatives at local health facilities.

**M&E:** Developing strong supervisory systems is essential to maintaining the quality of services achieved through competency-based training, which also contributes to the implementation of the NCPA. In FY 2008, CRS adapted and harmonized supervision tools to monitor quality of services at different program levels systematically. Under the M&E framework and standards of quality programming, CRS trained over 23 key program staff in six geographical sites in the Data Management System (DMS), information management skills, reporting and computer skills, and problem solving solutions. At the central level, through the DSW, the MOHSW has requested capacity building trainings to its District Social Welfare Officers, and supports national efforts to roll out and disseminate the NCPA, national DMS and quality standards. In order to sustain and strengthen the capacities of partners to monitor the program effectively, CRS will invest more resources to strengthen the overall M&E and DMS. The grant will support more M&E activities, increase technical assistance to key government stakeholders, supportive supervision, and training of staff. Consultancies will be included in the M&E and DMS development in order to put clear monitoring and evaluation mechanisms into place for all programs. Inadequate staff, a lack of data processing skills, and deficient tracking systems are key impediments to effective M&E systems. CRS will address these issues throughout the implementation of this work plan and cost extension period.

**SUSTAINABILITY:** In FY 2009, the CRS program team and diocesan partners will work together with local communities, households, and district authorities to develop and market a culturally acceptable sustainability strategy, which will promote key fundamental competencies and coping mechanisms. These will be delivered through open dialogues among OVC, families, clans, parish-based OVC support committees, self-help groups, and MVCCs. The FY 2009 CRS OVC programming strategy focuses on interventions that safeguard the best interests of OVC and promote the CRS Integrated Human Development strategy. To achieve this goal, CRS will provide comprehensive, and quality-based interventions for OVC across the following seven core program areas; education and vocation training support, food and nutrition, healthcare, psychosocial support, child protection, shelter and care, and income generation. In addition to child-centered interventions, special focus will be on systems strengthening and human capacity development. CRS has developed a vision to guide the implementation strategy: OVC are resilient, healthy, and see purpose in their lives now and in the future and reside in self-sufficient, vibrant, nurturing communities and households.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13453

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13453	6522.08	U.S. Agency for International Development	Catholic Relief Services	6505	5027.08		\$1,350,000
7691	6522.07	U.S. Agency for International Development	Catholic Relief Services	5027	5027.07		\$700,000
6522	6522.06	U.S. Agency for International Development	Catholic Relief Services	11905	11905.06		\$200,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Health-related Wraparound Programs

- \* Child Survival Activities
- \* Malaria (PMI)

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$192,775

## Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$18,300

### Food and Nutrition: Commodities

## Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$44,500

## Education

Estimated amount of funding that is planned for Education \$380,000

## Water

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 5240.09

**Prime Partner:** Salvation Army

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 4920.23313.09

**Activity System ID:** 23313

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$650,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This funding complements the Track 1 funding for the Salvation Army/Tanzania (TSA/TZ). In FY 2009, TSA/TZ will focus on expanding and strengthening community capacity building to ensure sustainability and ownership of the program, in a move to start transferring responsibility for programs to the Government of Tanzania and communities. TSA/TZ will continue to implement community strategies determined to be effective in ensuring integration of OVC-supported activities in the community district plans and budgets. TSA/TZ will develop a protocol to be followed while implementing activities that will support community understanding of the national strategies supporting OVC. Examples of these strategies include quality improvement of OVC services; improved collection, processing, and use of data; and technical support to the community as they adopt the national quality standard for OVC services. In addition, TSA/TZ will follow guidance from the recent nutritional assessment of OVC, proposing strategies for cost-effective community-based food and nutrition programs through TSA/Tanzania's Mama Mkubwa committees. TSA/TZ will document best practices, lessons learned, and challenges encountered throughout the life of the program. This will inform and strengthen the national OVC strategies for PEPFAR Phase Two. Lessons learned will be shared among key stakeholders, implementing partners, and the Government of Tanzania. In addition, other OVC stakeholders will have the opportunity to visit the program and learn about successful activities, linkages, and ways to engage the community to foster community ownership and support of the program. \*END MODIFICATION\*

FY 2008 Narrative

**NEED AND COMPARATIVE ADVANTAGES:** The severe AIDS epidemic presents an enormous challenge to Tanzania, which ranks among the poorest countries in the world. The response of national programs international agencies has contributed in efforts to fight this pandemic. The development of the HIV/AIDS epidemic have its clear impact on all sectors of development through not only pressure on AIDS cases care and management of resources, but also through debilitation and depletion of economically active population especially young women and men. Most affected groups are the youth and the women. Several reasons can be advanced to explain this observation. Early marriage and early initiation of sex among women, young girls having sex with older men, peer pressure for high-risk behavior, biological and anatomical predisposition are some of the most important reasons. In addition, failure of women to protect themselves from HIV infections due to economic hardships, repressive customary laws, beliefs and polygamy could all contribute to this state of affairs. Adult mortality in Tanzania has increased considerably during the nineties and there is evidence from several districts that AIDS is now the leading cause of death among adults. The modest child mortality decline in Tanzania stagnated during the second half of the nineties and this may be due to HIV/AIDS. The proportion of children under 15 who are orphans has gradually increased and by the turn of the century 10.1% had lost both parents, 6.4% had no father and 3.5% had no mother (AIDS in Africa during the nineties, Tanzania, 2001). In Southern Tanzania, Lindi and Mtwara regions have only limited data. A comparison of antenatal clinic data in Lindi town between 1989 and 1993 showed a rise in HIV prevalence from 0.5% to 8.7% (Petry and Kingu, 1996). In Kilimanjaro region, antenatal clinic surveillance in Umbwe (Moshi rural district) shows an increase, especially since 1997. HIV prevalence was nearly 20% in 1998–99. In Hai district, AIDS was the second most common cause of death, with 26% of female and 37% of male adult deaths associated with HIV/AIDS. The increase in adult mortality implies that many more children will be orphaned because of the AIDS epidemic. In the implementation of this program, The Salvation Army will utilize the funds to create awareness in communities about the HIV/AIDS pandemic, risky behavior, and advocate for behavioral change among children, youth, and adults. Similarly, the program proposed will train community members through community-based structures known as Mama Mkubwa Teams/ Most Vulnerable Children's Committees (MVCC) in community counseling, psychosocial support, home-based care, nutrition, HIV/AIDS, entrepreneurial skills, and resource mobilization in order to sustain the program activities, and effectively provide sustainable care and services to identified OVC/MVC. OVC/MVC will receive psychosocial support through kids clubs in their communities where they will also learn about HIV/AIDS, anti stigma issues, body hygiene, children's rights, and entrepreneurial skills for older youth, youth sexuality and HIV/AIDS. OVC/MVC will directly benefit from the program in education, food and nutrition, and psychosocial support. The program will provide direct material support to the OVC to provide for their immediate needs. Those with needs beyond what the program can offer, such as health and ARV treatment, will be referred to other partners. In addition to the above-mentioned components, TSA/Tanzania will also implement the WORTH program – a literacy-led, savings-based village banking program for female caregivers of OVC/MVC. This will support the OVC families to earn a living, as well as provide children with their basic needs. Women with no literacy skills will learn how to read and write. The program also organizes mobile workshops among WORTH groups on various topics such as HIV/AIDS, nutrition, successful business practices, and OVC care and support through an OVC fund.

**ACCOMPLISHMENTS:** During October 2007 - June 2008, Salvation Army continued with community strengthening through community dialogues and caregivers' training in order to ensure sustainable care and support to the OVC/MVC in Lindi and Kilimanjaro regions. Community Counselors facilitated the dialogues; sensitized and mobilized the communities to participate in the dialogues, and complement the Salvation Army (TSA) support in caring for the OVC in their communities. In various communities, local government officials, teachers, elders, children, community and religious leaders participated in the dialogue. The communities have witnessed the progress of the OVC/MVC work and Mama Mkubwa initiatives that support the OVC/MVC. The Field Supervisors and TSA Officers joined the counselors to encourage other community members and the caregivers who are not part of Mama Mkubwa teams and the most vulnerable children committees (MVCCs) to attend these dialogues. Through dialogues communities were urged to be creative, and take initiatives of utilizing the provided information and knowledge to start the income generation activities. The dialogues enabled community participation and ownership of the initiated TSA programs activities; which will help communities to continue serving OVC/MVC even after the program funds ends. The community dialogue concerning OVC/MVC issues have enhanced community awareness, participation, commitment and ownership of the program. Among the key issues involved in the dialogue are behavioral change to prevent HIV/AIDS risk behaviors, fight stigma, and sustain OVC/MVC care and support. From community dialogues, a number of community strategies to support OVC/MVC were established, supported by cash and material contributions from community members. The program trained 145 community counselors. TSA has supported about 18,734 (March 2008) children with psychosocial support through Kids Clubs. Through support initiatives of Mama Mkubwa teams, WORTH group members,



**Activity Narrative:** caregivers and community members, some OVC/MVC and their families were provided with basic needs including education materials. TSA has reached about 5,692 women through WORTH the literacy-led, savings-based village banking program. The vast majority of these women are caregivers of OVC. Through WORTH, female caregivers are raising their household incomes, starting and growing their businesses, and in some cases, learning to read and write for the first time. The average savings per member has grown to 300 Tanzanian shillings per week. Members businesses continued to grow while other members embarked into new income generating activities. During this period loans given to members have increased as members have seen the importance of putting more money in their loan fund. In order to determine the extent of OVC/MVC support by WORTH groups, TSA conducted a research project in April, 2008. The research looked at material support, and non-material support. The results indicated that WORTH groups have provided support to 2,764 OVC/MVC since October 2007. WORTH groups have supported these children with shelter, food, school feeding, assistance with farm work, school materials, fees, and uniforms, medicine, help setting up savings clubs, and referrals. Eighty-four WORTH groups have OVC funds. Some groups held fund raising activities to solicit additional support from community members. Men's interest in the WORTH program has also increased. despite of the fact that WORTH target poor women households only; there are a number of men's groups that have replicated the WORTH model with some technical support from the women's WORTH groups and from Empowerment Workers. Some men's groups are even paying the community Empowerment Workers (EWs) for their technical support. WORTH women are assisting these groups in terms of helping them to operate profitable groups with a minimal assistance from the EWs who have been giving occasional support during times when they are not working with the women groups. Empowerment of the Counselors, Mama Mkubwa (MM) team members, Caregivers and WORTH group members was done through, various trainings conducted during this quarter to make sure that the counselors, MM teams and women in the WORTH groups are technically equipped to fulfill their goals of caring for the OVC/MVC in their communities. Support visits to Mama Mkubwa teams, OVC/MVC households and WORTH groups has been ongoing through visits by the program teams. The Salvation Army has been working with about 260 WORTH groups in Kagera and Kilimanjaro communities. However, there is a need to scale up OVC/MVC support services to cover OVC identified in the regions in a quality manner, given the needs that OVC and their families have.

**ACTIVITIES:** 1. Train 960 Mama Mkubwa/Most Vulnerable Children's Committees (MVCC) members in community counseling, psychosocial support (PSS), first aid, Monitoring and Evaluation (M&E), nutrition, and resource mobilization to improve knowledge and skills for OVC care and support. This includes: training 80 Mama Mkubwa/MVCC members per district; training twelve individuals from the Department of Social Welfare (DSW) and community development officers (one per district) in M&E and navigation of the database (officers will need to monitor data collection, tracking, and progress in the respective districts according to program indicators and objectives); and engaging the community in conversations to enable communities to understand problems facing OVC, identify needs, and establish community committees and plans for further provision of care and support. 2. Identify and serve OVC. Mama Mkubwa/MVCCs will be established through the prescribed national identification process. TSA/Tanzania shall build the capacity of these committees to deal with the situations that may arise as they provide care for OVC. 3. Scale up quality services and intensify coverage of the Lindi and Kilimanjaro regions. This includes: providing PSS through 400 kids clubs for children to receive counseling, education, and psychological, physical, and emotional rehabilitation (TSA/Tanzania will purchase and distribute 400 new kids clubs kits and 400 first aid kits to new clubs and replacement of old club tools); producing and printing HIV/AIDS sensitization materials and nutrition books; providing food supplements through centrally purchased commodities, providing dairy goats to MVC caregivers, distributing blankets/bed sheets and distributing insecticide treated mosquito nets. 4. Conduct refresher training for twenty-four staff members and officers in community counseling, PSS, first aid, nutrition, M&E, and resource mobilization. Ensure staff and officers have sufficient knowledge, skills, and increased capacity to provide quality care and support OVC effectively. 5. Support coordination and capacity building of local government structures. To ensure coordination and effective referrals, Salvation Army will work through field staff to support capacity building and ensure effective coordination of OVC implementing partners in the Lindi and Kilimanjaro regions through replication of national OVC Implementing Partner Group activities. TSA/Tanzania will collaborate with the following entities on a quarterly planning basis: local government councils, school management committees, village authorities, representatives of business associations, and local management of public and private health facilities. A continuum of care will be provided to OVC. 6. Conduct community conversations in communities where the program operates to raise awareness of the OVC issues and enable them plan care and support services based on real situations of OVC in their communities.

**M&E:** TSA/Tanzania shall:

1. Adopt the national Data Management System (DMS) and use that system for M&E purposes. Ensure that sub-grantees' information about 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. Assist local government in using the data available in the DMS for planning, budgeting, and decision making. 2. Purchase six computers for the district social welfare officers in the 12 districts of Lindi and Kilimanjaro regions, build capacity of the district social welfare and M&E officers and provide basic training to use the purchased computers to ensure data quality and integrity. 3. Conduct daily monitoring (through Mama Mkubwa/MVCCs), and conduct quarterly field visits to assess the quality of services provided, review data, and provide onsite refresher training (as needed). 4. Conduct mid-term and year-end evaluations. Feedback shall be provided to staff, partners, community members, and district leaders to ensure quality services, as well as follow up challenging situations. 5. Include M&E activities in the work plan that is integrated into the program processes for each category of staff. Data shall be collected from the field on monthly basis and reviewed by the program M&E specialist. In FY 2009, approximately 7% of the budget will be used for overall M&E purposes.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13585

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13585	4920.08	U.S. Agency for International Development	Salvation Army	6558	5240.08		\$700,000
7801	4920.07	U.S. Agency for International Development	Salvation Army	4578	3506.07	SA Track 1.0	\$384,460
4920	4920.06	U.S. Agency for International Development	Salvation Army	3506	3506.06		\$420,898

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$85,125

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6165.09	<b>Mechanism:</b> Food/Nutrition
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 16533.23315.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 23315	

**Activity Narrative:** THIS IS A NEW ACTIVITY

**TITLE:** Procurement and Distribution of Food and Nutritional Commodities

**NEED and COMPARATIVE ADVANTAGE:** Malnutrition is a major health problem among under-five children Tanzania, and orphans and HIV-exposed children are frequently malnourished. Yet there are few programs that focus on the nutritional needs of these children. There is significant need to follow HIV-exposed infants (many of whom are orphaned) and under-five children, particularly to assess the nutritional needs of those who are faltering in their growth pattern. An important entry point for identifying HIV-exposed children is through Prevention of Mother-to-Child Transmission (PMTCT) programs. Presently, however, little is being done to ensure the appropriate nutritional status of HIV-positive pregnant women, or to follow up on the exposed child. In order to improve the nutritional status of pregnant women, as well as HIV-positive vulnerable children, the USG intends to procure food and/or nutritional supplements for malnourished pregnant women in PMTCT programs, as well as orphans and vulnerable children (OVC), particularly post-weaning.

**ACCOMPLISHMENTS:** Not applicable, as this is a new activity.

**ACTIVITIES:** In FY 2009, the USG intends to procure and distribute food and nutritional support to HIV/AIDS patients through PMTCT and pediatric care and support partners. For HIV-positive women, micronutrients will be procured for distribution, initially in eight districts (the same as those piloting Food by Prescription in HIV/AIDS Care and Treatment Clinics). In addition, a nutritional supplementation program for HIV-positive malnourished children will be initiated in the same eight districts, using a product such as Plumpy'Nut. The partner selected to procure and distribute the food must have a successful history of procuring for nutritional programs supporting people living with HIV/AIDS, in addition to bulk purchasing and distribution of supplies. TBD will adopt proven practices for implementing nutritional support programs for HIV-positive pregnant women and vulnerable children.

**LINKAGES:** The partner will link with implementing partners providing direct services to HIV-positive women and HIV-exposed children to develop models for food supplies management and distribution systems. The partner will also coordinate closely with other partners (including the Medical Stores Department) who have experience in commodity distribution in country to ensure that commodities reach the implementing partners. Where possible, the TBD partner will avoid duplication by working directly with other implementers involved in wraparound feeding or nutritional support programs (e.g., the World Food Programme). TBD will also work with in-country supplementary food manufacturers, for possible procurement of food or nutrition-related commodities.

**M&E:** This TBD partner will be for commodity procurement and will also contribute to the service delivery provided by other implementing partners; therefore, the activity does not have direct targets. However, information on the procurement of food and nutritional supplements will be tracked by the USG activity manager and will be monitored against information reported by service delivery partners.

**SUSTAINABILITY:** While the food procurement is not designed to be a self-sustaining activity, it is aimed at therapeutic food provision for a specified duration within the clinical setting to address immediate and critical food and nutritional deficiencies especially for clients currently in PMTCT programs and OVC. The longer-term food security and availability to the households will be addressed through other linkages with wraparound programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16533

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16533	16533.08	U.S. Agency for International Development	To Be Determined	6464	6165.08	Nutrition	

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
Estimated amount of funding that is planned for Food and Nutrition: Commodities [REDACTED]
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 17032.23316.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 23316	

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ONCE AN AGREEMENT IS AWARDED, ACTIVITIES WILL PROCEED DURING FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Providing Insurance to Strengthen Households with Orphans and Vulnerable Children (OVC).

PEPFAR Tanzania has worked with the Government of the Netherlands to apply an integrated plan to provide direct support to HIV/AIDS-impacted people, while simultaneously investing in the development of a robust private sector health care capacity. Recent studies show that at the country's current level of development, the private sector must be leveraged to assist in health care provision if the government is to realize its goal of ensuring access to health care services to all who need it.

This activity collaborates with an innovative public-private partnership designed to provide basic employer provided health insurance to 50,000 low-income wage earners by leveraging the in-place program to offer insurance benefits to caregivers and their families who are willing to take in OVC. The program provides insurance premium subsidies, which the private sector in-country insurer matches by agreeing to take only 3%, profit rather than the standard 18% (resulting in a 15% insurer contribution).

**ACCOMPLISHMENTS:** new activity

**ACTIVITIES:** The USG/Tanzania has linked with the Dutch Government to implement an integrated plan to provide direct support to HIV/AIDS-impacted people while simultaneously investing in the development of a robust private sector health care capacity. This activity will extend the basic health care coverage package by covering the care costs associated with households who are willing to take in OVC. The care will be provided in certified private, non-governmental health facilities, as well as through home-based care providers. The arrangement will have the dual effect of increasing household support for families caring for OVC, while also encouraging the development of a parallel private sector health care network designed to encourage and support employer-sponsored health care coverage. No targets have been set because the beneficiaries will be served by USG-funded implementing partners and will be reported under those partners programs.

**LINKAGES:** This activity links to the other insurance program activities in treatment and the on-going activity in counseling and testing. Collaboration on the pilot programs will occur with Deloitte TUNAJALI OVC activities, and possibly with other USG-funded OVC implementing partners.

**CHECK BOXES:** The program will serve OVC and their households, strengthening the household and contributing to economic security.

**SUSTAINABILITY:** By building interest in health insurance, the program is expected to strengthen families and develop the practice of using health insurance to strengthen health services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17032

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17032	17032.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$200,000

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 7570.09 **Mechanism:** N/A  
**Prime Partner:** Mbeya HIV Network Tanzania **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Care: OVC  
**Budget Code:** HKID **Program Budget Code:** 13  
**Activity ID:** 16986.23317.09 **Planned Funds:** \$800,000  
**Activity System ID:** 23317

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** Two people have been trained on the national Data Management System (DMS) and the system has been installed at CARITAS, a member NGO under MHNT.

**ACTIVITIES:** The program will continue as in FY 2008, though there will be additional focus placed on case finding of HIV-positive children among orphans and vulnerable children (OVC) being served and attention to nutritional status so that those who require nutritional support can be linked with services. Community volunteers will use mid-upper arm circumference measurements to determine if OVC have faltered growth or are malnourished. For OVC identified with an immediate need and living in a food insecure household, MHNT will provide support while linking the household to income generating activities. The program will also work with Prevention of Mother-to-Child Transmission sites to follow up on exposed children, and there will also be additional efforts to promote prevention among older OVC.

In addition, more focus will be on provision of quality services, and MHNT and other partners will ensure that Most Vulnerable Children's Committees (MVCCs) are operational. Rungwe district will be the "program learning district" in which the DMS will be installed and operational. Additional staff will be trained to operate the DMS and MHNT will interact with other partners to collaborate on work plans that support functional referrals. MHNT will monitor and report quarterly on progress of implementation of the "program learning district," and share experiences across partners via exchange visits and, where possible, electronic communications. In addition, MHNT will document and disseminate best practices to facilitate scale up of successful practices.

**M&E:** In addition, computers will be purchased for the district. MHNT will install the national DMS and train data clerks on its use. Data will be useful to highlight key needs and enlist community support in meeting the needs of caregivers and older OVC.

**SUSTAINABILITY:** In FY 2009, DOD will begin the last year of a three-year process to transition responsibility for sub-partner oversight to MHNT.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Expansion of Services for Orphans and Vulnerable Children (OVC) in the Mbeya Region.

**NEED and COMPARATIVE ADVANTAGE:** The Mbeya region has an estimated 18% orphans and vulnerable children (OVC), and due to the intense level of poverty in this region, most of these children remain without adequate access to support. These OVC rely heavily on their communities and the households that they live in to provide financial support for access to health care as well as other support services. Most of these households and community caregivers face considerable challenges in providing such support due to the extremely poor economic conditions of the area.

The 13 member organizations of the Mbeya HIV Network Tanzania (MHNT) provide critical combined expertise to the region, as well as a history of successful collaboration and established relationships within their respective communities. The network is best suited to strengthen the sub partners' capacity through trainings, identify and meet the needs of communities throughout the Mbeya region.

**ACCOMPLISHMENTS:** Member NGOs of the MHNT have supported over 10,000 OVC, including providing educational support (school fees, uniforms, and materials), nutrition assistance, and psychosocial support. The Anglican Diocese of the Southern Highlands, a MHNT member, has trained 124 volunteers from all member organizations including KIHUMBE (see separate submission) providing services to OVC in the Southern Highlands Zone, which includes Mbeya, Rukwa, and Ruvuma regions.

**ACTIVITIES:**

The MHNT will work with KIHUMBE and members of SONGONET and RODI (see other submissions for these partners) to ensure similar packages of services are available for clients in the Mbeya, Rukwa, and Ruvuma regions. In addition, implementations of services have been standardized across these partners while allowing for some flexibility in focus/approach depending on regional conditions and specific unique OVC needs. With FY 2008 funding, the program will:

1. Identify and expand support to OVC, providing an additional 3,545 OVC with educational support, shelter, nutrition assistance and psychosocial and spiritual support, according to their needs:
  - 1.a. Work with local government and Most Vulnerable Children Committees (MVCCs), to identify OVC and their needs and ensure against duplication of service and maximize coverage;
  - 1.b Provide all OVC with psychosocial support through individual and group counseling;
  - 1.c. Depending on outcomes of the needs assessment conducted as part of the identification process, prioritize services for individual educational support (fees, uniforms, and supplies), shelter, and nutrition assessment and assistance;
  - 1.d. Provide training in income-generating activities for OVC caregivers as well as the older OVC;
  - 1.e. Link OVC and caregivers to Peace Corps agriculture activities in the region for training in home gardens for both personal food production and as an income generating opportunity;
  - 1.f. Link to USG procurement programs for distribution of ITN and water purification supplies to clients.
2. Train volunteers and caregivers serving OVC in Mbeya, Rukwa and Ruvuma regions:
  - 2.a. Provide initial comprehensive training to new volunteers providing service to OVC through sub-partners in each of the three regions;
  - 2.b. Provide refresher training to volunteers who have previously received comprehensive training;
  - 2.c. Training caregivers and MVCCs.
3. Collaborate with KIHUMBE and other MHNT members to provide services to OVC through youth centers in Mbeya region;

**Activity Narrative:** 3.a. Develop agreements with KIHUMBE to outsource services by MHNT members at youth center sites, based on the specialty of the organization;  
 3.b. Refer OVC to youth centers, and help to cultivate referrals from schools and other entities serving in and out of school youth.

4. Improve referral system for OVC to ensure a comprehensive approach to meeting individual needs, to include follow-up with the entity to which the client is referred: 4.a. Establish standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT and HIV prevention, as appropriate); 4.b. Train OVC service providers and caregivers in identification and care for HIV related illnesses and referrals for HBC and facility based clinical services to increase treatment of HIV infected OVC;  
 4.c. Continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up;  
 4.d. Include these referral activities, including follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

5. Capacity building of the local government structures to ensure sustainability and coordination of the OVC providers.

**LINKAGES:** All 13 of MHNT's member NGOs will provide OVC services. All member organizations refer clients to one another based upon clients' area of residence, need, and strength of the organization. MHNT members also link with: district and/or regional hospitals to facilitate referrals; MVCC, ward leaders and other local government officials to identify and register OVC and comply with data reporting requirements; Primary and secondary schools and the vocational training institute (VETA); Peace Corps activities and NGOs providing income-generating activities; Faith groups and other providers of counseling services; and USG and other donor sources of ITN and safe water commodities.

**CHECK BOXES:** OVC services support both HIV-positive and HIV-negative OVC as well as their caregivers. Linkages to healthcare address child survival, malaria, and other health issues in addition to HIV/AIDS. Education assistance and psychosocial/spiritual support promote OVC skills and well-being, while income-generating activities foster economic strengthening and food security for OVC constitute the primary human resources delivering OVC services. Developing programs in Rukwa and Ruvuma regions will particularly benefit from training by the Anglican Diocese.

**M&E:** In addition to established processes for monitoring indicators on a quarterly basis through the DMS, MHNT will develop, adopt, and implement standardized tools for collecting detailed data on service delivery in preparation for compliance with governmental data reporting requirements from the MOHSW. These tools will also serve as a checklist, ensuring a menu of services is offered to each child, based upon individual need. An M&E person is employed in each zone to train and oversee members' staff and apprise of current updates on a quarterly basis. Along with submitting these data to the local government, data from member organizations will be compiled at the network level, allowing for identification of major service needs and gaps. The M&E person will ensure that the MVCC provides data to the national DMS, and that the data be available both for national planning and programming and for local decisionmaking, budgeting/planning, and management purposes. These data can also be useful to highlight key needs and enlist community support in meeting these needs of caregivers and older OVC. Training is a key component of the OVC program area, as volunteers

**SUSTAINABILITY:** In FY2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to MHNT. This local network has successfully implemented community activities since 2005, registered as a NGO, and is refining its structure and operations to manage member activities. Starting in FY2007, DOD will work with MNHT to establish appropriate administrative mechanisms, coordinate training, and provide technical assistance through other USG partners, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, MNHT will determine awards, ensure regional coverage, proper fiscal management, and oversight of sub-partner service implementation. MNHT is well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16986

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16986	16986.08	Department of Defense	Mbeya HIV Network Tanzania	7570	7570.08		\$800,000

### Emphasis Areas

Construction/Renovation

Gender

- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities

- \* Malaria (PMI)

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$140,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

### Economic Strengthening

### Education

Estimated amount of funding that is planned for Education \$250,000

### Water

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 7571.09

**Mechanism:** N/A

**Prime Partner:** Resource Oriented  
Development Initiatives

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 16988.23318.09

**Planned Funds:** \$160,000

**Activity System ID:** 23318



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** FY 2007 funding supported the establishment of PEPFAR-funded OVC support services in Rukwa region, including identification of appropriate sub-partners in Rukwa districts where eight NGOs were identified. By SAPR 2008, 1,573 children have been supported by the NGOs under RODI. About 80 caregivers have been trained to provide services to OVC.

**ACTIVITIES:** The program will continue as in FY 2008, though there will be additional focus placed on case finding of HIV-positive children among orphans and vulnerable children (OVC) being served and attention to nutritional status so that those who require nutritional support can be linked with services. There will also be additional efforts to promote prevention among older OVC. The program will also work with Prevention of Mother-to-Child Transmission sites to follow up on exposed children.

Sumbawanga Urban district will be the "program learning district" in which RODI will install the national DMS and train staff on its use. RODI will focus on provision of quality services and work with other partners to ensure that the MVCCs are operational. RODI will monitor and report on progress of implementation of the "program learning district," and share experiences across partners via exchange visits and, where possible, electronic communications. The program will document and disseminate best practices to facilitate scale up of successful practices.

**M&E:** In addition, computers will be purchased for the district/municipal social welfare officer. RODI will install the national DMS and train data clerks on its use.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Improvement of OVC services to support the most vulnerable children.

**NEED and COMPARATIVE ADVANTAGE:** Rukwa region has an estimated 18% OVC per capita, yet due to limited resources, most of these OVC (as well as other vulnerable children) do not receive care and support services. Addressing the needs of these youth is complex as it involves not only building financial support, but psychosocial support as well as health, educational, nutritional, as well as broad community support to address any issues of stigma. The majority of households and caregivers that support these youth have limited resources and need economic strengthening as well.

In addition, there is very poor infrastructure to support the provision of the necessary services to OVC in the Rukwa region. There are no paved roads in this region, and these roads are often impassable during the rainy season. There are a few established NGOs providing HIV-related services in the Rukwa region, though these NGOs do not have the capacity to provide comprehensive service provision across the entire region. One implementing partner, RODI, does have a strong record of capacity building and training for a variety of projects in the Rukwa region. RODI also have the capacity necessary to coordinate service provision by a network of NGOs throughout Rukwa.

**ACCOMPLISHMENTS:** FY2007 funding supports establishment of PEPFAR-funded OVC support services in Rukwa region, including identification of appropriate sub-partners in Rukwa districts where NGOs had yet to be identified.

**ACTIVITIES:**

1. Provide support to OVC, including educational support, shelter, nutrition assistance and psychosocial/spiritual support, according to individual needs.
  - a. Work with local government and MVCCs as they become established, to identify OVC and their needs and ensure against duplication of service.
  - b. Provide training in income-generating activities for OVC caregivers and older OVC.
2. Coordinate with Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission, to ensure training of OVC caregivers.
  - a. Communicate with MHNT to schedule initial comprehensive training and organize attendance of volunteers serving OVC.
  - b. Plan refresher trainings with MHNT as necessary (particularly to coincide with any changes to local or national OVC policy) for volunteers who previously received comprehensive training.
3. Establish referral system for OVC to ensure a comprehensive approach to meeting individual needs. Include follow-up with the entity to which the client is referred.
  - a. Institute standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT and HIV prevention, as appropriate).
  - b. Continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up.
  - c. Include these referral activities, including follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

**LINKAGES:** Five sub-partner NGOs, all of which refer clients to one another based upon clients' area of residence, will provide OVC services. Each NGO links with:

- District and/or regional hospitals to facilitate referrals;
- Ward leaders and other local government officials to identify and register OVC and comply with data reporting requirements;
- Primary and secondary schools and the vocational training institute (VETA);
- Faith groups and other providers of counseling services;
- NGOs working to establish village OVC funds, to collaborate and reduce duplication

**CHECK BOXES:** OVC program services support OVCs (whether HIV-positive or HIV-negative) as well as their caregivers. Linkages to health care address child survival, malaria and other health issues in addition

**Activity Narrative:** to HIV/AIDS. Education assistance and psychosocial/spiritual support promote OVC skills and well-being, while income-generating activities foster economic strengthening and food security for OVC caregivers and older OVC. Training is a key component of the OVC program area, as volunteers constitute the primary human resources delivering OVC services. The developing program in Rukwa will particularly benefit from training by MHNT.

**M&E:** RODI has considerable M&E expertise, having supported a number of projects in efforts to improve M&E practices. In addition to instituting standard processes for monitoring indicators on a quarterly basis, RODI will ensure implementation of standardized tools for collecting detailed data on service delivery. These tools, developed through the Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission, will also serve as a checklist, ensuring a menu of services is provided to each child, based upon individual need. Along with submitting these data to the local government, compiling data from sub-partners will allow for identification of major service needs and gaps within OVC services. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs.

**SUSTAINABILITY:** RODI is a local, grassroots Tanzanian-run NGO that has cultivated capacity-building expertise in the health, environmental and agricultural arenas. Its holistic approach to health addresses HIV, malaria and water-borne disease. RODI has expanded activities slowly within the Southern Highlands Zone, so as not to exceed current capacity and compromise quality of service. Few local entities in Rukwa have experience managing service delivery on a regional scale, yet RODI has the background and skill base for this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage and fiscal oversight of sub-partners, but will also lend needed administrative capacity to Rukwa. RODI and its sub-partners will become increasingly well positioned to apply for and administer additional funding for this under-served region.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16988

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16988	16988.08	Department of Defense	Resource Oriented Development Initiatives	7571	7571.08		\$160,000

### Emphasis Areas

Construction/Renovation

Gender

- \* Increasing women's access to income and productive resources

Health-related Wraparound Programs

- \* Child Survival Activities

- \* Malaria (PMI)

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,000

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

### Economic Strengthening

### Education

Estimated amount of funding that is planned for Education \$50,000

### Water

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 7580.09

**Prime Partner:** SONGONET-HIV Ruvuma

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 16985.23319.09

**Activity System ID:** 23319

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$100,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:** By SAPR 2008 some 1,972 OVC have been supported by NGOs under SONGONET. SONGONET also trained 80 caregivers in 2007.

**ACTIVITIES:** The program will continue as in FY 2008, though there will be additional focus placed on case finding of HIV-positive children among orphans and vulnerable children (OVC) being served and attention to nutritional status so that those who require nutritional support can be linked with services. Community volunteers will use mid-upper arm circumference measurements to determine if OVC have faltered growth or are malnourished. For OVC identified with an immediate need and living in a food insecure household, SONGONET will provide support while linking the household to income generating activities. The program will also work with Prevention of Mother-to-Child Transmission sites to follow up on exposed children, and there will also be additional efforts to promote prevention among older OVC.

In addition, more focus will be on provision of quality services, and SONGONET and other partners will ensure that Most Vulnerable Children's Committees (MVCCs) are operational. Songea Rural district will be the "program learning district" in which SONGONET will install the national DMS and train staff on its use. SONGONET will focus on provision of quality services, and will work with other partners to ensure that the MVCCs are operational. SONGONET will monitor and report quarterly progress of implementation of the "program learning district," and share experiences across partners via exchange visits and, where possible, electronic communications. The program will document and disseminate best practices to facilitate scale-up of successful practices.

**M&E:** SONGONET will purchase computers for the district/municipal social welfare officer, install the national DMS and train data clerks on its use.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Improvement of OVC services to support the most vulnerable children.

**NEED and COMPARATIVE ADVANTAGE:** Ruvuma region has an estimated 18% OVC per capita, yet due to limited resources, many go without assistance. Orphans and vulnerable children need support to attend school and meet basic needs (food, shelter, medical care), as well as psychosocial and spiritual support. Caregivers of OVC have limited resources and need assistance to support their families. The Ruvuma NGOs comprising SONGONET-HIV were selected for funding from multiple applicants, based upon their service delivery experience, existing organizational infrastructure, and established linkages to hospitals in their communities.

**ACCOMPLISHMENTS:** FY2006 funding supported initiation of PEPFAR-funded home-based care services in Ruvuma region. Sub-partners have supported 735 OVC, including providing educational support (school fees, uniforms and materials), nutrition assistance and psychosocial/spiritual support.

**ACTIVITIES:**

1. Expand support to OVC, providing an additional 1,090 OVC with educational support, shelter, nutrition assistance and psychosocial and spiritual support, according to their needs.
  - 1.a. Work with local government and MVCCs as they become established, to identify OVC and their needs and ensure against duplication of service.
  - 1.b. Provide training in income-generating activities for OVC caregivers and older OVC.
2. Coordinate with Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission, to ensure training of OVC caregivers.
  - 2.a. Communicate with MHNT to schedule initial comprehensive training and organize attendance of volunteers serving OVC.
  - 2.b. Plan refresher trainings with MHNT as necessary (particularly to coincide with any changes to local or national OVC policy) for volunteers who previously received comprehensive training.
3. Improve referral system for OVC to ensure a comprehensive approach to meeting individual needs. Include follow-up with the entity to which the client is referred.
  - 3.a. Establish standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT and HIV prevention, as appropriate).
  - 3.b. Continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up.
  - 3.c. Include these referral activities, including follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

**LINKAGES:** OVC services will be provided by 6 of SONGONET-HIV's member NGOs, all of which refer clients to one another based upon clients' area of residence. Each member links with:

- District and/or regional hospitals to facilitate referrals;
- Ward leaders and other local government officials to identify and register OVC and comply with data reporting requirements;
- Primary and secondary schools and the vocational training institute (VETA);
- NGOs providing income-generating activities, referring clients as appropriate;
- Faith groups and other providers of counseling services;
- NGOs working to establish village OVC funds, to collaborate and reduce duplication

**CHECK BOXES:** OVC program services extend support to OVCs (whether HIV-positive or HIV-negative) as well as their caregivers. Linkages to health care address child survival, malaria and other health issues in addition to HIV/AIDS. Education assistance and psychosocial/spiritual support promote OVC skills and well-being, while income-generating activities foster economic strengthening and food security for OVC caregivers and older OVC. Training is a key component of the OVC program area, as volunteers constitute the primary human resources delivering OVC services. The developing program in Ruvuma will particularly

**Activity Narrative:** benefit from training by MHNT.

M&E: In addition to instituting processes for monitoring indicators on a quarterly basis, SONGONET-HIV will ensure implementation of standardized tools for collecting detailed data on service delivery. These tools, developed through the MHNT, a prime partner under a separate submission, will also serve as a checklist, ensuring a menu of services is provided to each child, based upon individual need. Along with submitting these data to the local government, compiling data from sub-partners will allow for identification of major service needs and gaps within OVC services. These data will be shared with local government and other stakeholder leaders to highlight key needs and enlist community support in meeting these needs.

SUSTAINABILITY: In FY2008, HJFMRI will begin the second year of a three-year process to transfer responsibility for sub-partner oversight to SONGONET-HIV. This local network is an HIV-specific subset of a larger group of Ruvuma NGOs. HJFMRI will work with SONGONET-HIV to establish appropriate administrative mechanisms, coordinate training and provide technical assistance, as well as implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete in 2010, SONGONET-HIV will determine awards, ensure regional coverage, and assure proper fiscal management and oversight of sub-partner service implementation. Additionally, the group will be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16985

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16985	16985.08	Department of Defense	SONGONET-HIV Ruvuma	7580	7580.08		\$100,000

**Emphasis Areas**

Construction/Renovation

Gender

\* Increasing women's access to income and productive resources

Health-related Wraparound Programs

\* Child Survival Activities

\* Malaria (PMI)

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$25,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

**Economic Strengthening**

**Education**

Estimated amount of funding that is planned for Education \$25,000

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 11519.09

**Mechanism:** PPP Insurance

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 17038.23320.09

**Planned Funds:** ■

**Activity System ID:** 23320

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ONCE AN AGREEMENT IS AWARDED, ACTIVITIES WILL PROCEED DURING FY 2009. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

**TITLE:** Providing Insurance to Strengthen Households with Orphans and Vulnerable Children (OVC).

PEPFAR Tanzania has worked with the Government of the Netherlands to apply an integrated plan to provide direct support to HIV/AIDS-impacted people, while simultaneously investing in the development of a robust private sector health care capacity. Recent studies show that at the country's current level of development, the private sector must be leveraged to assist in health care provision if the government is to realize its goal of ensuring access to health care services to all who need it.

This activity collaborates with an innovative public-private partnership designed to provide basic employer provided health insurance to 50,000 low-income wage earners by leveraging the in-place program to offer insurance benefits to caregivers and their families who are willing to take in OVC. The program provides insurance premium subsidies, which the private sector in-country insurer matches by agreeing to take only 3%, profit rather than the standard 18% (resulting in a 15% insurer contribution).

**ACCOMPLISHMENTS:** new activity

**ACTIVITIES:** The USG/Tanzania has linked with the Dutch Government to implement an integrated plan to provide direct support to HIV/AIDS-impacted people while simultaneously investing in the development of a robust private sector health care capacity. This activity will extend the basic health care coverage package by covering the care costs associated with households who are willing to take in OVC. The care will be provided in certified private, non-governmental health facilities, as well as through home-based care providers. The arrangement will have the dual effect of increasing household support for families caring for OVC, while also encouraging the development of a parallel private sector health care network designed to encourage and support employer-sponsored health care coverage. No targets have been set because the beneficiaries will be served by USG-funded implementing partners and will be reported under those partners programs.

**LINKAGES:** This activity links to the other insurance program activities in treatment and the on-going activity in counseling and testing. Collaboration on the pilot programs will occur with Deloitte TUNAJALI OVC activities, and possibly with other USG-funded OVC implementing partners.

**CHECK BOXES:** The program will serve OVC and their households, strengthening the household and contributing to economic security.

**SUSTAINABILITY:** By building interest in health insurance, the program is expected to strengthen families and develop the practice of using health insurance to strengthen health services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17038

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17038	17038.08	U.S. Agency for International Development	Geneva Global	7862	7862.08		\$200,000

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 8036.09

**Mechanism:** OVC Employability

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

---

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 17815.23321.09

**Activity System ID:** 23321

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** ■

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: OVC Youth Employability

NEED and COMPARATIVE ADVANTAGE: 10-12% of young people in Tanzania under age 18 have lost one or both parents. Many, as young as 15 years old, have become heads of the household and are responsible for providing food, shelter and clothing for their younger siblings. They take on odd jobs to support their families and are at-risk of being infected with HIV/AIDS. To break the cycle of poverty and disease, a combination of job training and placement, entrepreneurship and credit, life skills and health education, would address the needs of OVC, 15-18 years and older OVC, 19-24 years. TBD should have a successful history of integrating employability programs for OVC youth and been able to leverage resources from public-private partnerships (PPP).

ACCOMPLISHMENTS: TBD will build on the International Youth Foundation (IYF) achievements of supporting 400 OVC with the job training on entrepreneurship and life skills education. Many of them have successfully begun business in tailoring, salon, carpentry, and others.

ACTIVITIES: This funding will be used to provide jobs skills, life skills and entrepreneurship skills training to 500 OVC (taking up IYF targets 200 Iringa, 200 Mbeya, and recruit 100 Dar Es Salaam) in FY 2008. The program will also recruit an additional 100 OVC, at least 50% of which will be girls at Temeke municipal which is among the poorest municipal in the Dar es Salaam region.

The sub partner will work with Most Vulnerable Children's Committees (MVCCs) and municipal director and other local government authorities to ensure support of the recruited OVC.

Provide six months of training in courses such as ICT, carpentry, batik making, masonry, welding, mechanics, small-scale trading, and tailoring, through existing vocational education training providers, in the target areas.

The program will also integrate Life Skills development, which includes individual and inter-personal skills such as self-awareness/self-confidence, communication, team-work, critical and creative thinking, introduction to the world of work, and gender and sexuality awareness with the technical training. Provide adolescent sexual and reproductive health education, including HIV/AIDS prevention, testing and counseling

With guidance from their caregivers and program's social workers, young people will have the opportunity to choose their career path. Those who intend to start their own business, trainings on entrepreneurship and small business management, including topics such as business planning, marketing, buying, costing, stock control, profit and loss, and loan management will be provided. Furthermore, they will be either provided with micro loans, awards or will be linked to credit providers. Those who choose formal employment will be facilitated with job and internship placement services. Beneficiaries will be assisted in job and internship placement via employer's forum or referrals to career centers.

LINKAGES: The program will contribute to the implementation of the NPA. TBD and the sub partners will collaborate with the following institutions to help in program implementation. It will be linked with VETA-certified training centers that can provide specific job trainings. Credible microfinance institutions which in addition to providing the loans, will also provide technical assistance to the beneficiaries. The program will also link with national and local authorities especially the Department of Social Welfare and the OVC Implementing Partners Group to share the progress of the OVC and collaborate on service activities. An important component of this activity will be to link to the private sector through PPP, so as to leverage funding and job placement and internship for trained older OVC.

CHECK BOXES: The areas of emphasis and population will be older OVC, ages 15 and older. These young men and women are eligible for employment although at risk of being exploited due to lack of adequate job skills. In addition, they are also at-risk of getting infected with HIV/AIDS. The target regions will be Dar es Salaam and the rural and urban districts of Iringa, Mbeya, as statistics have shown that the highest HIV prevalence and concentrations of OVC are located in these regions. Note that targets do not reflect the full 500 OVC served, as some of them are over 18 years of age, but vulnerable heads of household.

M&E: TBD will continue to participate in the National DMS. Information about beneficiaries will be available to both the national system and at the local level. The M& E system will include the following:

- 1) A baseline assessment to gather demographic data on the participants and pre-test of knowledge and skills.
- 2) A post-test administered after training is completed to assess changes in both knowledge, skills and attitudes
- 3) Data on drop-out rate and course completions.
- 4) A final assessment of youth entrepreneurs and youth placed in jobs will be made. This assessment will document types of businesses established, loan repayment rates, stability and profitability of the businesses started, nature of jobs obtained, quality of the jobs in terms of stability, salary and benefits, and others.

SUSTAINABILITY: TBD will continue to work in improving the programmatic and technical capacities of the sub partners. This includes integrating vocational, entrepreneurship, life skills and health curricula and adapting to meet the needs of the OVC. TBD will seek to develop local alliances among the non-profit-public and private sectors and integration of some activities to the local government authorities to ensure support to meet the on-going needs of the OVC.

**New/Continuing Activity:** Continuing Activity



Continuing Activity: 17815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17815	17815.08	U.S. Agency for International Development	To Be Determined	8036	8036.08	OVC Employability	

Table 3.3.13: Activities by Funding Mechanism

**Mechanism ID:** 10756.09

**Prime Partner:** To Be Determined

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 16987.23322.09

**Activity System ID:** 23322

**Mechanism:** FANTA II

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:**

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Economic Strengthening of Vulnerable Families

NEED and COMPARATIVE ADVANTAGE: In areas with high HIV/AIDS prevalence, families and communities face increasing strains on their capacity to care for affected children. The microeconomic impact of HIV/AIDS can create a poverty trap that ensnares the most vulnerable households (UNAIDS, 2008). About 40% of Tanzanian children under the age of 18 are living in households at or below the national poverty level. HIV/AIDS undermines households' ability to maintain incomes, especially those households engaged in labor-intensive work. When breadwinners are unable to work, families suffer erosion of savings and productive assets, and sometimes the ability to produce food. Because resources must be diverted to sustain basic needs, children's access to health and education services is at risk.

The impact of HIV/AIDS does not stop with the individual who contracts HIV. It essentially erodes the resources of immediate and extended families as they struggle with multiple hospital trips, medical expenses, and funeral costs, in addition to the ongoing costs of supporting the orphans of parents who die from AIDS. For most vulnerable families in Tanzania, concern about sliding further into poverty subsumes the other effects of HIV/AIDS. Thus, the ability to generate income and savings becomes a crucial weapon for vulnerable households struggling to support their families.

There are also many factors that contribute to the youth unemployment rate, which, in Sub-Saharan Africa, is the second highest in the world (UN Economic Commission for Africa, 2005). Poor quality of education and a lack of market-driven skills training are the leading causes. Health status of young people also affects their employment situation, with reduced likelihood of employment among those who suffer from HIV/AIDS. The stigma associated with HIV/AIDS also compounds the employability of older orphans and vulnerable children (OVC).

Given the situation of vulnerable households and adolescents, most OVC implementing partners include economic strengthening in their portfolios. A gap exists in the evidence on the sustainability of these activities and their influence on improved child wellbeing. Also, many OVC programs are managed by health sector practitioners who try to adapt micro-level interventions from the economic growth sector without actually partnering with experts from this sector. A framework for action is needed to improve the management and results of the economic strengthening activities supported by the USG OVC portfolio.

ACCOMPLISHMENTS: Several OVC partners have designed and piloted small-scale household economic strengthening activities such as the Peace Corps' Permaculture activity, the Catholic Relief Services' savings and internal lending communities (SILC) program, and the Salvation Army's WORTH project. Some tracking of benefits to children supported by participants in these projects is underway. Loan repayment rates and maintaining of petty trade activities indicate successes to consider for replication. The USG is planning to support a stock-taking exercise by economic growth experts to note effective and sustainable strategies and to inform the development of an economic strengthening framework for use by PEPFAR partners working with vulnerable youth and households caring for OVC.

ACTIVITIES: The primary objectives of this initiative are to: 1) implement a framework that unites OVC partners in applying best practices from microenterprise and microfinance; 2) establish microenterprise and microfinance programs in Tanzania; 3) increase engagement with economic growth partners; and 4) apply indicators to track wellbeing of children in households participating in economic strengthening activities.

This framework will include a two-pronged approach: strengthening households (and particularly women) caring for OVC and supporting youth employability. The goals will be to maintain household incomes and transition households affected by HIV/AIDS out of destitution (e.g., chronically ill-affected, elder-headed, or child-headed households). For adolescent OVC, the need is to increase marketability of skills, receptivity of potential employers, and viability of business startups. The framework must be context-relevant to cover rural, peri-urban, and urban areas.

Once a framework has been identified, TBD will assist OVC households through the establishment of microenterprise and microfinance programs in Tanzania. The framework will cover the range of community- and household-based means for improving livelihoods, increasing incomes, and managing household resources relevant to the Tanzanian context. Scenarios for best use and a decision-tree process will be included to help partners make informed choices. Specific interventions might include:

- Savings and loan schemes
- Small business training, development, and support
- Linkages to microfinance outlets
- Village banking
- Formalized ties to markets
- Vocational training based on market analysis and forecasting
- Networking to expand relations with private sector, including business associations
- Farming/gardening groups of people living with HIV/AIDS and/or caregivers

Successful implementation of these objectives should result in households caring for OVC experiencing and reporting improved livelihoods, and vulnerable youth being equipped with market-driven vocational skills who report obtaining income as a result of participating in either the formal or informal business sectors.

Support to vulnerable adolescents will focus on the interventions identified by the World Bank (March 2007) found to be most effective in ensuring that young people gain employment. These interventions do not address underlying systemic issues such as the education system, or the investment climate to promote job creation. To fill this void, partnerships will be strengthened with USG colleagues in the economic growth and education sectors. The most widely used interventions include: making labor markets more maneuverable for young people, improving chances for young entrepreneurs, enhancing skills training, and

**Activity Narrative:** applying a comprehensive approach. A comprehensive approach requires considerable linkages with local and national government, public and private educational institutions, as well as non-governmental organizations to deliver critical vocational/technical training, related life skills support, job placement assistance, and entrepreneurship opportunities.

The USG HIV/AIDS sector cannot take on the development and implementation of such a framework alone; rather, it needs to be done in partnership with the economic growth sector. USAID/EG participation in global learning activities and in policy dialogue helps to leverage investment and support across public and private entities. The core competencies and networks of the economic growth sector are needed to complement the expertise within OVC programs. Guidance on how to achieve such a partnership has recently been published by the USAID Bureau on Economic Growth, Agriculture and Trade. USG/Tanzania has an opportunity to apply this guidance by buying into a new procurement mechanism housed in its USAID/Washington Economic Growth Office.

Specifically, this activity will contribute to the PEPFAR/Tanzania strategy by improving the livelihoods and self-reliance of 5,000 vulnerable youth and 5,000 households caring for OVC, including most vulnerable children committees and caretakers living with HIV/AIDS.

The framework to be applied includes steps for taking action on the new USG guidance on how to implement economic strengthening activities in programming for vulnerable children. It will include the review of promising practices that have helped to strengthen households. Also, the USG is reviewing the validity of conditional cash transfers as an effective mechanism to strengthen households caring for OVC in the Tanzania context. Results from a pilot program of the Tanzanian Social Action Fund, with support from the Japanese Social Development Fund and technical guidance from the World Bank, will be taken into consideration.

Given that all OVC partners will use the framework and apply the monitoring methods, each of the USG priority regions will be reached through this activity. Piloting of the framework will be tied to the application of OVC service standards and the model program learning districts that each OVC partner will oversee in one of their geographic areas.

**LINKAGES:** This activity will focus on households caring for OVC. As such, the activity will link closely with the OVC implementing partners, as well as those engaged in home-based care. The Tanzanian Implementing Partners' Group for OVC will serve as a conduit for disseminating and reporting back on the usefulness of the economic strengthening framework. Significant improvement in linkages or wraparounds with economic growth partners will be accomplished through this activity. Placing funds into an economic growth mechanism ensures that the implementing partner that will manage the program will be experienced and well-networked within the microfinance and microenterprise sectors. PEPFAR/Tanzania will reap the benefits of tapping into existing core capacities and infrastructures.

**M&E:** A primary gap in current economic strengthening activities is partner-wide agreement on and use of methods for measuring the benefits of economic strengthening activities on OVC. Collaborative efforts with economic growth partners will include a focus on developing or refining existing indicators and monitoring systems to better track benefits to OVC; for example, whether they experience increased food access and consumption of nutritious food. Specific indices of child wellbeing are included in the DMS. Also, the Child Status Index (CSI) from USG will be consulted. At least one OVC partner has adapted the CSI as part of their tracking of child wellbeing in households participating in a savings and lending scheme.

**SUSTAINABILITY:** Successful economic strengthening activities experience a high rate of graduates who can sustain themselves. The economic strengthening framework will provide guidance on how OVC partners can determine best options for achieving such success. Approaches to scaling-up will be included; for example, identifying institutions, either public or private, that already provide one or more elements needed to support youth employment (such as apprenticeships or educational support).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16987

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16987	16987.08	U.S. Agency for International Development	To Be Determined	8239	8239.08	MVCC for CBOs	

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening



**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 8239.09

**Prime Partner:** To Be Determined

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 27880.09

**Activity System ID:** 27880

**Mechanism:** Economic Strengthening

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:**



**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Economic Strengthening of Vulnerable Families

NEED and COMPARATIVE ADVANTAGE: In areas with high HIV/AIDS prevalence, families and communities face increasing strains on their capacity to care for affected children. The microeconomic impact of HIV/AIDS can create a poverty trap that ensnares the most vulnerable households (UNAIDS, 2008). About 40% of Tanzanian children under the age of 18 are living in households at or below the national poverty level. HIV/AIDS undermines households' ability to maintain incomes, especially those households engaged in labor-intensive work. When breadwinners are unable to work, families suffer erosion of savings and productive assets, and sometimes the ability to produce food. Because resources must be diverted to sustain basic needs, children's access to health and education services is at risk.

The impact of HIV/AIDS does not stop with the individual who contracts HIV. It essentially erodes the resources of immediate and extended families as they struggle with multiple hospital trips, medical expenses, and funeral costs, in addition to the ongoing costs of supporting the orphans of parents who die from AIDS. For most vulnerable families in Tanzania, concern about sliding further into poverty subsumes the other effects of HIV/AIDS. Thus, the ability to generate income and savings becomes a crucial weapon for vulnerable households struggling to support their families.

There are also many factors that contribute to the youth unemployment rate, which, in Sub-Saharan Africa, is the second highest in the world (UN Economic Commission for Africa, 2005). Poor quality of education and a lack of market-driven skills training are the leading causes. Health status of young people also affects their employment situation, with reduced likelihood of employment among those who suffer from HIV/AIDS. The stigma associated with HIV/AIDS also compounds the employability of older orphans and vulnerable children (OVC).

Given the situation of vulnerable households and adolescents, most OVC implementing partners include economic strengthening in their portfolios. A gap exists in the evidence on the sustainability of these activities and their influence on improved child wellbeing. Also, many OVC programs are managed by health sector practitioners who try to adapt micro-level interventions from the economic growth sector without actually partnering with experts from this sector. A framework for action is needed to improve the management and results of the economic strengthening activities supported by the USG OVC portfolio.

ACCOMPLISHMENTS: Several OVC partners have designed and piloted small-scale household economic strengthening activities such as the Peace Corps' Permaculture activity, the Catholic Relief Services' savings and internal lending communities (SILC) program, and the Salvation Army's WORTH project. Some tracking of benefits to children supported by participants in these projects is underway. Loan repayment rates and maintaining of petty trade activities indicate successes to consider for replication. The USG is planning to support a stock-taking exercise by economic growth experts to note effective and sustainable strategies and to inform the development of an economic strengthening framework for use by PEPFAR partners working with vulnerable youth and households caring for OVC.

ACTIVITIES: The primary objectives of this initiative are to: 1) implement a framework that unites OVC partners in applying best practices from microenterprise and microfinance; 2) establish microenterprise and microfinance programs in Tanzania; 3) increase engagement with economic growth partners; and 4) apply indicators to track wellbeing of children in households participating in economic strengthening activities.

This framework will include a two-pronged approach: strengthening households (and particularly women) caring for OVC and supporting youth employability. The goals will be to maintain household incomes and transition households affected by HIV/AIDS out of destitution (e.g., chronically ill-affected, elder-headed, or child-headed households). For adolescent OVC, the need is to increase marketability of skills, receptivity of potential employers, and viability of business startups. The framework must be context-relevant to cover rural, peri-urban, and urban areas.

Once a framework has been identified, TBD will assist OVC households through the establishment of microenterprise and microfinance programs in Tanzania. The framework will cover the range of community- and household-based means for improving livelihoods, increasing incomes, and managing household resources relevant to the Tanzanian context. Scenarios for best use and a decision-tree process will be included to help partners make informed choices. Specific interventions might include:

- Savings and loan schemes
- Small business training, development, and support
- Linkages to microfinance outlets
- Village banking
- Formalized ties to markets
- Vocational training based on market analysis and forecasting
- Networking to expand relations with private sector, including business associations
- Farming/gardening groups of people living with HIV/AIDS and/or caregivers

Successful implementation of these objectives should result in households caring for OVC experiencing and reporting improved livelihoods, and vulnerable youth being equipped with market-driven vocational skills who report obtaining income as a result of participating in either the formal or informal business sectors.

Support to vulnerable adolescents will focus on the interventions identified by the World Bank (March 2007) found to be most effective in ensuring that young people gain employment. These interventions do not address underlying systemic issues such as the education system, or the investment climate to promote job creation. To fill this void, partnerships will be strengthened with USG colleagues in the economic growth and education sectors. The most widely used interventions include: making labor markets more maneuverable for young people, improving chances for young entrepreneurs, enhancing skills training, and

**Activity Narrative:** applying a comprehensive approach. A comprehensive approach requires considerable linkages with local and national government, public and private educational institutions, as well as non-governmental organizations to deliver critical vocational/technical training, related life skills support, job placement assistance, and entrepreneurship opportunities.

The USG HIV/AIDS sector cannot take on the development and implementation of such a framework alone; rather, it needs to be done in partnership with the economic growth sector. USAID/EG participation in global learning activities and in policy dialogue helps to leverage investment and support across public and private entities. The core competencies and networks of the economic growth sector are needed to complement the expertise within OVC programs. Guidance on how to achieve such a partnership has recently been published by the USAID Bureau on Economic Growth, Agriculture and Trade. USG/Tanzania has an opportunity to apply this guidance by buying into a new procurement mechanism housed in its USAID/Washington Economic Growth Office.

Specifically, this activity will contribute to the PEPFAR/Tanzania strategy by improving the livelihoods and self-reliance of 5,000 vulnerable youth and 5,000 households caring for OVC, including most vulnerable children committees and caretakers living with HIV/AIDS.

The framework to be applied includes steps for taking action on the new USG guidance on how to implement economic strengthening activities in programming for vulnerable children. It will include the review of promising practices that have helped to strengthen households. Also, the USG is reviewing the validity of conditional cash transfers as an effective mechanism to strengthen households caring for OVC in the Tanzania context. Results from a pilot program of the Tanzanian Social Action Fund, with support from the Japanese Social Development Fund and technical guidance from the World Bank, will be taken into consideration.

Given that all OVC partners will use the framework and apply the monitoring methods, each of the USG priority regions will be reached through this activity. Piloting of the framework will be tied to the application of OVC service standards and the model program learning districts that each OVC partner will oversee in one of their geographic areas.

**LINKAGES:** This activity will focus on households caring for OVC. As such, the activity will link closely with the OVC implementing partners, as well as those engaged in home-based care. The Tanzanian Implementing Partners' Group for OVC will serve as a conduit for disseminating and reporting back on the usefulness of the economic strengthening framework. Significant improvement in linkages or wraparounds with economic growth partners will be accomplished through this activity. Placing funds into an economic growth mechanism ensures that the implementing partner that will manage the program will be experienced and well-networked within the microfinance and microenterprise sectors. PEPFAR/Tanzania will reap the benefits of tapping into existing core capacities and infrastructures.

**M&E:** A primary gap in current economic strengthening activities is partner-wide agreement on and use of methods for measuring the benefits of economic strengthening activities on OVC. Collaborative efforts with economic growth partners will include a focus on developing or refining existing indicators and monitoring systems to better track benefits to OVC; for example, whether they experience increased food access and consumption of nutritious food. Specific indices of child wellbeing are included in the DMS. Also, the Child Status Index (CSI) from USG will be consulted. At least one OVC partner has adapted the CSI as part of their tracking of child wellbeing in households participating in a savings and lending scheme.

**SUSTAINABILITY:** Successful economic strengthening activities experience a high rate of graduates who can sustain themselves. The economic strengthening framework will provide guidance on how OVC partners can determine best options for achieving such success. Approaches to scaling-up will be included; for example, identifying institutions, either public or private, that already provide one or more elements needed to support youth employment (such as apprenticeships or educational support).

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening



**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 10572.09

**Prime Partner:** US National Institutes of Health

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 17802.24826.09

**Activity System ID:** 24826

**Mechanism:** Pangea

**USG Agency:** HHS/National Institutes of Health

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$200,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Youth Health Corps (YHC) project will develop a specific strategy that will give a special attention and support to the YHC who are head of households, as well as those cared for by the elderly to ensure their completion of the preliminary course. The Pangea YHC project will continue to collaborate with the local Most Vulnerable Children Committees (MVCC), as well as provide overall supervision of YHC members to ensure adaptation of the national quality standard of health care services in 20 rural communities in Mufindi District. This will be accomplished by participating in national OVC quality improvement meetings to familiarize themselves with the developed standards, as well as linking identified OVC and vulnerable caregivers to the full range of required health and support services. The YHC will also provide follow up to those receiving care and services. Additionally, the project will develop strong linkages with other health and social welfare training and service institutions (e.g., formal health worker training organized through the USG-funded Touch Foundation at Bugando University College of Health Sciences—BUCHS or other scholarships to be provided by I-TECH), to facilitate avenues for channeling YHC members who successfully complete two years of service into formal training, higher education, and employment opportunities in the health and social welfare sectors, aiming at contributing to the strengthening human resources for health services.

\*END ACTIVITY MODIFICATION\*

TITLE: Youth Health Corps for Community-based HIV care, Treatment, and Prevention for OVC and Caregivers

NEED and COMPARATIVE ADVANTAGE: Tanzania has greatly expanded access to Antiretroviral Therapy (ART). The overwhelming care and treatment need continues to deplete national supply, with less than 10% in need receiving care. Barriers to ART and other healthcare services include distance to clinics and associated costs, stigma, and an acute shortage of trained healthcare workers. The situation is worse for Orphans and Vulnerable Children (OVC) because often times the caregiver is either too old or too young to support and ensure OVC access to quality healthcare. In Tanzania, most OVC are cared for by grandparents who are either ignorant of infant diagnosis on HIV/AIDS symptoms, transmission, and means of prevention or too overburdened to ensure the adherence of ART by the infected OVC (about 52%). Another workforce issue tied to the epidemic is that many OVC are breadwinners caring for their siblings. As a result, they leave school to earn money by whatever means possible, (e.g., engaging in work as bar maids or plantation laborers, jobs that involve migration, social dislocation, (and especially for young women) sexual exploitation, thereby increasing HIV risk. To improve ART access and prevent new infections to the OVC and caregivers, the Youth Health Core (YHC) model aims to address both the critical healthcare workforce shortage and young people's vulnerability to HIV. The program will be spearheaded by Pangea Global AIDS Foundation (PGAF) team, along with Muhimbili University College of Health Sciences (MUCHS) and the University of California at San Francisco (UCSF)-.

ACCOMPLISHMENTS: This new initiative has emerged from two years of formative research, and will be rolled out as a pilot project with FY 2008 funding. Since 2005, the YHC team has examined barriers to AIDS treatment including healthcare workforce constraints and factors placing young people, OVC, and caregivers at risk for HIV. A workforce gap analysis was conducted to identify critical needs required for effective prevention of HIV/AIDS and scale-up of ART and community pediatric care. Extensive qualitative interviews were conducted among clinicians, community leaders, and youth in Mufindi District to assess acceptability of the YHC concept. Relationships have been developed with stakeholders at all levels, including the Ministry of Health and Social Welfare (MOHSW), and the refined model proposed here reflects this input.

ACTIVITIES: The program will recruit and employ 40 YHC members to serve an estimated 4,000 households in 20 villages in Mufindi District, Iringa Region. YHC members will provide service in five principal domains: basic preventive, diagnostic, and curative primary care; linking infected OVC and caregivers to higher-level facility-based care; community-based patient follow-up; coordinating referrals for support needs; and supporting community-level data collection and reporting. In collaboration with the local Most Vulnerable Children's Committees (MVCC), the program will recruit out-of-school former OVC females and males aged 18-26 currently residing in the target communities and having completed a minimum Form IV education. Two YHC members per village will be selected and employed through MUCHS. The YHC will be linked to local health centers, most of which will soon be initiating HIV/AIDS care and treatment. While serving in the YHC, members will be supervised by the clinician in charge at the local health facility to which they are attached. Each YHC team will be required to attend a weekly meeting with their supervisor to consult on cases, submit patient contact documentation, troubleshoot problems, pick up medication refills, and receive new cases for community-based follow-up.

The program will provide training of YHC members. Initial training will be conducted for six-months, including didactic, community pediatric, community/ clinical practical, and group/team project modules. While the focus is on clinical skill building, key themes, including patient-centered care, ethics and confidentiality, leadership development, and career planning run throughout each module. Nationally, the program aims to have YHC members certified as community-based para-medicals. Upon successful completion of two years of YHC service through the MOHSW/MUCHS Institute of Allied Health Sciences, ongoing career guidance services will be provided, and graduates will be linked to training, education, and employment opportunities in the health and social welfare sectors (e.g., formal health worker training organized through the USG-funded Global Development Alliance at Bugando University College of Health Sciences--BUCHS).

The program includes ongoing quality control, community input and continuous improvement. This will ensure quality, consistency, and responsiveness. Measures include quarterly meetings with Community Advisory Boards (CAB), quarterly performance reviews of each YHC member, and monthly meetings with all YHC members. Quarterly meetings of the CABs, consisting of local representatives of the MOHSW, village and ward-level health committees, clinical facilities, people living with HIV/AIDS, local service providers, and a rotating YHC member will be used to gather continuing feedback on the model. In addition, discussions regarding plans for changes as they occur and troubleshooting capability will also be addressed should problems arise.



**Activity Narrative:** LINKAGES: This project will support the implementation of the OVC National Plan of Action and will leverage Emergency Plan support with co-funding from the NIH and the Elizabeth Glaser Pediatric AIDS Foundation. A Technical Advisory Committee (TAC) will meet quarterly to review progress of the pilot, and identify a feasible scale-up and impact evaluation plan including long-term sustainable funding mechanisms. TAC members will come from a wide variety of stakeholders. In addition, YHC can link to I-TECH's work with the ZTC in Iringa. The program will link with the pre-service health worker training supported by the USG at BUCHS in order to maximize utilization of training.

CHECK BOXES: Human Capacity Development/pre-service training: This activity will certify participants as community based para-medicals through MUCHS. Economic Strengthening: This activity will place otherwise unemployed youth in sustainable jobs, therefore making them less vulnerable to HIV/AIDS.

M&E: Rigorous M&E activities will assess the YHC model's feasibility, acceptability, scalability, and potential for impact and cost-effectiveness. These data will ensure ongoing project improvement in addition to securing and supporting future replication, expansion, and national scale-up of the model. Using both qualitative and quantitative measures, the YHC team will monitor the project for continuous improvement of the model. Project monitoring will facilitate the setting of appropriate targets for numbers of patients served in a variety of service categories for the subsequent scale-up phase. This concept includes an outcome evaluation at three levels using an observational pre- and post-test design to examine the model's potential for impact. Throughout the project, the team will collect cost data on program activities for a projection of cost per community member served, and cost per YHC member trained, to model potential cost effectiveness for the scale-up phase.

SUSTAINABILITY: This model is sustainable on many levels. YHC members will be employed and supervised by the public healthcare system. They will be certified for entrance into the workforce upon completion. The YHC provided integrated primary healthcare services, the approach endorsed by the MOHSW, rather than vertical disease-specific care. Most importantly, the YHC model is explicitly focused on developing healthcare and social welfare career opportunities for at-risk youth, which should result in both decreased vulnerability to HIV infection and a strengthened future workforce.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17802

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17802	17802.08	HHS/National Institutes of Health	US National Institutes of Health	7629	7629.08		\$350,000

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

**Total Planned Funding for Program Budget Code: \$15,609,953**

**Program Area Narrative:**

Counseling and Testing

Program Area Context FY 2009

HIV counseling and testing (CT) is critical in the fight against HIV/AIDS as it is the main entry point into HIV/AIDS treatment, care, and support services. The Government of Tanzania recognizes the importance of CT services and strong national leadership has encouraged all Tanzanians to learn their HIV status. On July 14, 2007, President Jakaya Mrisho Kikwete launched Tanzania's national HIV testing campaign, which culminated in April 2008. More than 4.2 million Tanzanians were tested and received their HIV results during a nine month period, and 194,149 persons (117,254 females and 76,895 males) were found to be HIV positive and referred for clinical services. More individuals were tested in this nine month period than in 15 years before in the country. This testing campaign was a historic step forward in Tanzania's efforts to increase the number of individuals that know their HIV status and the USG, with direct funding support and partner participation, played a critical role in the campaign's success.

Additionally, USG's support of routine HIV CT services has substantially bolstered testing efforts in Tanzania. In 2007, the USG directly supported CT services in approximately 240 sites throughout the country with an emphasis in high prevalence and underserved areas. These sites represented a 15 percent increase from 2006 and 93 percent of the established annual PEPFAR target. USG supported CT sites reached 723,848 clients in mainland Tanzania and in Zanzibar, which was 84 percent more Tanzanians tested than in the previous year. In 2008, the USG goal was to increase the number of Tanzanians tested to approximately 1.3 million. Semi-annual progress indicated that USG partners tested 1.4 million clients, reaching 110% of the annual target after only six months. This reflects a significant increase in access and highlights the great strides made in HIV CT

over the past two years.

Advances in HIV testing methodologies and counselling approaches have made learning one's HIV status easier. In Tanzania, for example, the government adopted a testing algorithm that is simpler and quicker to use (Bioline followed by Determine for confirmatory testing and Unigold as the tie-breaker). This algorithm greatly assists testing accuracy and enables more clients to get tested and know their status. The HIV test kits used in this algorithm greatly facilitate the use of finger-pricks to collect blood for HIV tests. Finger-prick blood collection, instead of veinipuncture, is being used by a growing number of testing sites and GOT is interested in expanding this method of blood collection. GOT has also championed the expansion of CT services that reach Tanzanians in the places that they frequent most often and are convenient including health care settings, communities, and workplaces. As a result of these efforts, there have been substantial increases in the number of persons testing and receiving HIV results.

Data from the 2008 THIS found that among 15-49 year olds in Tanzania, 37 percent of women and 27 percent of men have ever been tested for HIV and received the results. In the four years since the 2004 THIS, the proportion of women and men age 15-49 who have undergone HIV testing has doubled (15 percent of women and men reported to have ever undertaken an HIV test in the 2004 THIS). Furthermore, 19 percent of women and men age 15-49 were tested for HIV and received the results at some time within the 12 months prior to being interviewed, representing a nearly fourfold increase from the last THIS for women and about a threefold increase for men. This means that more than half the population that has ever been tested for HIV in their lifetime has done so within the 12 months of being interviewed.

Building on successes in FY08, USG and its CT partners will emphasize strategies that increase access to CT services, particularly in high prevalence regions of Tanzania and with most at risk populations. Specific areas of focus include expansion of services along transportation corridors and the use of mobile VCT services for hard to reach high-risk groups. Services will continue to expand among the military, in residential worksites (e.g. mines and agricultural estates), and in high prevalence, high-density locations such as border crossings. This expansion will be coordinated with future infrastructure enhancements undertaken as part of the Millennium Challenge Compact. As USG considered program area budgets for FY 2009, Management and Operations faced difficult decisions about how to realign funding to the various program areas given overall reductions in the country's funding level. Ultimately, USG Management and Operations decided to levy a greater proportional cut to the CT budget than other areas. Despite these cuts, however, it appears that CT partners will test as many or more persons in FY 2009 because of greater efficiency in targeting and momentum generated from the national testing campaign.

In FY 2009, GOT will continue to expand best practices with technical assistance from the USG, including continued roll-out of provider-initiated testing and counseling (PITC). The expansion of this modality is a high priority for both the GOT and USG to significantly increase access to and facilitate "normalization" of CT services. The national PITC guidelines, developed in collaboration with a USG partner, were approved by GOT in April 2008. Several USG partners will implement this approach in FY 2009. As more partners train providers to implement services in medical facilities, USG will continue efforts to assist GOT with coordination and delivery of services. In addition, one CT partner implementing PITC will track referrals to care and treatment using personal digital assistants (PDA). Staff at both CT and treatment sites in one region of Tanzania will be trained on this technology to monitor how many clients that are referred actually report for their treatment appointments. Finally, a public health evaluation funded in FY 2008 will assess the most effective CT service delivery models in clinical settings. This information will be used to tailor PITC services in country and guide future programmatic decisions by GOT.

Home-based testing is another CT method that began implementation last year. Two USG partners were funded to initiate home-based testing as a component of existing home-based care activities. The partners are providing home-based CT services in high HIV prevalence regions. In FY 2009, both partners will work with GOT to introduce non-medical, lay counselors to facilitate better management of client loads and to provide the bulk of pre-test and possibly post-test counseling. This task shifting will not only reduce the burden on medical professionals, but will also allow home-based testing services to place more concentrated emphasis on risk reduction counseling and individual risk reduction planning. In addition, one partner is comparing client acceptability and the impact of testing families through index patients versus door-to-door, home-based testing. The lessons-learned will be used to guide the rollout and expansion to other partners.

In FY 2009, USG will begin to address several important issues that will ultimately improve the quality of CT services. One effort will address the association between alcohol consumption and sexual risk using a brief alcohol assessment and motivational interviewing implemented in post-test counseling sessions. Other USG partners also will begin implementing the intervention this year, provided it is proven effective. In addition, emphasis will be placed on strengthening risk-reduction counseling to both individuals who test positive and individuals who test negative for HIV. Knowledge of HIV status and risk-reduction counselling for HIV positive individuals will likely encourage them to protect their sexual partners and further protect themselves from re-infection. In addition, targeted prevention counselling for those who test HIV negative may assist these individuals to reduce sexual risk behaviours and increase safer sex practices in order to remain HIV negative. There will be focus on strengthening referrals and linkages to prevention interventions, social support, and treatment and care to all individuals being tested.

Specific areas of heightened focus include strengthening CT programming at blood donation sites, increasing the identification of discordant couples, and screening for gender-based violence during CT sessions. Currently, there are 7 zonal blood transfusion centers in Tanzania and Zanzibar. Historically, there has been very little coordination between this program area and CT. USG plans to address this void by enhancing staff training at transfusion centers and strengthening the HIV counseling component of this program. Clients who test negative in CT settings will also be encouraged to donate blood in effort to bolster national blood donation activities. As our partners encourage couple HIV counseling and testing services, partners will also need to strengthen screening and care for gender based violence victims through HIV pre- and post-test counseling and make appropriate referrals to safe shelters for women, support groups in the community, and referrals to legal services. Using findings from a recently completed targeted evaluation, we will be able to identify barriers to self-disclosure of HIV positive status, adequately address these disclosure issues, and increase CT services for couples and families. Special emphasis will also be placed on providing CT

services for men, particularly since CT is a core component of the planned male circumcision demonstration project.

One USG supported radio communication partner will provide assistance with mobilization of these priority groups and communicating information to the public about these priority issues. This partner will continue to focus 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 for linkages with male circumcision activities and increasing male up take of this service. Additionally, couples counseling and disclosure of HIV serostatus will be prominently addressed in the communication campaign. 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.

Essential support to achieve the aforementioned includes: ensuring commodities (test kits and lab supplies); working with GOT on coordination strategies; providing assistance on policies/guidelines (e.g. HBC and lay counselors); fostering synergy and collaboration among PEPFAR, GOT and other stakeholders to create an environment in which best practices and lessons learned may be exchanged; and advocating for the adoption of practices that will streamline CT in Tanzania, including the use of lay persons or paraprofessionals to conduct testing.

Despite great accomplishments and progress, opportunities for strengthening CT services in Tanzania remain and the USG and its partners will play an important role in addressing the challenges. In FY 2009, both the GOT and the USG will maintain an emphasis on training and building capacity to collect accurate, timely, and complete CT data. In FY 2008 GOT introduced new M&E tools, which capture data at both community and clinical CT settings. Prior to the use of the new tools, the national data system did not collect testing information outside of VCT services. USG will continue to support efforts to more fully capture and report the numbers of individuals tested, counseled, and receiving results through VCT and other CT services. In addition, USG will investigate previously unexplored variables so that information is available on such things as what proportion of CT clients are repeat testers and whether they are accessing CT services in health settings or community venues. Furthermore, data collected through mapping activities led by USG will greatly assist with analyzing CT site locations and will permit the team to better describe geographic and population CT coverage.

Another opportunity for strengthening national CT services is to prioritize and address the challenges associated with pediatric CT. As in many countries, currently there are no guidelines or policies for testing and counseling children in Tanzania. USG plans to work with GOT through a recently established pediatric working group. The group, which hopes to draft appropriate policy for pediatric CT, is comprised of USG partners from CT and clinical services and representatives from GOT.

Finally, developing strategies to promote continued sustainability for CT is an area that has not received great attention in previous years. However, in FY 2009, the USG team will work with public and private partners to promote efforts to maintain CT longevity. Approaches to achieve this goal will include communicating with Regional and District Medical Officers to advocate for increased financial support in regional and district plans for CT, pursuing opportunities for public/private partnerships, and supporting regional training centers to enhance in-country capacity.

USG activities will be implemented through partnerships with 21 prime partners, 1 of which is new to the portfolio. Both governmental and non-governmental entities will be supported, engaging FBOs, CBOs and the private sector. This will include partners working at the national level to improve logistics for test kit procurement, improve monitoring for quality assurance and national reporting, increase service uptake through messaging, and develop policies to expand services including the use of lay counselors and home-based testing. In addition, 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 1.2 million clients will be tested by the USG CT partners at more than 925 sites with funding provided in FY 2009, bringing the overall cost per beneficiary to \$19. A preliminary mapping exercise highlighted the scope of USG CT services, which are in every region and are concentrated along transport corridors where high risk activities are known to occur.

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8872.09	<b>Mechanism:</b> New PHEs
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> Department of State / Office of the U.S. Global AIDS Coordinator
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 29224.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 29224	

**Activity Narrative:** The PHE "HIV Counseling and Testing to Optimize Patient Enrollment in HIV Care and Treatment" has been approved for inclusion in the FY 2009 COP. The tracking number is TZ.08.0202.

Apr 2009 Reprogramming:

\$259,966 reprogramed to IntraHealth (activity id 8663.23508.09) for a multi-country PHE and the study design. The proposed study is a group-randomized trial, randomized at the clinic level. The study will have three arms:

- Arm A: Enhanced provider referral to voluntary counseling and testing (VCT)
- Arm B: HTC during clinical consultation in OPD
- Arm C: HTC prior to clinical consultation in OPD

Four countries will participate in the study and each country will select 12 outpatient departments for participation in the study. Sites will be selected using a site assessment instrument common to all countries to ensure standardization of sites.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation



**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1182.09	<b>Mechanism:</b> AMREF
<b>Prime Partner:</b> African Medical and Research Foundation	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 24827.09	<b>Planned Funds:</b> \$1,761,300
<b>Activity System ID:</b> 24827	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Title: ANGAZA ZAIDI

The African Medical and Research Foundation (AMREF) Counseling and Testing (CT) program (called ANGAZA ZAIDI meaning 'shed more light') is a follow-on to AMREF's USAID-funded ANGAZA project (2001–2008).

Need and comparative advantage:

According to the second THMIS -2007/8, Tanzania Mainland has a generalized HIV/AIDS epidemic with an estimated HIV prevalence rate of 6% among people aged 15–49 years (7% women; 5% men). This gender disparity has also been observed among clients accessing counselling and testing (CT) services in AMREF's ANGAZA project. Among the 1,021,190 new clients who were tested and given results from September 2001 to June 2008, approximately 90,901 tested HIV positive. Twice as many women 61,007 (12.5%) tested HIV positive as compared to men 29,894 (5.6%).

GOT has instituted several policies and programs to scale up a range of HIV prevention care, treatment and support services. Provision of quality and broadly accessible counselling and testing services is pivotal to the success of these initiatives. Evidence from the THMIS -2007/8 shows that the national uptake for CT has almost doubled (37% female and 27% of men) as compared to the 15% of women and men reported to have ever undertaken an HIV test in the 2003-04 THIS. Evidence suggests that the increase in testing was boosted by the Presidential National Testing Campaign (July 2007-March 2008). Despite these impressive gains, nearly 63% of adult women and 71% of adult men in Tanzania still do not know their HIV status. Barriers to increasing uptake (as observed by both the Ministry of Health and Social Welfare and AMREF) include: physical distance from facility-based CT sites; poor coverage of rural areas; inadequate number of counselors to provide services; limited hours of service at public-health facilities; long counselling sessions inherent in the traditional VCT model; and shortages of testing supplies management of the supply chain.

The project will play a key role in contributing to the Tanzania's Second National Multisectoral Plan and the Ministry of Health and Social Welfare (MOHSW)'s new HIV/AIDS strategic plan efforts to expand VCT services with a target of at least 50% of population receiving CT services by 2012. It will also contribute to PEPFAR global targets for treatment, prevention and care.

Activities:

ANGAZA ZAIDI, in partnership with MSH will provide sub-grants to public health facilities, faith-based organizations and NGOs to provide quality CT services with same-day results. ANGAZA ZAIDI will expand access to CT services primarily through static VCT and mobile CT services and will target hard-to-reach and high-risk communities. AMREF will work closely with other USG CT partners, and particularly with JHPIEGO, to coordinate CT service expansion and CT Demand creation activities and to maximize programmatic synergies. ANGAZA ZAIDI will, through partnership and sub-granting strategies, increase the number of new individuals who have tested and know their results. ANGAZA ZAIDI, in collaboration with the MOH, MSH, USG and other partners, will carry forward the "Know Your Status/Tanzania Bila UKIMWI Inawezekana" campaign launched by President Jakaya Kikwete in July 2008.

ANGAZA ZAIDI will employ a two-pronged design covering all 21 regions of mainland Tanzania. It will (1) focus intensively on rapid scale up in 10 of the 21 regions and (2) provide a basic set of support services in CT in the remaining 11 regions. Intensive support to sub-partners in the 10 rapid scale up regions will focus on capacity building and systems strengthening of sub-grantees enabling them to vastly expand the number of static sites and mobile services providing high quality CT services. A different, less intensive basic support package will be directed at existing ANGAZA sites in the remaining 11 regions with the aim of sustaining on-going high quality CT work among these sub-partners. Intensive focus regions include Dar es Salaam, Lindi, Kilimanjaro, Mara, Mbeya, Mwanza, Mtwara, Rukwa, Ruvuma and Arusha. These 10 regions are among the highest prevalence regions in Tanzania and are where AMREF's strongest sub-partners are operational.

As part of project design, rapid assessments and baselines will be undertaken in all 10 intensive support regions. Findings from the assessments will determine the scope and scale of expansion of CT service provision. New sub-grantees will be identified through a competitive process. All ANGAZA ZAIDI sub-partners will follow the national counseling and testing policy and guidelines and will ensure that finger-prick rapid testing become the gold standard practice.

ANGAZA ZAIDI will deploy a variety of CT approaches in order to achieve accelerated access to HIV care, treatment and support services including utilization of a high-quality CT standard package consisting of group education, HIV testing, post-test counseling, and referrals. Activities will include:

- Outreach CT activities from the static sites as counselors move out to neighborhoods and villages in urban and rural settings;
- Linkages with comprehensive prevention activities for high-risk populations, including peer education, condom provision and referrals for STI services;
- Special campaigns during national events;
- Public and private sector initiatives to offer CT services in the workplace;
- Behavior change communication activities aimed at increasing demand for CT services;
- HIV prevention and risk reduction counseling delivered through a variety of CT service delivery channels.

Outreach services will reach populations in rural areas, schools, colleges, factories, border settlements as well as other high risk populations (military, prisoners, mining centers, fishing communities, plantations, IDUs, sex workers). Activities will also be undertaken during national festivals and events (e.g., World AIDS Day, Worker's Day, International Women's Day, Sabasaba, Farmer's day, UHURU Torch).

Behavior change communication activities will be guided by the GOT National HIV/AIDS Communications and Advocacy Strategy and implemented in collaboration with other USG partners. A variety of

**Activity Narrative:** "edutainment" methods, peer education programs, and interpersonal communication strategies will be used to convey key messages that include the benefits of testing and raising individuals' risk perceptions, couples testing and disclosure, and involving family members in CT. BCC activities will be designed to address socio-cultural and gender norms that promote high risk behaviors such as MCP, trans-generational sex, gender-based violence, and increased sexual risk related to alcohol and substance abuse.

ANGAZA ZAIDI will facilitate development of training tools (e.g., curricula, booklets, job aids, fact sheets, posters) to facilitate dialogue with CT clients. The CT training package developed with MOHSW will be designed in modules for lay counselors, post-test club facilitators and post-test club leaders. Master trainers (who attend regional TOT workshops) will offer training in counseling, life skills, and advocacy at district and ward levels. In collaboration with GOT, ANGAZA has already established standards in HIV counseling and testing in Tanzania; ANGAZA ZAIDI will build on this experience and work with MOHSW to finalize, institute and monitor an accreditation system.

This project will use the existing procurement and distribution systems of the Medical District Stores Department (MSD) to avail high quality CT supplies to ANGAZA ZAIDI sub-grantees. To ensure that this system runs smoothly, ANGAZA ZAIDI will hire an Administrative and Procurement Officer dedicated to procurement and logistics issues. This officer will be responsible for maintaining close communication with the sub-grantees and strengthening the capacity of sub-grantees in quantification and accurate and timely re-supply orders. The project will purchase a minimal buffer stock to successfully navigate occasional national stock-outs.

ANGAZA ZAIDI will play a key advocacy role to MOHSW to establish a permanent Counseling and Testing Working Group. This group will advocate for the expanded use of lay counselors in Tanzania, using results from a prior ANGAZA project. This group will also advocate for an accelerated roll-out of finger prick rapid testing in Tanzania. ANGAZA ZAIDI will introduce Community-Owned Resource Persons (CORPS) who will conduct community activities to raise awareness on CT benefits and post-test prevention, through peer outreach and community mobilization. The CORPS, one female and one male, will be nominated by each community/village.

**Linkages:**

ANGAZA ZAIDI will collaborate with MOHSW, the Global Fund, PEPFAR partners and local governments in scaling up CT services. ANGAZA Zaidi and JHPIEGO will coordinate very closely to ensure maximum synergy and complementarities. This project will build upon prior work engaging PLWHA by strengthening referrals to enable HIV-positive clients to access a full spectrum of services offered through care and treatment partners in the vicinity including: TB and STI services; post-test clubs; and income-generation activities. At the community level, activities will include supporting community organizations to establish and support Post-Test Clubs that will provide psychological and social support and linkages with health facilities to strengthen care, treatment and support including condoms, safe water, and insecticide treated nets. The capacity of sub-grantees will be strengthened through joint planning, mentoring and technical assistance to integrate gender mainstreaming into their activities as appropriate.

**Target Population:**

The project will target the general population, with a focus on demand creation for hard-to-reach and higher-risk groups and couples.

**Monitoring and Evaluation:**

Through its partnership with MSH, ANGAZA ZAIDI will build M&E capacity in every sub-grantee organization. The project M&E team will establish standardized tools and information systems to track targets and progress against results at three critical levels of impact: the National HIV/AIDS program; the service delivery sites and the community/beneficiary. This information will inform program adjustments to improve the reach and mix of services provided thus maximizing program quality over time.

**Sustainability:**

ANGAZA ZAIDI works through partnerships and collaborates with GOT and private sector institutions to strengthen local capacities and facilitate policy change. Personnel are largely Tanzanian nationals who will continue to work with HIV/AIDS and CT programs in the country. The decentralized approach of the project, with a strong emphasis on capacity building and systems strengthening, will facilitate local institutions at national and local government levels to sustain CT activities beyond project life.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1028.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Kikundi Huduma Majumbani	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8660.23487.09	<b>Planned Funds:</b> \$170,000



**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2009.

**TITLE:** KIHUMBE voluntary counseling and testing (VCT) to further prevention and treatment goals in the Mbeya Region.

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in the Mbeya Region is over 13%, one of the highest in the country, with an estimated 90% unaware of their HIV status. KIHUMBE has been providing HIV services since 1991, one of which has been VCT both at its static site in the Mbeya Municipality as well as through its home-based care services. It has been a PEPFAR prime partner since 2004.

**ACCOMPLISHMENTS:** KIHUMBE directly provided VCT to 800 clients in FY 2006 and 1,000 in FY 2007, 18% of whom tested HIV-positive. As a member of the Mbeya HIV Network Tanzania (MHNT) (another prime partner under this program area), KIHUMBE also helped provide VCT in 2006 to 755 individuals and in 2007 to another 1428 at the annual 8-day Nanenane regional farmers' exhibition, which draws over 300,000 attendants. KIHUMBE also participated with MHNT members at World AIDS Day and regional VCT events. In FY 2007, KIHUMBE inaugurated a mobile VCT program in 60 wards which linked all tested with appropriate health facilities for follow-up and local NGOs providing post test + and - clubs or other supportive services.

**ACTIVITIES:** Working in a coordinated and cooperative manner, KIHUMBE and members of SONGONETHIV, the MHNT, and Research Oriented Development Initiative (RODI) (see other submissions for these partners) will ensure VCT services are available for as many clients as possible in the Mbeya, Ruvuma Regions. In addition, implementation of services have been standardized across these partners but allowing for some flexibility in focus/approach depending on regional conditions. All VCT activities will include distribution of information to clients on appropriate referral for services depending on sero-status and residence.

- 1) Participate with other MHNT and MOH test counselors to provide VCT at large-scale community events, capitalizing upon opportunities to reach a large number of individuals in a single user-friendly setting.
  - 1a) Along with other MHNT members' staff, execute presentations and provide staff to encourage testing at the 8-day 2008 Nanenane festival, building upon the success of the preceding three years.
  - 1b) Provide VCT at the annual MHNT World AIDS Day event as part of a local MOHSW sponsored program.
  - 1c) Participate in planning, advertising and executing VCT for monthly "HIV Testing Day" events to be held in Mbeya region at rotating facilities through out the region.
- 2) Continue to provide VCT services at community sites and through HBC services in accordance with national standards and using MHNT tools to document service delivery.
  - 2a) Provide VCT at KIHUMBE service sites, including newly established youth centers (see OVC entry under this partner).
  - 2b) Refer HBC clients suspected of suffering from HIV related illness as well as their family members for VCT services provided by KIHUMBE static sites, mobile sites and in homes or to other MHNT members or facilities.
- 2c) Coordinate with local entities to provide VCT at non-HIV-specific NGOs, youth centers, workplaces and other community sites.
- 2d) Train at least four new counselors to staff new sites through NACP certified VCT training.
- 2e) Procure test kits from Medical Stores Department (MSD) and Supply Chain Management Systems (SCMS) when not available through central procurement mechanisms.
- 3) Provide mobile VCT in at least 35 more villages, creating easier access to VCT services.
  - 3a) Work with local leaders, District Health Management Teams (DHMT), and health facility directors to identify sites for providing mobile VCT, involving them in mobilization, testing and follow-up.
  - 3b) Coordinate with other MHNT organizations and nearby health facilities to ensure VCT staff for mobile VCT.
  - 3c) Highlight mobile VCT data acquired by KIHUMBE to aid in identifying areas with particular need for HIV prevention services and/or a new stationery VCT sites and at local workplaces.
- 4) Ensure effective referral for individuals accessing VCT services, incorporating follow-up with the entity to which the client is referred, health facility, and/or NGO.
  - 4a) Establish standardized referral process for linking individuals testing HIV-positive to services, to include at minimum medical services and home-based care "prescription" to KIHUMBE or other MHNT members.
  - 4b) Provide prevention education depending upon the client's sero-status and identify and refer individuals testing HIV-negative to HIV prevention resources to help maintain their HIV-negative status.
  - 4c) Include these referral activities and follow-up on standardized forms to facilitate monitoring and evaluation and quality improvement.

**LINKAGES:** Along with providing permanent and mobile VCT services, KIHUMBE also provides a number of other services, including HIV prevention and home-based care. KIHUMBE is also a founding member of the MHNT, a coalition of 13 NGOs/FBOs providing HIV prevention and care in Mbeya region. All member organizations refer clients to one another based upon clients' area of residence, need and strength of the organization (submissions under HBHC and HVAB/HVOP). This activity also links with: District and/or regional hospitals to facilitate referrals; Ward leaders and other local government officials; Faith groups and other providers of counseling services; ROADS/FHI program in accessing high risk populations along the trans-African highway; PEPFAR marketing groups STRADCOM and Academy for Educational Development (AED) for local advertising to encourage event participation.

**CHECK BOXES:** VCT services target the general population. Coordination with home-based care and other services ensures smoother referral of PLHA, their spouses and children to VCT. Relationships with business entities provide VCT opportunities at workplace settings, reaching more members of the population in the highest risk age groups. Funding supports commodity procurement, vehicle maintenance, trainings, staff support and advertising and participation in community events.

**M&E:** In addition to established processes for monitoring indicators on a quarterly basis, KIHUMBE will



**Activity Narrative:** implement standardized NACP tools for collecting detailed data on service delivery. These tools will allow for data from KIHUMBE and member NGOs to be compiled at the network level by the designated M&E staff person, facilitating identification of major service needs, gaps and areas for improvement. These data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Assessment of clients' referral routes to VCT will inform KIHUMBE outreach and education efforts, and test results via mobile VCT services will help identify sites in greatest need of HIV services. Supportive supervision of these sites includes data collection, management and storage of data (registers and forms) reporting of data to district-level. National CT guidelines and training materials will be used to strengthen M&E capacity in these facilities. Data will be provided to NACP and USG for reporting purposes.

**SUSTAINABILITY:** KIHUMBE is a local, grassroots Tanzanian-run NGO that was established in 1991 and has flourished under strong leadership. Along with maintaining and expanding its original site in the Mbeya municipal area, KIHUMBE has established service outlets in Mbalizi, Tukuyu and Chunya, extending its catchment area. DOD is one of KIHUMBE's multiple funding sources. In addition to its impressive record of service delivery, KIHUMBE's organizational capacity to collect and manage data and secure funding is among the strongest in the zone. Capacity-building and other training opportunities through other USG partners will remain available to KIHUMBE.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13508

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13508	8660.08	Department of Defense	Kikundi Huduma Majumbani	6530	1028.08		\$166,975
8660	8660.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$200,000

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1056.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National AIDS Control Program Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 4941.23488.09	<b>Planned Funds:</b> \$400,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Strengthening HIV Counseling and Testing Services for Mainland Tanzania

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare, through the National AIDS Control Program (NACP), has the responsibility of coordinating the health sector response to HIV/AIDS. The Counseling and Social Support Unit (CSSU) at NACP coordinates the Counseling and Testing (CT) program through development of policies and guidelines, training protocols and manuals, standard operating procedures and job aides. NACP also provides supervision and technical guidance to implementing partners, strengthens 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.

**ACCOMPLISHMENTS:**

NACP achievements include providing CT services and indirect support to a combined total of approximately 681,000 clients and training of 300 health care workers in CT services. In addition, PITC guidelines finalized and printed, the guidelines have been disseminated to 21 RHMTs and some CMHTs.

**MAJOR ACTIVITIES:**

FY 2009 funds will be used to:

1. Strengthen the capacity of RHMTs/CHMTs in the support of provider initiated testing and counseling (PITC) services at 25 health facilities within 16 regions. This includes providing technical support to RHMTs/ CHMTs in the training of health care workers and retraining of HIV CT counselors from VCT sites at health facilities;
2. Provide mentoring and facilitative supervision to hospitals and health centers providing CT services;
3. Mobilize and sensitize communities for the uptake of CT services;
4. Monitor the progress of CT activities through supportive supervision, monitoring and reporting;
5. Standardize the CT monitoring system, to capture both VCT, PITC and HBTC data;
6. Facilitate policy development to support pediatric CT and explore the feasibility of introducing lay counselors, which is an important task-shifting strategy to increase human capacity building in the delivery of quality CT services;
7. Coordinate national CT implementation by chairing the CT technical group; and
8. Strengthen the managerial capacity of the Unit to coordinate CT services in Tanzania

\*END ACTIVITY MODIFICATION\*

TITLE: Strengthening HIV Counseling and Testing Services for Mainland Tanzania

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare, through the National AIDS Control Program (NACP), has the responsibility of coordinating the health sector response to HIV/AIDS. The Counseling and Social Support Unit (CSSU) at NACP coordinates the Counseling and Testing (CT) program through development of policies and guidelines, training protocols and manuals, standard operating procedures and job aides. NACP also provides supervision and technical guidance to implementing partners, strengthens 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.

ACCOMPLISHMENTS: Recent NACP achievements include providing CT services and indirect support to a combined total of approximately 681,000 clients and training of 23 health care workers in CT services. In addition, CSSU worked with the Epidemiology Unit at NACP to revise the M&E tools for CT.

**MAJOR ACTIVITIES:**

FY 2008 funds will be used to:

1. Strengthen VCT services at 56 USG-supported sites within 10 regions;
2. Establish provider initiated testing and counseling (PITC) services at 25 health facilities within 16 regions;
3. Train 100 health care workers from 25 sites and retrain 50 counselors from 28 health facilities. This task-shifting is a strategy constraints and will involve training;
4. Procure HIV test kits and related commodities;
5. Provide mentoring and facilitative supervision to hospitals and health centers providing CT services;
6. Mobilize and sensitize communities for the uptake of CT services;
7. Design, develop and pretest IEC messages in collaboration with the IEC/BCC Unit;
8. Monitor the progress of CT activities through supportive supervision, monitoring and reporting;
9. Standardize the CT monitoring system, to capture both VCT and PITC data; and
10. Strengthen the managerial capacity of the Unit to coordinate CT services in Tanzania.

LINKAGES: For individuals testing HIV-positive, linkages will be made with various programs including palliative care/home based care and HIV treatment. HIV-negative persons will be linked with resources (e.g., post-test clubs) to help them maintain their negative status). Work will be completed in collaboration with various implementing partners including JICA, GTZ, GFATM, and SIDA.

M&E: NACP will continue to support integration of HIV CT in HMIS and training for M&E tools. NACP will also provide support in the use of the tools in day to day operations. All supported sites will use MOHSW daily registers and monthly summary forms, which will harmonize recording and reporting of CT services.

SUSTAINABILITY: To ensure sustainability of CT services, NACP will support the training of CHMTs on mentoring and supportive supervision of CT services (VCT, PITC and HBCT) and in directly supports the overall

**Activity Narrative:** HIV Care and Treatment Plan. This activity will also strengthen the CHMTs 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, as well as treatment and prevention activities in all sites and the integration of CT services into other services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13539

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13539	4941.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$550,000
7776	4941.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$668,000
4941	4941.06	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	2835	1056.06		\$616,362

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1136.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 3394.23489.09	<b>Planned Funds:</b> \$750,000
<b>Activity System ID:</b> 23489	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008

TITLE: Expanding CT and Provider Initiated Counseling and Testing Services within the TPDF

**NEED and COMPARATIVE ADVANTAGE:**

Though unconfirmed, the prevalence is thought to be higher in the military than that of the general population (7%, Tanzania HIV/AIDS Indicator Survey 2003-2004) due to their mobility, long periods of separation from their families, and special standing in the community placing them at greater risk. Continued aggressive measures are needed to reach this mostly young and sexually active portion of the population that can serve as a bridge for HIV transmission to the population at-large.

This activity will support ongoing efforts in providing CT and identification of HIV+ individuals among the military for both target prevention and linkages to services. Started under FY 2005 funding by the Tanzanian Peoples Defense Forces (TPDF) with assistance from PharmAccess International (PAI), this activity will focus on increasing provision of CT services to military personnel and to communities surrounding military posts and health facilities.

**ACCOMPLISHMENTS:**

TPDF initiated VCT and Care and Treatment services at Lugalo Hospital, Dar es Salaam in 2003. Under FY04-FY07 services have been expanded to eight military hospitals and nine satellite sites. The target for FY08 is that 15 new health centers / satellite sites and four mobile centers provide VCT and ART, to a total of 36 sites. For FY09 the number will increase to 38 sites. As of July 2008, 30,000 persons have received CT in the preceding 12 months. Focus of the FY09 program will be on quality improvement of the services and a substantial increase in the numbers for testing.

A draft HIV/AIDS Policy that will make HIV testing mandatory has been written by a TPDF Task Force. The Policy is to be approved by the Parliament before it becomes effective. In FY08 provider-initiated HIV testing and counseling have been introduced as part of the annual medical check-up. It is anticipated that this will lead to the identification of a large numbers of army personnel requiring care and treatment. The military hospitals, health centers and mobile centers need to be prepared for a stark increase in capacity to test and in an increase in patient load.

**ACTIVITIES:**

1) Increase the number of health facilities under the TPDF to a total of eight hospitals and 26 health centers and four mobile centers.

1a) Renovate counseling and testing rooms at 2 new satellite sites/health centers

1b) Conduct initial and refresher CT and PITC training of 164 medical staff from the military hospitals, from the satellite sites and the mobile centers

1c) Strengthen the referral system between the TPDF health facilities and District and Regional hospitals for ANC services and adult and infant diagnosis, ART and TB/HIV at CTC

2) Provide CT to 30,000 individuals through TPDF facilities

2a) Reinforce provider initiated counseling and testing (PITC) as part of all in- and out-patient services

2b) Provide mobile CT services to border camps and surrounding communities and Procure two mobile centers, train staff and conduct bi-monthly visits to 12 border camps

2c) Include counseling of HIV+ persons on risk behavior and HIV prevention' as a critical part of all HIV services

2d) Conduct nutritional and dietary assessments of HIV+ persons and provide nutrition counseling and support

2f) Continue to improve patient record/data collection, working with TPDF HQ and facility staff to collect record and analyze data

2g) Discuss and improve quality of CT services through 3-monthly meetings with representatives of the sites and experts in specific fields (ART developments, pediatrics, AIDS and TB etc)

2h) Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and Lugalo, the National Military Referral Hospital

3) Develop community linkages to improve service up-take and strengthen prevention component of CT:

3a) Conducting training for nurse-counselors from each CT site for home visits to discuss and offer CT to relatives of HIV+ index patients;

3b) Train 200 volunteers from the barracks in home visits and home-base care;

3c) Organize post-test clubs (for HIV-negatives and HIV- positives);

3d) Provide prevention messages targeted to the clients HIV status upon testing, encouraging negatives to remain negative and prevention with positives counseling as an initiation into care and treatment;

3e) HIV/AIDS sensitization campaigns, advocating CT, through home-visits and "community events" in the barracks;

4) Ensure proper lab capacity is developed at all eight hospitals for HIV- and STI screening purposes

4a) Provide CD4 equipment to two TPDF hospitals

4b) Provide standard operating procedures and training in QA/QC at Regional and District hospitals;

4c) (Re-) train technicians in TB-, STI and HIV diagnosis, routine laboratory testing and equipment maintenance

4d) Procure reagents, consumables and safety gear (gloves, materials for safe disposal of sharps and other wastes) when not available through national supply chain.

**LINKAGES:**

Linkages will be strengthened with Prevention activities under the TPDF Program. All HIV-infected patients will be referred for further evaluation and qualification for TB treatment within each facility. Referrals from the health centers to TPDF hospitals or public regional and district hospitals for CD4, TB testing and treatment of complicated cases will be established. PAI will ensure linkages with organizations of women living in the barracks to advocate for HIV-testing, home-based support and adherence counseling. Linkages

**Activity Narrative:** will be developed with existing local NGOs operating in those communities to ensure a continuum of care, not only for military personnel but also for civilians living near the military hospitals. PAI will continue to collaborate with Regional and District Health Management teams and with USG treatment partners for supportive supervision purposes, and technical assistance.

**M&E**

Data will be collected electronically and by paper-based tools. All sites have or will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, TPDF HQ team, NACP and the district and regional management teams.

**SUSTAINABILITY:**

In the military setting, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. Health facilities of the Military Forces are under the administration of the Ministry of Defense, not under the Ministry of Health. PAI will encourage the Office of the Director Medical Services to integrate treatment activities in military Health Plans and budgets at the facility and national level. To improve administrative capacity, PAI continues to work with military authorities to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13571

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13571	3394.08	Department of Defense	PharmAccess	6551	1136.08		\$749,500
7789	3394.07	Department of Defense	PharmAccess	4572	1136.07		\$920,000
3394	3394.06	Department of Defense	PharmAccess	2838	1136.06		\$490,000

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 16439.23490.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 23490	

**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008.

TITLE: The Rapid Funding Envelope for HIV/AIDS (RFE) Public-Private Partnership Initiative in Tanzania

**NEED and COMPARATIVE ADVANTAGE:** To increase participation of civil society, 10 donors and TACAIDS co-operated in creating a "Rapid Funding Envelope for HIV/AIDS" on Mainland Tanzania and Zanzibar. RFE is a competitive mechanism for projects on HIV/AIDS in Tanzania. RFE supports not-for-profit civil society institutions, academic institutions in compliance with national policy and strategic framework with the goal of contributing to longer-term objectives of the national response and encouraging projects that promote institutional partnerships. To date, although the private sector is involved in the fight against HIV/AIDS, services tend to be limited to their employees, and often lack the continuum of care and sustainability due to lack of commitment at higher level. This program seeks to use the RFE mechanism to inform the private sector of the need to expand workplace programs, and establish partnerships with private organization to strengthen these interventions, leveraging resources from existing medical structures within these private institutions to make care and treatment available to employees and their communities who would otherwise not have access to these services.

**ACCOMPLISHMENTS:** To date, RFE has conducted seven rounds of grant making and approved \$11.2 million from pooled funds, for 78 projects. In FY 2007, RFE successfully held a 4th round, providing awards worth \$3.5 million to 23 Civil Society Organizations (CSOs) (seven had OVC activities); monitored and managed existing sub grantees; created a reliable base from which donors can utilize without duplicating efforts; continued to strengthen CSOs, financially and technically, thus laying a solid foundation for further funding; and facilitated increased resources for CSOs via disbursement of significant funding in a short timeframe.

**ACTIVITIES:** Ongoing activities will include management of the RFE Public Private Partnership (PPP) initiatives to be established with FY 2007 Plus-Up funds focusing on strengthening collaboration with private organizations; selecting and providing grants to workplace organizations for treatment and care activities in support of the continuum of care efforts in the workplace and neighboring communities. In particular this will involve oversight of projects worth \$200,000 in grants to approximately 20 organizations. The 20 companies will be awarded matching contribution grants for creating or extending their workplace programs. The companies will be paired with our in-place partners to ensure that their programs adhere to best practices and national standards. The focus of the activities will support companies in Tanzania in arranging for local, on-site VCT 'worker and community' test days, and to ensure that all workers are aware of – and take advantage of – HIV counseling and testing in the workplace.

These funds will be used to expand prevention services in the companies while leveraging corporate resources to expand HIV/AIDS treatment and care services beyond the workplace, and using the family centered approach, include family and community members who may otherwise not have been able to access services in these private facilities. Specific activities will include; 1) Grants and financial management of sub grantees; including disbursements of grants; liquidation reviews of sub grantee financial reports and monitoring & evaluation of projects; 2) Technical monitoring and management of sub grantees; including review of project work plans and progress reports; review of project deliverables and monitoring & evaluation of projects; 3) Financial administration of the RFE-PPP fund; including preparation of financial reports and engaging project audits; 5) Grants/Project administration including external RFEPPP communications/correspondence; convening of meetings with the donor/partner; preparation of (ad hoc) reports.

The program will strengthen collaboration with private organizations to find unique alternatives to which private-for-profit companies can contribute towards alleviating the burden caused by HIV/AIDS. a) RFE-PPP program will solicit and review short-listed private-for-profit organizations, conducting pre-award assessments to determine organizational, financial & technical management competency of the existing medical programs and identify potential weakness that may be mitigated towards improving the continuum of care. b) At least five successful organizations will be contracted and funded directly with USG funds. c) Supportive supervision will be provided to the projects, including monitoring & evaluation, guidance & oversight of the projects through regular site visits. 2) Capacity building towards graduation towards direct funding from donors will be provided through training and coaching/mentoring. 3) Additional support will be sought from multi-donors to fund similar workplace programs. If successful, non pooled USAID funds will support management of these grants.

**LINKAGES:** In keeping with previous arrangements, Deloitte Consulting Limited as the Prime, also the lead for grants and finance management will link with a partner (TBD) as the lead technical partner for supporting the RFE-PPP, and will work closely with donor, keeping within the mandates of the AIDS Business Council of Tanzania (ABCT). RFE-PPP will also develop formal linkages with large funding mechanisms; including Regional Facilitating Agencies (TMAP) to feed into the development information networks system, a common database of organizations funded to avoid duplication of efforts. In effort to encourage organizational development, RFE-PPP will share funding experience with potential donors/organizations to create awareness and encourage buy-in.

**CHECK BOXES:** RFE-PPP will seek to fund organizations with existing medical programs, building capacity as needed to afford the continuum of care to their employees, as well families and surrounding communities. The RFE will support capacity building through various steps including the pre-award assessment that highlights key areas of weakness to be strengthened in the capacity building plan; technical assistance/training on programmatic (HIV) issues and finances; and ongoing mentoring and technical assistance.

**M&E:** Annual work plans will be developed and will include built-in M&E processes for which the relevant staff member takes responsibility. Management of the RFE-PPP will include conducting the following monitoring & evaluation activities; Regular update of project through participation in activities; Review quarterly technical reports for performance against work plan; Monitoring through field visits; Collection of data; Preparation of site visit reports and progress reports; these reports will be shared with private

**Activity Narrative:** organizations concerned, and donors, to enable improvement and development of the program, Best lessons learned will be captured and shared.

**SUSTAINABILITY:** The private organizations involved will be encouraged to foster local community networks, and continue leveraging own resources that will assist in continued operations of the project once RFE-PPP funding has ended. RFE-PPP requires projects to consider sustainability during proposal development; and ensure that a realistic plan has been developed to integrate the project into existing programs. RFE-PPP supported organizations will also be provided with institutional capacity building support enabling them to grow/ graduate towards receiving accreditation as Care and Treatment Centers, and allow them to receive direct funding and/or increase the level of funding from other donors, post RFEPPP funding. The new management structure at Deloitte has been designed to better manage the function of the RFE, to include capacity for managing the RFE-PPP, since the original mandate of the RFE has changed from its original form and size of projects funded.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16439

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16439	16439.08	U.S. Agency for International Development	Deloitte Consulting Limited	6510	1197.08	Fac Based/RFE	\$200,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1197.09	<b>Mechanism:</b> Fac Based/RFE
<b>Prime Partner:</b> Deloitte Consulting Limited	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 16440.23491.09	<b>Planned Funds:</b> \$685,000
<b>Activity System ID:</b> 23491	



**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008.  
TITLE: Scaling-Up Home Based Counseling and Testing Services In Seventeen Districts

**NEED and COMPARATIVE ADVANTAGE:** Only 15% of people in Tanzania know their HIV status. In order to reach the estimated 400,000 PLHIV with ART services, enormous efforts must be done to scale-up testing and counseling services. The Tunajali ("we care" in Kiswahili) program has initiated home-based counseling and testing services in index households where PLHIV are receiving palliative care in selected wards of two districts. Index household members have a high probability of being HIV+ and we think they should be a target group. The Tunajali team is best positioned to undertake this activity because it has the lessons learned that will support a quick scale-up. Tunajali has qualified staff to plan, implement, and monitor field activities and has built strong partnerships with local institutions and district councils in the Tunajali regions.

**ACCOMPLISHMENTS:** Five HBC focal persons have been trained and qualified as counselors and 25 community volunteers from two districts of Kilolo (Iringa) and Mvomero (Morogoro) have also undergone training in home-based counseling and testing skills using a pilot curriculum. Communities and districts have been sensitized in readiness to expand services to three additional districts in which 10 HBC counselors and 221 volunteers will be trained. We estimate to counsel and test about 10,000 household members within the FY 2007 plans. The GOT has approved this activity and has issued a waiver to enable the program to use lay counselors to expand service availability.

**ACTIVITIES:**

1. Scale-up home counseling and testing services in seventeen districts of Dodoma Urban, Mkuranga, Bagamoyo, Morogoro Rural, Morogoro Urban, Mvomero, Iringa Rural, Iringa Urban, Kilolo, Njombe, Mufindi, Makete, Geita, Magu, Ilemela, Nyamagana, and Misungwi. The focus will be in high prevalence and high transmission areas for better yields. 1a) Train 50 HBC focal persons and health facility staff on VCT. 1b) Train approximately 2,080 community volunteers on home-based counseling and testing (HBCT). 1c) Train approximately 30 district level health staff to monitor and support HBCT services.
- 2) Conduct home-based counseling and testing to index patient households. 2a) Liaise with the district medical office (DMO) for accessibility and availability of test kits, with the aim of receiving reagents and supplies from the National AIDS Control Program (NACP) to supplement those bought directly by Tunajali. 2b) Provide the HBC focal person with transport and means of communication. 2c) Provide community volunteers with means of communication with the HBC focal persons. Volunteers will be responsible for initial counseling of individuals in the households and informing the HBC focal persons who will do additional counseling before actual testing because existing national guidelines do not allow the non-health workers to test. 2d) Establish registers for clients tested. 2e) Procure equipment and supplies necessary for home-based counseling and testing. 2f) Refer all diagnosed HIV+ individuals to CTC services and other support services; where indicated provide transport.
3. Conduct community sensitization campaigns to increase demand and uptake of testing. This activity will allow the scale-up of our counseling and testing services to the wider community beyond the index households. 3a) Sensitize local and influential leaders on HIV transmission, the harmful impact of stigma, the importance of testing, and the availability of services. 3b) Hold sensitization meetings with community members. 3c) Prepare and distribute information, education, communication (IEC) materials including posters, leaflets, billboards, local drama groups performance, and TV and radio broadcasting.
4. Link with NETWO and MUCHS for promotion of stigma reduction and disclosure, as this will promote HIV testing to community members.
5. Conduct supportive supervision in collaboration with the council health management team (CHMT) to ensure quality HBCT is provided to clients. 5a) Develop a checklist for supportive supervision for HBC focal persons. 5b) Link with the district HIV counseling and testing supervisor to conduct supervisory visits in partnership.

**LINKAGES:** Tunajali works closely with the NACP, particularly the care and social support unit which is responsible for counseling and testing services, the DMO's office and health facilities. This will ensure availability of test kits as well as joint supportive supervision and good coordination of the services. Local community service organizations (CSOs) which Tunajali works with have strong links to care and treatment clinics (CTCs) and this will facilitate effective referrals of people diagnosed as HIV+ to CTC services for further assessments and management. The program will collaborate with Pathfinder and if appropriate will adopt this USG partner's QA system for home-based care.

**CHECK BOXES:** Human capacity development and training; our community volunteers will undergo training on home counseling and testing. HBC focal persons and government health staff will undergo training on voluntary counseling and testing. If HIV affected children are identified through the community-based activity the volunteers will discuss testing with the parents and will link these individuals with appropriate service sites.

**M&E:** Tunajali will adapt counseling and testing national data collection and monitoring tools. Community volunteers will be trained on how to use tools to collect and report the data. Referral forms will be used to refer patients diagnosed with the virus to CTC and other support services in the community. During supportive supervision visits HBC focal persons will use checklist to address the quality of the collected data. The data will be disaggregated by sex, age group and serostatus. Data will be aggregated and reported monthly by CSOs to the regional office and quarterly to the head office by the regional office. Regional M&E will routinely support CSOs to address data quality issues. The quarterly reports will be shared with GoT authorities for future planning. M&E will use 6% of the total budget.

**SUSTAINABILITY:** Training of community volunteers, HBC focal persons at the community level, and health staff will ensure continuity of the services. Collaboration of the program with the local authority and community leaders is also a step towards sustainability of the service as the program/service will be part and parcel of the districts plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16440

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16440	16440.08	U.S. Agency for International Development	Deloitte Consulting Limited	8030	8030.08	Community Services	\$735,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1221.09

**Mechanism:** N/A

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 16448.23492.09

**Planned Funds:** \$300,000

**Activity System ID:** 23492

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Expanding HIV Testing and Counseling in Kagera, Kigoma, Pwani and Zanzibar

NEED and COMPARATIVE ADVANTAGE: Columbia University (CU) supports comprehensive HIV/AIDS care and treatment services in four regions of Tanzania – Kagera, Kigoma, Pwani and Zanzibar. Additionally, national level support includes technical assistance and support to the Ministry of Health and Social Welfare (MOHSW) and Bugando Medical Center (BMC) for national HIV early infant diagnosis; support to ORCI for scaling up palliative care, including pain management and symptom control; improving PMTCT M&E with NACP; and in 2008 support to the National Quality Assurance and Training Laboratory in Dar es Salaam. Since 2005, CU has incorporated testing and counseling as part of case-finding for HIV positive individuals to link to care and treatment. With Regionalization, CU will continue to provide voluntary counseling and testing (VCT) services, tailoring such services to the needs of the regions and populations.

ACCOMPLISHMENTS: From 2004 to September 2007, 401,610 people will have received testing and counseling in CU-supported VCT, PMTCT, and care and treatment sites. CU has supported and established 44 VCT sites, and ensured clients are linked to care and treatment through the district network approach. CU has conducted mobile VCT services in hard to reach areas and for most at-risk populations (MARPs).

ACTIVITIES: In FY 2009, CU will:

1) Expand HIV testing and counseling to MARPs through: a) Monthly CT outreach targeting fishing islands where there is a known high HIV prevalence through GOT health center clinics in Kagera; b) Training and funding to ZANGOC(Zanzibar NGO Cluster) for delivery of CT targeted to MARPs in Zanzibar; c) Providing CT outreach to mining areas in Kagera and Kigoma through GOT or NGO; d) Supporting mobile CT as part of community activities in Pwani region linked to care and treatment at nearest clinics; and e) Strengthening referral systems between VCT and ARV services through the district network approach. All activities will be planned and implemented in collaboration with other CT partners to maximize resources and reduce duplication.

2) Provide HIV CT services as a screening for men seeking male circumcision services. Consistent with WHO/UNAIDS guidance, all men interested in circumcision in the CU-supported demonstration site in Kagera must be tested and be HIV negative.

3) Strengthen existing facility-based HCT service delivery at CU-supported regional and district hospitals and selected health centers by: a) Supporting the training of 50 staff in HIV testing and counseling b) Procuring additional HIV test kits and expendable supplies to fill gaps and meet scale-up needs; and d) Supporting lay counselors and additional staff where needed in 21 districts to intensify HCT linked to care.

\*END ACTIVITY MODIFICATION \*

TITLE: Expanding HIV Testing and Counseling in Kagera, Kigoma, Pwani and Zanzibar

NEED and COMPARATIVE ADVANTAGE: Columbia University (CU) supports comprehensive HIV/AIDS care and treatment services in four regions of Tanzania – Kagera, Kigoma, Pwani and Zanzibar. Additionally, national level support includes technical assistance and support to the Ministry of Health and Social Welfare (MOHSW) and Bugando Medical Center (BMC) for national HIV early infant diagnosis; support to ORCI for scaling up palliative care, including pain management and symptom control; improving PMTCT M&E with NACP; and in 2008 support to the National Quality Assurance and Training Laboratory in Dar es Salaam. Since 2005, CU has incorporated testing and counseling as part of case-finding for HIVpositive individuals to link to care and treatment. With Regionalization, CU will continue to provide voluntary counseling and testing (VCT) services, tailoring such services to the needs of the regions and populations.

ACCOMPLISHMENTS: From 2004 to September 2007, 401,610 people will have received testing and counseling in CU-supported VCT, PMTCT, and care and treatment sites. CU has supported and established 44 VCT sites, and ensured clients are linked to care and treatment through the district network approach. CU has conducted mobile VCT services in hard to reach areas and for most at-risk populations (MARPs).

ACTIVITIES: In FY 2008, CU will:

1) Expand HIV testing and counseling to MARPs through: a) Monthly CT outreach targeting fishing islands where there is a known high HIV prevalence through GOT health center clinics in Kagera; b) Training and funding to ZANGOC(Zanzibar NGO Cluster) for delivery of CT targeted to MARPs in Zanzibar; c) Providing CT outreach to mining areas in Kagera and Kigoma through GOT or NGO; d) Supporting mobile CT as part of community activities in Pwani region linked to care and treatment at nearest clinics; and e) Strengthening referral systems between VCT and other ARV services through the district network approach. All activities will be planned and implemented in collaboration with other CT partners to maximize resources and reduce duplication.

2) Strengthen existing facility-based VCT service delivery at CU-supported regional and district hospitals and selected health centers by: a) Supporting the training of 50 staff in VCT; b) Undertaking minor renovations and repairs at CU-supported VCT health centers; c) Procuring additional HIV test kits and expendable supplies to fill gaps and meet scale-up needs; and d) Supporting lay counselors and additional staff where needed in 21 districts to intensify VCT linked to care.

LINKAGES: CU will ensure strong links with care and treatment services when initiating VCT and outreach CT services in Kagera, Kigoma, Pwani and at Ocean Road Cancer Institute. ZANGOC will target MARPS on Unguja and Pemba; ZAPHA+ in Zanzibar will target family members and partners of PLHAs for HCT. All sites implementing VCT will ensure strong referral network system for PLHAs for nutrition, psychosocial

**Activity Narrative:** OVC support. CU will ensure PLHAs from remote islands in Kagera receive 'wraparound services' for this displaced group with high numbers of HIV+ women and their children. With MSD/Supply Chain Management Systems (SCMS), CU will strengthen supply chain management systems for full supply of HIV test kits and expendables. CU is working with FHI in Pwani to link those testing positive with home-based care to receive adequate care and treatment services. CU will link with PSI and TMARC so that HIV positive and HIV negative persons receive robust prevention support (e.g., condoms, behavior change).

**M&E:** The national registers were launched in July 2007. CU will collaborate with the NACP/MOHSW to implement the national CT M&E system across all CU-supported HTC sites using 8% of the budget. Data will be collected in the national CT registers and summarized in monthly summary forms (MSFs). After the national database is completed, CU will implement it at 20% of the sites. At CU, an Access database will be developed for storage of MSFs from all CU-supported sites. Data quality will be ensured through regular site supervision visits with review of registers and range and consistency checks of MSF's. Finally, CU will share quarterly and semi-annual/annual reports with the HCT teams at the site, district and regional levels.

**SUSTAINABILITY:** The "district network approach" used by CU ensures sustainability of activities in the public sector settings through direct engagement with existing district health systems. Agreements are determined through discussion with the District Executive Director and District Medical Officer in each of the 21 districts where CU works. Funds are provided to the District for implementing activities. Regional health authorities are engaged in supportive supervision, training, and oversight of activities. Existing NGOS and FBOs are strategically selected to scale up HCT services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16448

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16448	16448.08	HHS/Centers for Disease Control & Prevention	Columbia University	6509	1221.08		\$300,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09 **Mechanism:** N/A  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Prevention: Counseling and Testing  
**Budget Code:** HVCT **Program Budget Code:** 14  
**Activity ID:** 16971.23493.09 **Planned Funds:** \$41,500

**Activity System ID:** 23493

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

During the next fiscal year, USAID 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. USAID provides direct technical support for all of its HIV/AIDS counseling and testing (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 2008, this funding will support in-country CT program staff. In-country program staff will work with implementing partners to expand CT services, strengthen supervision systems, and conduct routine monitoring and evaluation. 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16971

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16971	16971.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$100,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1415.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Pathfinder International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 9085.23494.09	<b>Planned Funds:</b> \$800,000
<b>Activity System ID:</b> 23494	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Scaling up HBCT within Tutunzane Program in Five Regions

NEED and COMPARATIVE ADVANTAGE: A limited number of Tanzanians know their HIV serostatus, which hinders individual access to appropriate care and support. HIV counseling and testing services provided in the home, in conjunction with CHBC programs, will serve as an efficient way to scale-up counseling and testing in targeted communities. Home-based CT will also strengthen referrals and linkages to care, treatment and support services.

ACCOMPLISHMENTS: PFI held several meetings with key implementing partners in Arumeru and Temeke. Finally, project site selection was completed in collaboration with District authorities. Eight wards are currently implementing Home Counseling and Testing in Temeke and Arumeru and a total of approximately 1500 individual have accessed Counseling and testing services for the last four months through 30 trained providers.

ACTIVITIES:

PFI plans eight key strategies to scale up HBCT.

1. Increase coverage and strengthen provision of CT at the community level in selected regions from two existing districts in two regions to 18 districts in seven regions.
  - 1a) Community sensitization and mobilization meetings will be conducted with leaders and stakeholders at all levels to build community acceptance and garner support for community and home based CT.
  - 1b) CT outreach services will be conducted for hard to reach populations (e.g., mining and plantation workers) in partnership with CBOs and FBOs implementing counseling and testing services.
2. Expand access and integrated service networks through partnerships, referrals and linkages.
  - 2a) Orientation meetings will be conducted at regional and district levels with administrative and health facility staff to engage leaders in support of the activity and to plan specific activities that they can carry out to build community acceptance.
  - 2b) Additional orientation/sensitization workshops will be conducted for regional and council health management teams in the selected districts.
  - 2c) Conduct mapping exercise to identify care and support services within Tutunzane operation areas and advise the program on how best to establish functional referral systems.
  - 2d) Identify laboratory facilities for quality assurance of test results.
3. Implement prevention with positives activities to avert new infections.
  - 3a) Strengthen risk reduction counseling, including counseling on correct and consistent condom use, in order to avoid HIV transmission to uninfected partners and avert new HIV infections.
  - 3b) Strengthen screening for gender based violence through HIV pre and post-test counseling and make appropriate referrals to safe shelters for women, support groups in the community, and referrals to legal services.
  - 3c) Counsel individuals in order to increase disclosure of HIV status to partners when there is no foreseeable harm to the client. Staff will also provide counseling on several key prevention issues, including sexual risk reduction, adherence and reduction of alcohol consumption.
  - 3e) Establish a referral system to care and treatment, PMTCT, STI and RCHS/family planning clinics.
  - 3f) Develop IEC materials with prevention messages for HIV positive persons (e.g., proper use of condoms, family planning, STI prevention).
4. Train and equip service providers for quality HBCT service provision.
  - 4a) PFI will train 72 laboratory staff from 36 health facilities in 18 districts. Training will include the new national rapid test algorithm and quality assurance and control issues. It is anticipated that every tenth positive and fiftieth negative test result will be sent to the nearest designated laboratory for confirmatory testing.
  - 4b) PFI will train lay health counselors to provide pre and post-test counseling and training on the provision of rapid testing to individuals to determine differences in quality of testing provided by laboratory staff versus lay health counselors.
  - 4c) PFI will train 350 lay counselors and 150 new supervisors (health personnel) in expanded areas. The trained personnel will be responsible for the actual testing and the lay counselors will be involved in the provision of counseling services.
  - 4d) Finally, PFI will conduct refresher training as needed.
5. Procure commodities and supplies to support the HBCT program, including 4400 Biorline, 165 Determine and 28 Unigold test kits and supplies. PFI is unable to receive testing supplies through the government store because it is a private organization.
6. Develop, print and disseminate BCC/IEC materials that respond to identified needs for different audiences.
7. Maintain equipment and vehicles. A portion of funds will be used for fuel for vehicles and motorcycles, maintenance and other running costs.
8. Maintain project staff to support planned activities. New staff will include supervisors (270) and lab personnel (80) to assist in supervision and quality assurance issues.

\*END ACTIVITY MODIFICATION\*

TITLE: Scaling up HBCT within Tutunzane Program in Five Regions

**Activity Narrative:** NEED and COMPARATIVE ADVANTAGE: A limited number of Tanzanians know their HIV serostatus, which hinders individual access to appropriate care and support and limits the proven preventive effect of testing for HIV-negative individuals. VCT is a cost-effective method for increasing the number of Tanzanians who know their HIV serostatus and reducing high-risk sexual behavior and preventing HIV transmission. It has been estimated that VCT offered to 10,000 Tanzanians would avert 895 HIV infections at a cost of \$346 per infection averted and \$17.78 per disability-adjusted life year (DALY) saved. One strategy for scaling up VCT services is the integration with community home-based care (CHBC). Home counseling and testing in conjunction with CHBC programs will serve as an efficient way to scale-up counseling and testing in targeted communities by utilizing existing volunteer CHBC providers with established networks for referral and care and support.

**ACCOMPLISHMENTS:** PathFinder International (PFI) began piloting home-based counseling and testing (HBCT) in FY 2007 after a team from NACP, CDC, USAID, FHI and PFI learned how HBCT is being implemented during a study tour in Uganda. PFI held several consultative meetings with key implementing partners, including NACP and DMOs in Arumeru and Temeke. Finally, project site selection was completed in collaboration with District authorities. PFI is scaling up the number of trained health care providers needed to be able to reach large numbers of Tanzanians who are unaware of their status.

**ACTIVITIES:**

PFI plans eight key strategies to scale up HBCT.

1. Increase coverage and strengthen provision of counseling and testing at the community level in selected regions from two existing districts in two regions to 18 districts in seven regions.
  - 1a) Community sensitization and mobilization meetings will be conducted with leaders and stakeholders at all levels. Meetings will focus on all aspects of project implementation will serve to build community acceptance and garner support for community and home based counseling and testing (CT).
  - 1b) CT outreach services will be conducted for hard to reach populations (e.g., mining and plantation workers) in partnership with CBOs and FBOs implementing counseling and testing services.
2. Expand access and integrated service networks through partnerships, referrals and linkages.
  - 2a) Orientation meetings will be conducted at regional and district levels with administrative and health facility staff. Meetings will cover all aspects of community and home based CT implementation to engage leaders in support of the activity and to plan specific activities that they can carry out to build community acceptance.
  - 2b) Additional orientation/sensitization workshops will be conducted for regional and council health management teams in the selected districts – to link the services to the health facilities.
  - 2c) Conduct mapping exercise with NACP/MOHSW to identify care and support services within Tutunzane operation areas and advise the program on how best to establish functional referral systems.
  - 2d) Identify laboratory facilities for quality assurance of test results.
3. Implement prevention with positives activities to avert new infections.
  - 3a) Counsel individuals in order to increase disclosure of HIV status to partners when there is no foreseeable harm to the client. Staff will also provide counseling on several key prevention issues, including sexual risk reduction, adherence and reduction of alcohol consumption.
  - 3b) Establish a referral system to care and treatment, PMTCT, STI and RCHS/family planning clinics.
  - 3c) Develop IEC materials with prevention messages for HIV positive persons (e.g., proper use of condoms, family planning, STI prevention).
4. Train and equip service providers for quality HBCT service provision.
  - 4a) PFI will train 72 laboratory staff from 36 health facilities in 18 districts in collaboration with the MOHSW Diagnostic Unit. Training will include the new national rapid test algorithm and quality assurance and control issues. It is anticipated that every tenth positive and fiftieth negative test result will be sent to the nearest designated laboratory for confirmatory testing.
  - 4b) PFI also will train 350 lay counselors and 150 new supervisors (health personnel) in expanded areas. The trained personnel will be responsible for the actual testing and the lay counselors will be involved in the provision of counseling services.
  - 4c) Finally, PFI will conduct refresher training for lay counselors and supervisors, as needed.
5. Procure commodities and supplies to support the HBCT program. PFI will procure and distribute 4400 Bioline, 165 Determine and 28 Unigold test kits (the new algorithm) and supplies (e.g., gloves, safety boxes) through MSD.
6. Develop, print and disseminate BCC/IEC material and best practices.
  - 6a) PFI will develop a variety of print communication materials to facilitate community awareness about HBCT, the testing process and benefits.
  - 6b) Working in collaboration with HBCT partners, PFI will adapt job aides and pocket guides. These will be used to provide clear step by step instructions on community/home based counseling and testing for HCT providers. The aides will be durable and portable to allow providers to carry them during visits.
7. Maintain equipment and vehicles. A portion of funds will be used for fuel for vehicles and motorcycles, maintenance and other running costs.
8. Hire new project staff to support planned activities. New staff will include supervisors (72) and lab personnel (36) to assist in supervision and quality assurance issues.

**LINKAGES:** PFI is committed to ensuring continuum of care through networking with other organizations implementing HIV programs. Effective linkages have been created throughout Tutunzane operation areas and include collaborations with health facilities, care and treatment clinics for ARV and PMTCT Programs like Tunajali and CCBRT among others. Other linkages are to family planning programs, TB clinics, and

**Activity Narrative:** coordination with male circumcision as appropriate. In addition the Tutunzane program in which HBCT is incorporated will serve as a platform for supporting HIV positive identified individuals with services like supportive counseling and nutrition counseling. Furthermore, HIV positive individuals will be linked to other care and support services provided by FBOs and CBOs in their community. Tutunzane will also foster collaboration with legal associations like WLAC and TAWLA for legal aid in case of gender violence related to disclosure of HIV status.

**M&E:** The M&E system developed in the pilot phase builds on existing tools and local capacities, allowing for necessary adaptations. It reports achievements against the project's results, and monitors qualitative and quantitative indicators. The approach is participatory and interactive, encouraging joint accountability and specific outcomes and responsive to needs and capacities of local partners; and provides ongoing feedback. To extract and analyze data, Tutunzane employs a number of methods, including, but not limited to service delivery statistics, monitoring visits and program meetings. Monthly data will be compiled, reviewed, and aggregated from all districts/regions and shared with DHMT, NACP, other stakeholders and CDC on a quarterly basis. PFI will work in collaboration with NACP and other actors to develop relevant tools for monitoring the program.

**SUSTAINABILITY:** PFI through its Tutunzane program will promote sustainable activities by building the capacity of existing DHMTs, CBOs, coordination bodies and CHBCPs. PFI also will have MOUs with them that stipulate each party's roles, responsibilities and expectations and support incorporation of HBC activities in comprehensive District plans. Sub-grantees will be strengthened in internal governance, financial sustainability, and management information systems. Programmatic sustainability will be strengthened by upgrading skills through step-down training by intermediate organizations.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13566

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13566	9085.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	6550	1415.08		\$1,000,000
9085	9085.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	4571	1415.07		\$620,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 9608.23495.09	<b>Planned Funds:</b> \$91,557
<b>Activity System ID:</b> 23495	



**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008.

**TITLE:** HIV CT Activities, Management and Staffing (Base)

**NEED and COMPARATIVE ADVANTAGE:** Tanzania established a Counseling and Testing (CT) program in 1987. In 2004 the Ministry of Health through the National AIDS Control Program (NACP) signed a cooperative agreement with CDC for implementation of the CT activities in Tanzania. HHS/CDC provides direct technical support for all HIV/AIDS programs through US and Tanzania-based organizations, which manage and implement in country activities. These activities are funded through cooperative agreements, and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non governmental organizations. The responsibility of CT staff include working with the Ministry of Health and Social Welfare (MOHSW) through NACP and other partners to oversee the overall activities with in the program, guide the partners on the PEPFAR goals, and ensure quality services.

**ACCOMPLISHMENTS:** PEPFAR funds supported the in-country CT program staff to assist the MOHSW and partners with the development of CT policy, training curriculum and manuals. The staff provided technical support for development of guidelines, training materials, and other relevant materials. The staff also worked with MOHSW/NACP in conducting supportive supervision, training, and preparing scale-up and expansion plans for CT activities in Tanzania.

**ACTIVITIES:**

The core activities for the CT program staff in FY 2008 include the following:

- 1) Providing technical assistance and oversight to the MOHSW, NACP, Zanzibar AIDS Control Program (ZACP) and other partners in the implementation of HIV counselling and testing. This includes the development of policy, guidelines, protocols, tools, reporting instruments, and systems to effectively monitor and evaluate counselling and testing program activities.
- 2) Identifying and correcting problems, barriers, and issues that impede the effective implementation of counselling and testing program activities.
- 3) Developing and maintaining effective liaisons with partner organizations to ensure that timelines and quality standards for implementation of program activities are met. Staff will identify training needs in implementing partner organizations, facilitates, and participates in the planning and development of training programs, teaching modules, manuals, and educational materials to address identified needs. Staff will also build capacity through mentoring while keeping up to date with scientific developments, innovations, best practices, and new approaches in CT.
- 4) Participating in the design and development of program guidelines and activities, including protocols for HIV counselling and testing, strategies for expanding and improving the quality of counselling and testing services and strategies.
- 5) Conducting site visits to provide technical assistance and oversight to partners in program implementation.
- 6) Ensuring adherence to established work plans and CDC and PEPFAR guidelines, policies and priorities.

**SUSTAINABILITY:** The technical assistance and support provided by HHS/CDC will ensure a long term sustainable system for CT services in Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13629

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13629	9608.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$42,600
9608	9608.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$34,718

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2290.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Bugando Medical Centre	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 5570.23496.09	<b>Planned Funds:</b> \$500,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Strengthening and Expanding Counselling and Testing Services in the Lake Zone.

NEED and COMPARATIVE ADVANTAGE: The burden of HIV in the Lake Zone is quite high in comparison to national statistics (12% vs. 7%). The situation is worse in some isolated areas (e.g., fishermen communities and small business centres) where prevalence of 20% has been documented. There are few sites providing counseling and testing (CT) services, and most are located in hospitals that are not easily accessible to the larger population. The Bugando Medical Centre (BMC) began addressing this lack of access to counseling and testing services by training health care workers to offer HIV CT both in the hospital and in mobile outreach events. Experience has shown that most people in the hospitals and communities are willing to test for HIV if given pre-test information. Given the success and acceptability, there is a need to strengthen and expand provider-initiated testing and counseling (PITC) by training more health care workers and involving PLHA and lay counselors to conduct PITC. BMC, being a pioneer in PITC, has a comparative advantage to execute this work. In an effort to reach individuals who do not regularly seek medical care, BMC will also conduct community testing at market areas and special events in areas of high prevalence in the Lake Zone.

ACCOMPLISHMENTS: BMC established PITC services in both outpatient and inpatient wards. As of June 2007, a total of 12,772 patients have accessed HIV testing. BMC has also conducted 34 community outreaches where a total of 14,849 clients have accessed HIV testing. In both settings, the acceptability for testing is very high and referrals to care and treatment are made for those found to be HIV positive. Finally, BMC trained 90 health care workers from the hospital on PITC.

ACTIVITIES:

In FY 2009, BMC will strengthen and expand CT activities in the Lake Zone with the following activities.

1. Strengthen PITC programs in inpatient and outpatient service provision sites in six regions and four district hospitals. This will be accomplished by training 150 health care workers in PITC, and by ensuring that patients successfully receive test results and referrals.
2. Involve lay counselors and PLHA in provisional delivery of PITC services. Lay counselors and PLHA will conduct counseling sessions at the medical facilities. This task-shifting is a strategy to address the HR constraints and will involve training 50 lay counselors, including PLHA from different HIV organizations in Mwanza region, on the provision of PITC counseling sessions to clients at the medical facilities.
3. Strengthen and provide technical support to community testing efforts in the Lake Zone's high prevalence target areas. To accomplish this activity, BMC will hire 12 community counselors who will conduct outreach and link HIV-positive individuals with care and treatment services. BMC also will purchase a new vehicle for ferrying counselors and the tents used for community voluntary counseling and testing (VCT) outreaches. This activity will be conducted in collaboration with other partners and CBOs conducting CT services in the Lake Zone.
4. Strengthen risk reduction counseling among both individuals who test positive and individuals who test negative in order to avert new HIV infections.
5. Strengthen screening for alcohol abuse and gender based violence to address the intersections between gender-based violence and HIV/AIDS.

\*END ACTIVITY MODIFICATION\*

TITLE: Strengthening and Expanding Counselling and Testing Services in the Lake Zone.

NEED and COMPARATIVE ADVANTAGE: The burden of HIV in the Lake Zone is quite high in comparison to national statistics (12% vs. 7%). The situation is worse in some isolated areas (e.g., fishermen communities and small business centres) where prevalence of 20% has been documented. There are few sites providing counseling and testing (CT) services, and most are located in hospitals that are not easily accessible to the larger population. The Bugando Medical Centre (BMC) began addressing access to these counseling and testing services by training health care workers to offer HIV CT. Experience has shown that most people in the hospitals and communities are willing to test for HIV if given pre-test information. Given the success and acceptability, there is a need to strengthen and expand provider-initiated testing and counseling (PITC) by training more health care workers and involving PLHA and lay counselors to conduct PITC. BMC, being a pioneer in PITC, has got cooperative advantage to execute this work. In an effort to reach individuals who do not regularly seek medical care, BMC will also conduct community testing at market areas and special events in areas of high prevalence in the Lake Zone.

ACCOMPLISHMENTS: BMC established PITC services in both outpatient and inpatient wards. As of June 2007, a total of 12,772 patients have accessed HIV testing. BMC has also conducted 34 community outreaches where a total of 14,849 clients have accessed HIV testing. In both settings, the acceptability for testing is very high and referrals to care and treatment are made for those found to be HIV positive. Finally, BMC trained 45 health care workers from the hospital and several community groups on VCT.

ACTIVITIES:

For FY 2008, BMC will strengthen and expand CT activities in the Lake Zone with the following activities.

1. Initiate a PITC program for all patients who use outpatient and inpatient services in six regions and four districts hospitals. This will be accomplished by training 104 health care workers in PITC, and coordinating CT partners in respective regions to ensure patients successfully receive test results and referrals.
2. Involve lay counselors and PLHA in provisional delivery of PITC services especially conducting

**Activity Narrative:** counseling sessions at the medical facilities. This task-shifting is a strategy to address the HR constraints and will involve training 80 lay counselors, including PLHA from different HIV organizations in Mwanza region, on the provision of the counseling sessions to clients at the medical facilities.

3. Strengthen and provide technical support to community testing efforts in the target areas of high prevalence of HIV in the Lake Zone. To accomplish this activity, BMC will hire 12 community counselors who will conduct outreach and link HIV-positive individuals with care and treatment services. BMC also will purchase a new vehicle for ferrying counselors and the tents used for community volunteer counseling and testing (VCT) outreaches. This activity will be conducted in collaboration with other partners and CBOs conducting CT services in the Lake Zone.

**LINKAGES:** BMC is ensuring a continuum of care with other programs in Mwanza, including AIDSRelief, which supports the care and treatment clinic, and Columbia University which deals with Infant Diagnosis. BMC also collaborates with CBOs such as Nyakato AIDS, Mwanza Outreach Group, Archdiocese of Mwanza, Care Tumaini-ELCT, Shalom Care House, and Uzima Centre Bukumbi. BMC will strengthen and facilitate linkages and referrals to other HIV prevention interventions services and social and support services.

**M&E:** BMC will use both paper-based and electronic tools to monitor CT (VCT and PITC) activities. The paper-based system will consist of registers, outreach report, and quarterly report. Monthly report will be compiled into quarterly report, and will be analyzed to show programmatic strengths and weaknesses, this will be also shared by other stakeholders. Both paper-based and electronic systems will comply with national tools and reporting requirements.

**SUSTAINABILITY:** BMC, in collaboration with regional partners, will ensure sustainability by building capacity in regional and districts health facilities and gradual task shifting through regular supportive supervision and mentoring. Council Health Management Teams (CHMT) will be encouraged to incorporate counseling and testing activities in their comprehensive council health plans in their respective districts.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13443

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13443	5570.08	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	6500	2290.08		\$500,000
7686	5570.07	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	4521	2290.07		\$275,000
5570	5570.06	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	2882	2290.06		\$0

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3490.09	<b>Mechanism:</b> ROADS
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8657.23497.09	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 23497	

**Activity Narrative:** ACTIVITY REMAINS UNCHANGED FROM FY 2008.

TITLE: Expanding HVCT in Tunduma, Isaka and Potentially the Port of Dar

NEED AND COMPARATIVE ADVANTAGE: Until recently quality CT was largely unavailable in Tunduma. Historically, CT has had low uptake and has not been well promoted in the community, particularly among MARPs. The new ANGAZA site has improved the situation, though there is still a need for outreach CT at locations/hours convenient for truck drivers, their sexual partners, and sexually active youth. ROADS is USAID's regional platform to address HIV along the transport corridors of East/Central Africa. It is a comprehensive program focusing on the most underserved communities, extending prevention, care, and support to address gaps and add value to bilateral programs. With its network of indigenous volunteer groups and ties with the Mbozi district health team, ROADS is well placed to extend CT through fixed outreach sites in Tunduma.

ACCOMPLISHMENTS: During January-June 2007 ROADS established the SafeTStop model in two sites, linking indigenous volunteer groups, businesses, health facilities, and FBOs through joint community planning, implementation, and branding. During January-June 2007, 147 people in Makambako and Tunduma were referred for testing, accessed testing, and received their result.

ACTIVITIES: ROADS will work with the Mbozi district health team, medical professionals in Vwawa and Tunduma, ANGAZA, and the youth and faith-based organization (FBO) clusters to establish fixed outreach CT sites in Tunduma targeting truck drivers, their sexual partners, and sexually active youth. With FY 2007 funds, ROADS will address the gap in CT services for the above populations by establishing CT at the SafeTStop Resource Center situated near the intersection of two major strips of bars. Services will be provided by existing district CT counselors and by medical professionals to be trained by ROADS according to national guidelines. ROADS has already collaborated on CT with Vwawa Hospital, which provided CT at the official SafeTStop launch in May 2007. With FY 2008 funds, ROADS will extend CT to five additional fixed outreach sites in Tunduma and five in Isaka, again focusing on MARPs at hours and locations most preferable to them (e.g., in Tunduma drivers spend business hours queuing at customs; trucker assistants spend almost all of their time in Tunduma at the truck park on the outskirts of town). With FY 2008 funds ROADS will train 40 health professionals in the district to provide quality CT, in liaison with district partners, to efficiently expand the pool of professional CT counselors. ROADS will also explore the possibility of using lay counselors to further expand access to CT services. Training will include counseling skills related to hazardous drinking behavior, a major driver of HIV risk behavior in Tunduma.

ROADS will coordinate with the DMO, ANGAZA, and Walter Reed to maximize coverage. As part of its work with surrounding communities, ROADS will promote testing to all family members where the index patient is found to be positive as appropriate. In Makambako, ROADS will continue to focus on referral to the four existing CT sites. In both existing sites, as well as Isaka, CT services will benefit from and work in concert with community mobilization to address stigma, discrimination, and gender-based violence that are major barriers to CT services. The project will also strengthen referral of CT clients for family planning. In 2008, ROADS will assess CT at the Port of Dar and strengthen and extend services as appropriate, while liaising with USAID/Tanzania and other partners. ROADS will continue to look for innovative and new ways to reach high-risk populations and will explore the possibility of introducing C&T services in pharmacies under the GoT's direction and in accordance with national guidelines and policies.

LINKAGES: As a regional program, ROADS integrates with and adds value to USAID bilateral programs. In Tanzania ROADS has linked with Tanzania Marketing and Communication for HIV/AIDS, Reproductive health and Child Survival Project (T-MARC) on OP and with Family Health International (FHI) on care, support and treatment. Since June 2006, ROADS has coordinated closely with Walter Reed in the Mbeya Region to ensure synergy and jointly funded selected activities. In Makambako, ROADS has linked with the existing CT sites, referring OP and AB audiences for CT. The SafeTStop strategy is predicated to build on local capacity: in Makambako and Tunduma ROADS has organized more than 70 indigenous volunteer groups and local businesses into clusters, strengthening and supporting referral for CT. ROADS also liaises regularly with district leadership.

CHECK BOXES: For this activity ROADS focuses on gender, human capacity development, local organization capacity building, strategic information, and integration of family planning. ROADS target populations are adolescents 15-24, adults, mobile populations (including military in Makambako), non-injecting drug users (alcohol), persons working in commercial/transaction sex, and street youth. The project works on CT with PLHA, FBOs, discordant couples and the business community.

M&E: As ROADS establishes CT at the SafeTStop resource center with FY 2007 funds and extends CT through fixed outreach sites with FY 2008 funds, it will harmonize its M&E system with the national CT monitoring system. Integrating with this system will build the M&E capacity of the myriad of community groups who report data through ROADS/SafeTStop. Training of the 40 medical professionals in CT will include training on the national CT monitoring system. Supportive supervision of these sites will include M&E, specifically data collection (staff's understanding/ability to fill out forms, completeness of forms), management and storage of data (registers and forms), and reporting of data to the district-level. We will use the established national CT guidelines and training materials to assist in strengthening M&E capacity in these facilities.

SUSTAINABILITY: Almost all partners on the project are local entities. As a result, project activities are highly sustainable. Indigenous volunteer groups partnering with the project were established without outside assistance and will continue functioning over the long term. Local businesses, market sellers, and farmers are also part of the fabric of community life and will be present over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, planning so people implement activities within their immediate networks) to minimize attrition and enhance sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13483

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13483	8657.08	U.S. Agency for International Development	Family Health International	6517	3490.08	ROADS	\$500,000
8657	8657.07	U.S. Agency for International Development	Family Health International	4538	3490.07	ROADS	\$150,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3532.09

**Mechanism:** N/A

**Prime Partner:** International Rescue Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 4934.23498.09

**Planned Funds:** \$0



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED WILL CONTINUE IN DURING FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

**TITLE:** IRC HIV Counseling and Testing Services in Nduta and Kanembwa Refugee Camps, Kigoma

**NEED and COMPARATIVE ADVANTAGE:** 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 population in western Tanzania since December 1993 as a lead agency identified by the UNHCR for provision of health and nutrition assistance in the Kibondo district. With PEPFAR funds, IRC provides HIV counseling and testing services in the camps as part of health services. Refugees in Tanzania are not allowed to travel beyond four km from the camps and therefore rely entirely upon services provided by the implementing partners of UNHCR for their livelihoods. Since the official transition of UNHCR country policy concerning Burundian refugees from facilitation to promoting repatriation IRC provides support to the above process by providing medical screening and ensuring continuity of medical care to refugees repatriating to Burundi. The repatriation process is currently scaling-up, however exact numbers of beneficiaries that will leave the country in the coming year is difficult to predict. Analyzing current trends, we can estimate that somewhere between 2,000 to 4,000 Burundian refugees will repatriate to Burundi monthly and thus by June 2008 we can estimate having between 7,000 and 31,000 Burundian refugees in the area. Along with the refugees, IRC in Tanzania provides health care to the local communities residing in the areas neighboring refugee camps. Currently nearly 20.3% of our beneficiaries visiting IRC CT centers come from the local communities. IRC in cooperation with its partners, local authorities, and NGOs, will work towards strengthening health systems in the Kibondo area and improving access and quality of health care provided to local populations.

**ACCOMPLISHMENTS:** As part of health services and with PEPFAR funds IRC provides counseling and testing services to a population of 55,300 refugees and an additional number of local Tanzanians through four counseling and testing facilities. In total 3,998 people were tested and received results of their HIV tests during the period from October 2006 to end of June 2007 at IRC CT sites in hospitals and youth centers. Eighty-seven clients were found to be HIV positive (2.17%). Until April 2007, eight counseling and testing sites were maintained by IRC in four camps (two in each camp) when consolidation of Mkugwa and Mtendeli to Nduta and Kanembwa came to its end. Subsequently IRC provided services through four sites located in two camps. The HIV/AIDS services that IRC provides in Kibondo are characterized by their comprehensiveness and strong linkages with services within and outside of the wider IRC program. This enables people accessing CT to gain access to a variety of quality health and social support services such as post test clubs, home-based care, maternal and child health services, nutrition, life skills training and referral to HIV care, and treatment.

**ACTIVITIES:** The activities that will be implemented under CT with COP 2008 funds include:

1. Maintain and strengthen service provision and uptake of both client and provider initiated CT in Nduta and Kanembwa refugee camps. More people will get to know their serostatus which will guide their life and health choices and will allow timely access to existing support and treatment services. 1a) Ensure that at any time there are at least 10 staff trained on provision of quality in depth counseling and testing at CT sites. (20 people will be trained to compensate for rapid turnover of staff) 1b) Purchase necessary quantities of quality HIV whole blood screening and confirmatory rapid tests and other supplies for smooth functioning of CT sites. 1c) Carry out small group meeting sessions for informing community about CT. 1d) Carry out community based mobilization campaigns and promote mass awareness through radio programs, informing about CT services and their availability. 1e) Develop and disseminate in the beneficiary communities health education materials, informing about CT as well as benefits of early testing and disclosure. 1f) Maintain and strengthen referral links between CT and other programs within and outside IRC program. 1g) Continue to develop linkages with HIV/AIDS organizations working outside the camps and government run health facilities.
2. Support activities of post test clubs in Nduta and Kanembwa refugee camps. This will help overcome negative impacts of the HIV epidemic such as stigma and marginalization and will foster active involvement of community members in planning and implementation of the IRC HIV activities. 2a) Support post test clubs in organizing meetings and events aimed at advocating on behalf of people infected and affected by HIV. 2b) Involve post tests club members in planning and implementation of information, education, communication (IEC) and behavior change communication (BCC) activities, including promotion of CT services 2c) Support post tests club members by providing them with personal hygiene items and clothing.
3. Strengthen institutional capacity to implement routine CT quality assurance systems in Nduta and Kanembwa refugee camps. This will ensure provision of the highest possible quality of counseling and testing at IRC CT sites, which will uphold effectiveness of its HIV/AIDS intervention at high levels. 3a) Provide refresher trainings to 20 staff members on counseling and testing in accordance with national protocols and standards 3b) Train 20 staff on HIV testing quality assurance 3c) Identify reference laboratory for quality assurance of HIV testing carried through in the IRC CT service outlets.

**LINKAGES:** IRC will continue to collaborate with the National Aids Control Program (NACP) to facilitate HIV CT trainings. In addition, it will strengthen collaboration with the Kibondo district hospital and the PEPFAR partner Columbia to organize provision of ART to refugees (and Tanzanian) who are found to be HIV positive and eligible for treatment.

IRC will continue work with HIV/AIDS organizations serving the local populations since on average 20.3% of person accessing health in the camps are Tanzanian nationals. In addition to Columbia University, IRC will collaborate with local organizations and other PEPFAR funded organizations working in prevention, home based care and counseling and testing.

**CHECK BOXES:** The areas of emphasis will be gender, human capacity development, strategic information and "wraparound" programs. The target population will be adolescents 15 – 24 years (girls and boys) and adults over 25 years.



**Activity Narrative:** M&E: IRC data collection and reporting procedures fully correspond to Tanzania's Ministry of Health standards and procedures for CT services. In addition, IRC developed a database that conforms to PEPFAR planning and reporting cycles and allows reporting on both refugee and Tanzanian nationals receiving services through IRC counseling and testing sites. The IRC monitoring and evaluation officers will be responsible for following up the accuracy of the data. At the field office, the HIS officer will take the lead in analyzing electronically and summarize the data.

**SUSTAINABILITY:** IRC will continue to work with the local health authorities and strengthen coordination with local NGOs working in the host communities on HIV/AIDS programs to better mitigate the effect of refugees repatriation on these local communities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13493

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13493	4934.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	6522	3532.08		\$100,000
8659	4934.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	4542	3532.07		\$100,000
4934	4934.06	Department of State / Population, Refugees, and Migration	International Rescue Committee	3532	3532.06		\$100,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3745.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Pastoral Activities & Services for People with AIDS	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 16453.23499.09	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 23499	

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

**TITLE:** Expansion and Quality Improvement of PASADA's Counseling and Testing Outreach Sites in Dar es Salaam Archdiocese

**NEED and COMPARATIVE ADVANTAGE:** Increased access to and integration of CT services (both PITC and VCT) is essential for curbing transmission and facilitating access to care and treatment. PASADA's VCT services operate from the PASADA HIV/AIDS Centre and from 17 satellite sites around the catchment area. Thirteen of these sites also have PASADA HBC and palliative care services and are located in dispensaries. The other four are stand-alone VCT sites.

Currently, PASADA carries out over 1,200 HIV tests per month and has over 20,000 registered clients. There is a two-way referral system between the VCT service and all other PASADA services. All sites are regularly supervised by the PASADA supervisory team for continuous quality improvement. All sites provide ongoing supportive counseling for HIV+ clients. Many of the trained counselors are non-medical personnel and many are PLWHAs.

**ACCOMPLISHMENTS:** All clients testing HIV+ are registered and access a full continuum of care, treatment, and psychosocial support free of charge including palliative care, ART, TB, HBC, OVC and supportive counseling. PASADA also continuously trains batches of 50 to 100 PLWHA in basic counseling skills and prevention strategies, so that they are actively involved at the community level in mobilization, prevention, promotion of VCT, and dissemination of information about available services and living positively with HIV. PASADA also trains VCT counselors from other government and non-government institutions. PASADA operates according to national guidelines and the new testing algorithm. Some of the sites are already providing same-day results and the others are now preparing to do so.

**ACTIVITIES:** In FY 2008, PASADA will improve access to VCT by setting up three new VCT outreach sites where clinical and HBC services already exist; conducting VCT training of new staff and participants from other institutions; training of all clinical and other health workers in the dispensaries on the importance and implementation of PITC; continuous training of PLWHA to enable them to be actively engaged in prevention, promotion of HIV testing, and provision of services. It will also improve referral services between CT services and other PASADA integrated services and share lessons learned through regular meetings between PASADA service sites and other nearby service providers. PASADA will also increase supervisory visits to all sites; continue in-service training of all counselors to ensure skills and knowledge remain current and support appropriate services to facilitate disclosure; counsel discordant couples; and enable prevention among both HIV positive and negative clients.

PASADA will implement anti burn-out strategies within the counseling department through twice-yearly review counselor retreats; individual counselor mentoring counselor (professional and personal) and regular peer counseling meetings to share experiences, difficulties, and jointly identify solutions.

All PASADA sites test children and one of PASADA's priorities in FY 2008 is to emphasize active pediatric ART case finding through increased child testing. PASADA also promotes "Living Positively with HIV and AIDS" through monthly "Now that you know" meetings. These are meetings held at the end of each month and all clients who test HIV+ in that month are invited. Important service provision information is provided, referral to services not provided by PASADA, and sharing with other veteran clients who are living positively with the virus. These meetings also provide a venue for sharing of information, discussing problems and solutions, forming self-support groups and receiving external speakers on specific issues identified by the clients themselves. In FY 2008 PASADA will also expand PLWHA-run help desks at all VCT sites. These help desks are staffed by PLWHAs who are trained in counseling and are available to answer questions and provide support and referrals to all VCT clients.

**LINKAGES:** PASADA's VCT department operates according to NACP guidelines for VCT and will also adopt NACP guidelines for PITC in outreach sites located in dispensaries. The department collaborates with many government and non-government institutions, particularly in facilitation of training events. It also collaborates with private companies and some embassies with general counseling and information sharing for employees. The outreach counselors are also linked to local schools, community leaders, and groups.

**M&E:** All outreach sites send monthly reports to their respective districts while PASADA Upendano compiles quarterly reports and sends them to the districts. All outreach VCT sites collaborate closely with the dispensaries in which they are located and with the PASADA HBC and palliative care staff working in the same location. Individual performance of counselors is monitored through regular supervisory visits to sites and through individual mentoring. Site performance is also monitored through regular supervision (monitoring tools are already in place) and through analysis of collected data. By mid 2008, PASADA will have a centralized data collection system which will greatly assist management in monitoring the quality of service provision and in decision-making for improvement. Internal evaluations are carried out at the end of each year. Additionally, the program will ensure effective monitoring and evaluation of services by a) training counselors on the importance of data collection and management and how to do it; b) training of decision-makers within PASADA on effective and useful analysis of data for the improvement of services; c) establishing an efficient monitoring system and developing monitoring tools; d) carrying out an external evaluation of the services.

**CHECK BOXES:** The VCT services target the general population, male and female of all age groups. Particular emphasis is placed on women and young girls and children as the most vulnerable groups, with specific regard to HIV associated gender violence and to access to services. The service collaborates in workplace programs and is heavily involved in ART and TB counseling.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16453	16453.08	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	6549	3745.08		\$300,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4082.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Selian Lutheran Hospital - Mto wa Mbu Hospital	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8662.23500.09	<b>Planned Funds:</b> \$273,000
<b>Activity System ID:</b> 23500	

**Activity Narrative:** THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: Selian voluntary counselling and testing

NEED and COMPARATIVE ADVANTAGE: Voluntary Counseling and Testing (VCT) is integral to HIV prevention, management, treatment, and support for HIV infected people., yet only 15% of Tanzanians have been tested. Rural communities are even much more deprived of this service. The proposed activities should scale -p numbers reached with VCT services from 11,000 to 25,000 annually by increasing PLWHA involvement, mobile VCT services, and sites while improving their capacity. Selian has lengthy VCT experience, wide coverage with a continuum of care where clients are referred for care, treatment, and services like: post test clubs, HBC/palliative care, PMTCT, CTCs, and OVC support.

ACCOMPLISHMENTS: Selian provides VCT services in five fixed sites in Arumeru, Simanjiro, Monduli Districts and Arusha Municipality. One site (Mererani) is not USAID funded. In 2006, 11,270 people were reached with VCT services. Selian collaborates with AMREF at one center.

ACTIVITIES:

- 1) Continue with CT services, improve quality and scale-up within national guidelines and new testing algorithm to reach 20,000 clients by September, 2008. (a) Discuss with USAID and AMREF running Angaza services alone without AMREF support from January 2008 at Uzima VCT. (b) Include Mererani youth center VCT services under USAID funding from January 2008.(c) Provide office equipment (d) Provide administrative contribution for the AIDS Control Programme. (d) Discuss using Angaza logo on contractual basis with AMREF or national logo, if available (e) Referral to CTC and PMTCT centers for HIV positive clients.
- 2) Build capacity of six sites and increase access to VCT; improve environment so there are fewer clients sent back without services. (a) Renovate, extend, and furnish two more counseling rooms at Uzima VCT centre in Arusha to double clients. (b) Hire/train more counselors and staff (c) Renovate Uzima VCT centre to create more opportunities to test. (d) Introduce provider initiated C and T in three sites within the health provision centers according to the national guidelines on PICT. (e) Provide sufficient lab supplies, reagents and test kits.
- 3) Promote accessibility of VCT services in rural areas to increase access to ART through mobile VCT (a) Recruit/ train one staff specifically for that purpose (b) Purchase vehicle for reliable mobile VCT transport and M&E (c) Provide public address system.
- 4) Build capacity of staff for better provision of services (a) Retrain 22 counselors for quality service provision (b) Provide counselor supervision.
- 5) Demand creation to attract clients including children with parents/guardians to access VCT services. (a) Access relevant IEC from NACP or other partners (b) Engage drama groups to sensitize public. (c).Increase involvement of PLWHAs for psychological support and stigma reduction.(d) Support post test clubs and use PLWHAs and voluntary adherence counselors to educate others.

LINKAGES: Selian has an integrated, comprehensive AIDS program emphasizing continuum of care. VCT services are linked to PMTCT, ART, STI prevention, TB screening, RCH, FP, OVC care, nutrition, HBC and palliative care, voluntary adherence counseling, World Food Program, faith-based organizations and NGOs and other CTCs like St. Elizabeth, Mount Meru hospital and West Meru district hospital. Youth activities for adolescent sexual and reproductive health are implemented in partnership with DSW, linking with UMATI and WAMATA. Linkages with groups of people living positively will be strengthened to educate about prevention for further infections.

M&E: Selian VCT sites shall comply with the national CT monitoring and evaluation system, asses operations, and improve practices and procedures in CT service delivery. Every CT site shall collect information on CT activities using monitoring tools stipulated in the national guidelines including data management, storage and completeness of forms. All CT centers will be monitored and evaluated by counselor supervisors via district supervision. Staff training will be done using the national training materials. Five percent of the budget will be used for monitoring and evaluation.

SUSTAINABILITY: Selian AIDS Control Program falls under the Evangelical Lutheran Church in the Arusha Region. The program has grown in size and services rendered to the community. We anticipate leveraging funds from different sources for VCT services. Selian is building the capacity of church congregations to become centers for prevention, care, and support for PLWHs through a project called EVERY CHURCH IS A CARING CHURCH. Since VCT is an entry point for care and treatment, the government is expected to provide free universal VCT services to make them accessible to every citizen.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13590

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13590	8662.08	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	6559	4082.08		\$272,600
8662	8662.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$60,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4781.09	<b>Mechanism:</b> ZACP
<b>Prime Partner:</b> Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8690.23501.09	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 23501	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Strengthening HIV Counseling and Testing Services in Zanzibar

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare, through the Zanzibar AIDS Control Program (ZACP), has the responsibility of coordinating the Zanzibar health sector response to HIV/AIDS. ZACP through its Counseling Unit (CU) coordinates the Zanzibar Counseling and Testing (CT) program through development of policies and guidelines, training protocols and manuals; standard operating procedures and job aides. ZACP also provides supervision and technical guidance to implementing partners; strengthens 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.

ACCOMPLISHMENTS: With USG PEPFAR support, ZACP has been able to achieve the following:

1. Developed the Zanzibar Counseling guidelines and training manuals;
2. Established provider initiated testing and counseling (PITC) services at Mnazi Mmoja and Chake Chake Hospitals and Kivunge health centre;
3. Conducted training of 24 health care workers in PITC;
4. Established CT coordination forum;
5. Procured and distributed the HIV Kits for CT sites;
6. Produced and distributed IEC materials on VCT services; and
7. Officially opened VCT Gold Standard site on World AIDS Day 2007.

ACTIVITIES:

With FY 2009 funds, ZACP will accomplish the following:

1. Strengthen the PITC services at Mnazi Mmoja Referral Hospital , Chake Chake Hospital and establish PITC services at three additional hospitals (Wete, Mkoani and Micheweni ) and PHCU which provide STI services.
2. Strengthen the VCT services at 41 sites and establish 11 new sites including Centre of Excellence.
3. Offer HIV VCT services at the VCT Gold Standard site at Mnazi Mmoja referral hospital.
4. Adapt policy guidelines, training manuals for counseling and testing of children and special groups like the hearing and speech impaired.
5. Train 30 health care workers from 11 sites and retrain 58 counselors from 28 health facilities to strengthen human capacity development and sustain delivery of CT services.
6. Conduct specialized training in HIV CT for children and special groups like the hearing and speech impaired.
7. Procure HIV test kits and related commodities.
8. Provide mentoring and facilitative supervision to 41 hospitals, health centers and PHCU providing CT services to maintain quality of services provided.
9. Mobilize and sensitize communities for the uptake of CT services.
10. Support NGOs on CT outreach services.
11. Continue working in collaboration with the IEC unit at ZACP and other partners to design, develop and pretest IEC messages for the health facilities.
12. Monitor the progress of CT activities by conducting supportive supervision and strengthening of monitoring and reporting.
13. Standardize the CT monitoring system, to capture all the information for clients attending both VCT and PITC.
14. Strengthen the capacity of Counseling and Testing Unit at ZACP to coordinate CT services in Zanzibar.
15. Disseminate information to appropriate partners and leaders.

\*END ACTIVITY MODIFICATION\*

TITLE: Strengthening HIV Counseling and Testing Services in Zanzibar

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare, through the Zanzibar AIDS Control Program (ZACP), has the responsibility of coordinating the Zanzibar health sector response to HIV/AIDS. ZACP through its Counseling Unit (CU) coordinates the Zanzibar Counseling and Testing (CT) program through development of policies and guidelines, training protocols and manuals; standard operating procedures and job aides. ZACP also provides supervision and technical guidance to implementing partners; strengthens 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.

ACCOMPLISHMENTS: With USG PEPFAR support, ZACP has been able to achieve many goals including testing 22,461 clients in 2006.

ZACP also has:

1. Developed the Zanzibar Counseling guidelines and training manuals;
2. Established provider initiated testing and counseling (PITC) services at Mnazi Mmoja and Chake Chake Hospitals and ;
3. Conducted training of 24 health care workers in PITC;
4. Established CT coordination forum;
5. Procured and distributed the HIV Kits for CT sites; and
6. Produced and distribute IEC materials on VCT service.

ACTIVITIES:

With FY 2008 funds, ZACP will accomplish the following:

1. Establish PITC services in three hospitals and strengthen PITC services at Mnazi Mmoja Referral Hospital and Chake Chake Hospital.
2. Establish VCT services at 13 new sites within five districts and maintain the existing activities at 27 sites.

- Activity Narrative:**
3. Offer HIV VCT services at the VCT Gold Standard site at Mnazi Mmoja referral hospital.
  4. Develop policy guidelines, training manuals for counseling and testing of children and special groups like the hearing and speech impaired.
  5. Train 30 health care workers from 13 sites and retrain 58 counselors from 27 health facilities to .
  6. Conduct specialized training in HIV CT for children and special groups like the hearing and speech impaired.
  7. Procure HIV test kits and related commodities.
  8. Provide mentoring and facilitative supervision to 28 hospitals and health centers providing CT services.
  9. Mobilize and sensitize communities for the uptake of CT services.
  10. Support NGOs on CT outreach services.
  11. Continue working in collaboration with the IEC unit at ZACP and other partners to design, develop and pretest IEC messages for the health facilities.
  12. Monitor the progress of CT activities by conducting supportive supervision and strengthening of monitoring and reporting.
  13. Standardize the CT monitoring system, to capture all the information for clients attending both VCT and PITC.
  14. Strengthen the capacity of Counseling and Testing Unit at ZACP to coordinate CT services in Zanzibar.

**LINKAGES:** For individuals testing HIV-positive, linkages will be made with various programs including palliative care/home based care and HIV treatment. HIV-negative persons will be linked with resources (e.g., post-test clubs) to help them maintain their negative status. Work will be completed in collaboration with various implementing partners including, Columbia University, CHAI, and Global Fund other ART and TB partners.

**M&E:** ZACP will continue to support integration of HIV CT in HMIS and training for M&E tools. ZACP will also provide support in the use of the tools in day to day operations. All supported sites will use MOHSW daily registers and monthly summary forms, which will harmonize recording and reporting of CT services.

**SUSTAINABILITY:** To ensure sustainability of CT services, ZACP will support the training of DHMTs on mentoring and supportive supervision of CT services (VCT and PITC) and in directly supports the overall HIV Care and Treatment Plan. This activity will also strengthen the DHMTs 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, as well as treatment and prevention activities in all sites and the integration of CT services into other services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13531

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13531	8690.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$500,000
8690	8690.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	4781	4781.07	ZACP	\$240,000

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 4790.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8667.23502.09	<b>Planned Funds:</b> \$1,250,000
<b>Activity System ID:</b> 23502	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**NEED and COMPARATIVE ADVANTAGE:** Counseling and Testing services have formed the bedrock of HIV AIDS interventions in Tanzania. The roll-out of the new National Testing Campaign by the GOT aimed to reach over 4 million individuals. New guidelines on Provider initiated testing and counseling (PITC) has come when a new national testing algorithm has been rolled out to service sites. These changes compound the needs and challenges associated with the strengthening of supply chain management systems for test kit commodities, and the need for technical support to the national program in the area of logistics management. SCMS has the technical expertise and comparative advantage in this area. SCMS offers the USG the appropriate tools for the quantification and procurement of rapid test kits, as well as the needed technical assistance.

**ACCOMPLISHMENTS:** The USG supported the procurement and management of HIV test kit supplies through the annual quantification and periodic review of the test kit needs. SCMS procured 51 percent of all test kit procurements in Tanzania in 2008, while the GOT and the Japanese International Cooperation Agency (JICA) covered 49 percent of the procurements. Increased trends in testing have resulted from the successful national testing campaign, introduction of PITC and expansion of PMTCT all of which USG supported. This has heightened the need for SCMS to provide continued support in monitoring of test kit stocks.

**ACTIVITIES:** While SCMS does not provide direct services to clients in counseling and testing, its work provides crucial support to ensure the availability of products for all service provider partners in this area. The policy on PICT provides for a more proactive identification of HIV infected persons and their placement into the care and treatment program. This approach to HIV testing is projected to increase the number of HIV test kits used in the COP 2009 year. It is projected that \$1,037,500.00 of these funds will be for purchase of test kits while the remainder will cover the cost associated with procurement and transportation of the test kits to MSD in Tanzania. In accordance with the national testing guidelines, SCMS will procure SD Bioline for screening tests; as well as Determine for confirmatory tests and finally Unigold for any tie-breaker tests that are needed. With COP 2009 support, SCMS will determine test kit product purchase mix in consultation with GOT. All test kits that are procured for the national program are provided to the Medical Stores Department which distributes the kits to zonal stores and then testing sites.

SCMS works with NACP to collect information on test kit availability and usage. The project conducts an analysis of the data as a basis for determining the national requirements for HIV test kits and related supplies. SCMS has deployed the ProQ software application in Tanzania and will continue to support the use of this tool and others for the production of robust quantifications. There is the need for a responsive re-supply system that procures on a timely basis for HIV testing programs. SCMS will support the development and implementation of a strengthened laboratory logistics management system within the framework of the integrated logistics system (ILS). The ILS will improve forecasts by making them more data driven and reflective of data on test kit usage and ordering.

**LINKAGES:** SCMS will continue to work with NACP in quantifying requirements for testing commodities; including the procurement plans developed for both the GOT's own resources and those obtained through GFATM grants.

SCMS continues to share information with JICA and synchronize procurement plans to ensure commodity availability is coordinated and to ensure an uninterrupted supply of test kits and related supplies. Other supplies such as lancets and gloves are as important to a testing program as are the test kits themselves. SCMS will work with the medical stores department (MSD) to improve its forecasting and procurement planning for these to ensure that the necessary synergy between supply sources is optimized.

**M&E:** Performance in this activity will be measured by the availability of supplies to support service delivery. Quantities and volumes procured and distributed will be reported to track performance, including the timeliness of SCMS procurements.

**SUSTAINABILITY:** Capacity building in supply chain management for HIV testing supplies is ongoing through the training of health care workers at various levels in functions relevant to their work. Through support for the roll-out of the integrated logistics system, sites will have greater control on the supply of commodities by determining their needs and placing orders consistent with their use. Through supply chain monitoring advisors that are positioned in zonal stores, support will be provided to sites and the MSD zonal stores to improve logistics activities and to improve reporting and overall data quality.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Supply Chain Management for Counseling and Testing

**NEED and COMPARATIVE ADVANTAGE:**

Counseling and Testing services have formed the bedrock of HIV AIDS interventions in Tanzania. New interventions introduced recently such as the National Testing Campaign in 2007 aimed at testing over four million individuals over a period of 4 – 5 months and PITC occurring at a time when a new national testing algorithm has just been introduced and training is ongoing, highlights the challenges in supply chain management and the need for significant technical support to the national program in the area of logistics management. SCMS has the technical expertise and comparative advantage in this area. Tools for quantification and procurement planning as well contracts with manufacturers as exists within the SCMS project will be a useful resource.

**ACCOMPLISHMENTS:** USG has supported the logistics management of HIV test kits and related supplies through quantification of annual requirements and periodic review of these needs vis-à-vis the trends observed by monitoring trends of national usage in FY 2006 and FY 2007 and will continue to be provided into the future. The introduction of new initiatives such as provider-initiated counseling and testing, as well as testing campaigns, heightened the need for closer monitoring of stocks.





---

**Activity ID:** 8684.23503.09

**Planned Funds:** \$350,000

**Activity System ID:** 23503

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Our Church/Mosque Lights the Way: Tanzania Interfaith Partnership HIV Counseling and Testing Campaign and Services

**NEED and COMPARATIVE ADVANTAGE:** In 2006, The Balm in Gilead (BIG) conducted an assessment of VCT needs in Kigoma, Mtwara and Iringa and found that access is an issue in these rural regions. This confirms information from TACAIDS, which revealed that Tanzanians in rural areas have especially limited access to counseling and testing (CT) services. The BIG program intends to increase access to CT services in underserved, difficult to access areas by providing community-based mobile services. Faith-based institutions are uniquely equipped to fill this void because they are crosscutting in communities. For example, nearly 50% of private hospitals and health centers in Tanzania are run by faith-based institutions. BIG has worked in Tanzania since 2003, and has tremendous experience implementing prevention activities and accessing individuals in need of services.

**ACCOMPLISHMENTS:** Since March 2007, the program has reached over 75,000 people with HIV education and prevention messages. Staff have noted that with increased knowledge and understanding of HIV, there is increased demand for CT services. The Shinyanga Catholic Diocese currently operates a community-based health centre which includes CT services. As a partner organization, the diocese can share lessons learned about strategies for providing CT services for faith-based congregants and the community at large. BIG intends to initiate three mobile testing units in regional locations with high rates of HIV. Additionally, partner organizations are geared up to reach out to regional rural areas untouched by the national testing campaign using the theme, "Our Church/Mosque Lights the Way," to encourage testing. Newly created mobile services will address demand created by the campaign. The campaign was rolled out in Shinyanga Region, with immediate coverage in Shinyanga Urban and Rural districts where 46 faith-based organizations are initially participating. Health Coordinators from each FBO have been trained in delivery of IEC promotion to encourage voluntary counseling and testing. In addition, BIG collaborated with John Hopkins University, in developing technical skills of local radio programs with pre-recorded and live shows in an effort to ensure community outreach through media. Six CT sites, 3 static sites and 3 mobile sites have been established. The community has responded overwhelmingly, as field reports reveal that 2,500 people tested within the first 9 days. It is estimated, that by end of the 3-month campaign, at least 10,000 people will get tested.

**ACTIVITIES:** In FY 2009, BIG proposes to:

- 1) Strengthen the three mobile testing units in Shinyanga, Kigoma and Iringa. This will involve identifying and training counselors; procuring vehicles and tents; buying test kits according to the approved national algorithm, which is suitable for testing in field conditions; and marketing the newly available services. Counselors will be trained by AMREF.
- 2) Provide risk reduction counseling and screen for alcohol abuse and gender based violence.
- 3) Provide referrals to those who test positive to care and treatment services available in the area and link individuals regardless of test results to appropriate support groups and prevention services.
- 4) Support three post-test clubs. Each testing site will support clients who have tested and received their results to form clubs that will encourage individuals to adopt safer sexual behavior practices through support groups, drama, and sports.
- 5) Conduct routine monitoring and evaluation (M&E). There will be quarterly M&E visits to the three mobile testing units by the regional coordinators from the consortium partners. Semi-annual M&E visits will also be conducted by the BIG M&E manager. Ten persons will receive training in M&E and supportive supervision. Supportive supervision will include checking registers completed by counselors, reviewing counseling and testing protocols, and observing counseling sessions. A quality assurance and testing supervision plan will be developed in collaboration with lab personnel in the three regions.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Our Church/Mosque Lights the Way: Tanzania Interfaith Partnership HIV Counseling and Testing Campaign and Services

**NEED and COMPARATIVE ADVANTAGE:** In 2006, The Balm in Gilead (BIG) conducted an assessment of VCT needs in Kigoma, Mtwara and Iringa and found that access is an issue in these rural regions. This confirms information from TACAIDS has revealed that most Tanzanians have limited access to counseling and testing, especially in rural areas. The BIG program intends to increase access to counseling and testing (CT) services in underserved, difficult to access areas by providing community-based mobile services. Faith based institutions are uniquely equipped to fill this void because they are crosscutting in communities. For example, nearly 50% of private hospitals and health centers in Tanzania are run by faith-based institutions. BIG has worked in Tanzania since 2003, and has tremendous experience implementing prevention activities and accessing individuals in need of services. Additionally, BIG brings seven health professionals to its program - the organization is headed by an immunologist, and has the contributions of two public health experts and four program staff medical doctors.

**ACCOMPLISHMENTS:** Since March 2007, our program has reached over 75,000 people with HIV education and prevention messages. Staff have noted that with increased knowledge and understanding of HIV, there is increased demand for CT services. The Shinyanga Catholic Diocese currently operates a community-based health centre which includes CT services. As a partner organization, the diocese can share lessons learned about strategies for providing CT services for faith-based congregants and the community at large. BIG intends to initiate three mobile testing units in strategic regional locations. Additionally, partner organizations are geared up to expand the national testing campaign in regional rural areas using the theme, "Our Church/Mosque Lights the Way," to encourage testing. Newly created mobile services will compliment demand created by the campaign.

**ACTIVITIES:** In FY 2008, BIG proposes to:

- 1) Establish three mobile testing units in Kigoma, Mtwara and Iringa. This will involve identifying and



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: HIV CT Activities, Management and Staffing (Base)

NEED and COMPARATIVE ADVANTAGE: Tanzania established a Counseling and Testing (CT) program in 1987. In 2004 the Ministry of Health through the National AIDS Control Program (NACP) signed a cooperative agreement with CDC for implementation of the CT activities in Tanzania. HHS/CDC provides direct technical support for all HIV/AIDS programs through US and Tanzania-based organizations, which manage and implement in country activities. These activities are funded through cooperative agreements, and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non governmental organizations. The responsibility of CT staff include working with the Ministry of Health and Social Welfare (MOHSW) through NACP and other partners to oversee the overall activities with in the program, guide the partners on the PEPFAR goals, and ensure quality services.

ACCOMPLISHMENTS: PEPFAR funds supported the in-country CT program staff to assist the MOHSW and partners with the development of CT policy, training curriculum and manuals. The staff provided technical support for development of guidelines, training materials, and other relevant materials. The staff also worked with MOHSW/NACP in conducting supportive supervision, training, and preparing scale-up and expansion plans for CT activities in Tanzania.

**ACTIVITIES:**

The core activities for the CT program staff in FY 2008 include the following:

- 1) Providing technical assistance and oversight to the MOHSW, NACP, Zanzibar AIDS Control Program (ZACP) and other partners in the implementation of HIV counselling and testing. This includes the development of policy, guidelines, protocols, tools, reporting instruments, and systems to effectively monitor and evaluate counselling and testing program activities.
- 2) Identifying and correcting problems, barriers, and issues that impede the effective implementation of counselling and testing program activities.
- 3) Developing and maintaining effective liaisons with partner organizations to ensure that timelines and quality standards for implementation of program activities are met. Staff will identify training needs in implementing partner organizations, facilitates, and participates in the planning and development of training programs, teaching modules, manuals, and educational materials to address identified needs. Staff will also build capacity through mentoring while keeping up to date with scientific developments, innovations, best practices, and new approaches in CT.
- 4) Participating in the design and development of program guidelines and activities, including protocols for HIV counselling and testing, strategies for expanding and improving the quality of counselling and testing services and strategies.
- 5) Conducting site visits to provide technical assistance and oversight to partners in program implementation.
- 6) Ensuring adherence to established work plans and CDC and PEPFAR guidelines, policies and priorities.

SUSTAINABILITY: The technical assistance and support provided by HHS/CDC will ensure a long term sustainable system for CT services in Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13650

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13650	4944.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$29,400
7835	4944.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$6,082
4944	4944.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$500

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 4960.09

**Mechanism:** ITECH

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

---

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 12467.23506.09

**Planned Funds:** \$450,000

**Activity System ID:** 23506

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Rollout of Provider-Initiated Testing and Counseling (PITC) Training through the Morogoro Region in Eastern Zone

NEED and COMPARATIVE ADVANTAGE: GOT recognizes that access to HIV testing solely through VCT centers is limited. Therefore, the National AIDS Control Program (NACP) has begun to implement Provider-Initiated Testing and Counseling (PITC) to increase the number of Tanzanians who know their HIV serostatus. In addition to scaling up HIV testing, PITC will help ensure that affected individuals access prevention, care, treatment, and support services as early as possible. I-TECH is a collaborating partner in this national effort, and has worked with CDC, NACP, IntraHealth, AMREF, Bugando Medical Center and Muhimbili Health Information Center to finalize PITC training materials. I-TECH was also identified to be an implementing partner for the PITC training rollout. PITC training coordinated by I-TECH will be done by regional and district training teams that comprise clinical trainers from hospitals and trainers in other pre-service institutions including Zonal Training Centres.

ACCOMPLISHMENTS: In FY08 I-TECH collaborated with NACP and other partners such as Intrahealth, NACP to finalize the PITC training materials. I-TECH also recruited a PITC Training Coordinator and PITC Field Officer. Accomplished also were the study tour to Arusha and Kilimanjaro to learn about PITC, a two day sensitization meeting of Morogoro authorities and draft a brochure on PITC for HCWs.

In addition, the following activities will be accomplished by the end of the year: a rapid baseline assessment of 10 sites providing care and treatment; finalization and printing of the PITC brochure; a one day planning meeting with the regional and districts health authorities; finalization of the training materials including TOT package; adaptation of standard tools for monitoring the quality of PITC trainings; train 200 healthcare providers on PITC using the cascade approach through training Master Trainers and TOTs; and adaptation of MOH&SW tool and orientation of RHMTs and CHMTs on monitoring, evaluation and supportive supervision.

ACTIVITIES: I-TECH, using FY 2009 funds, will:

1. a) Train 100 additional HCWs from the 10 PITC providing sites to increase the number of HCWs providing the service and therefore increasing patient access to services: a) Conduct whole site training in the 10 sites to cover more HCWs from outpatient, inpatient wards, RCH, STI clinics and TB clinics. The trainings will cover Medical Officers, Assistant Medical Officers, Nurses, Medical Attendants, Pharmacists, and Laboratory Personnel. As a step towards sustainability, the training will also involve ZTC faculty for them to be able to teach in and pre-service graduates. b) Monitor and evaluate trainings using the standard tool developed in FY08.
2. Expand PITC services to 14 additional health facilities in the Morogoro region with co-located CTC sites: a) Conduct baseline assessment of 14 sites. b) Print and disseminate PITC brochure for creating awareness and sensitization among HCWs c) Conduct training to 100 HCWs from the 14 sites in outpatient, inpatient wards, RCH, STI clinics and TB clinics d) Monitor and evaluate trainings using the standard tool developed in FY08.
3. Monitoring and evaluation of PITC services at hospitals and health centers. This activity aims to ensure that HCWs provide quality services using proper testing and counseling procedures, and to ensure the data is accurately recorded: a) Provide technical assistance to RHMTs/CHMTs and assist in conducting quarterly supportive supervision visits. Using this approach will ensure local ownership and sustainability b) Use supportive supervision visits to monitor the quality of services provided c) Ensure reporting and recording of PITC data is accurate d) Use supportive supervision visits to identify gaps for future refresher trainings. e) Conduct follow-up assessment to measure the progress of this initiative against the initial baseline assessment conducted in FY08.

\*END ACTIVITY MODIFICATION\*

TITLE: Rollout of Provider-Initiated Testing and Counseling (PITC) Training through the Zonal

NEED AND COMPARATIVE ADVANTAGE:

GOT recognizes that access to HIV testing solely through VCT centers is limited; therefore, the National AIDS Control Program (NACP) has begun to implement provider-initiated testing and counseling (PITC) to increase the number of Tanzanians who know their HIV serostatus. In addition to scaling up HIV testing, PITC will help ensure that affected individuals access prevention, care, treatment, and support services as early as possible. I-TECH is a collaborating partner in this national effort, and has worked with CDC, NACP, IntraHealth, AMREF, Bugando Medical Center and Muhimbili Health Information Center to finalize PITC training materials. I-TECH was also identified to be an implementing partner for the PITC training rollout. PITC training coordinated by I-TECH will be done by zonal training teams that comprise zonal training center (ZTC) faculty, clinical trainers from hospitals and trainers in other pre-service institutions. Training Centres.

ACCOMPLISHMENTS:

In addition to its existing relationship with CDC, NACP, and the ZTCs, by the end of FY 2007, I-TECH will have developed partnerships with IntraHealth, AMREF, BMC and MHIC to roll out PITC training. During this period, I-TECH will have built the capacity of Central and Southern Highland ZTCs to provide PITC trainings to 200 healthcare providers using the cascade approach through training Master Trainers and trainers/training of trainers (TOTs) with the new algorithm on HIV testing. I-TECH, in collaboration with NACP, CDC, AMREF, MHIC and BMC, will have developed standard tools for monitoring the quality of PITC trainings including quality of services

. ACTIVITIES:

**Activity Narrative:** I-TECH, using FY 2008 funds, will:

1. Empower zonal training teams to become master trainers, who will in turn train trainers in PITC at the hospital level. These hospital level trainers will train healthcare providers in regional and district hospitals using the new algorithm on HIV testing and approved national curriculum. This activity will enable healthcare providers to provide quality HIV testing and counseling services in clinical settings. Specific activities include: a) Developing a training plan in collaboration with PITC partners. b) Conducting sensitization meetings for Regional Health Management Teams (RHMTs), Council Health Management Teams (CHMTs), principals of health training institutions, and NGOs in Central and Southern Highland zones. c) Producing adequate PITC training materials including job aids in collaboration with other PITC partners. d) Conducting TOTs for ZTC faculty, and facilitators from hospitals and health training institutions in order to form zonal training teams. e) Integrating PITC content into the ZTC and pre-service curricula. f) Conducting whole site training in regional and district hospitals for 200 healthcare providers (100 per zone). Training will be given to hospital staff in outpatient and inpatient departments, reproductive health/PMTCT clinics, STI clinics, and TB clinics. Training will cover all healthcare providers (e.g. doctors, assistant medical officers, nurses, pharmacists and laboratory technicians) in order to provide appropriate care and referral services to HIV affected clients.
2. Provide refresher trainings for trainers and hospital staff who receive PITC trainings. This activity will ensure that tutors and healthcare providers receive updated information on PITC and provide an opportunity for them to learn best practices. Specific activities include: a) Conducting refresher workshops for PITC trainers in order to share best practices, and to update them on new developments. Prior to conducting the workshops, a needs assessment will be done to determine areas which require emphasis during refresher trainings. This will be followed by development or adaptation of the materials for the trainings. 2b) Conducting refresher trainings for PITC health care workers in order to strengthen their knowledge and skills, and share best practices.
3. Monitor and evaluate PITC trainings. This activity will ensure that the healthcare providers' record and report PITC data accurately and timely, provide quality care by using correct testing procedures and by providing proper counseling and referral services. This will be accomplished by working with regional, district hospital management and partners to monitor the performance of healthcare providers in order to determine how well they are able to apply the knowledge and skills learned.

**LINKAGES:** I-TECH will work closely with NACP, R/CHMTs, CDC, FHI, IntraHealth and ZTCs to ensure successful implementation of PITC. Particularly, I-TECH will work together on building awareness, training, monitoring and evaluation and supportive supervision. I-TECH will also collaborate with the partners in rolling out the services. The teams will also ensure a functional referral system within the facility departments, from one facility to another, partners and other support groups. Referral of clients from health facilities to community support groups, where they exist, will be established or enhanced.

**M&E:** Emphasis will be placed on monitoring and evaluating the trainings during the actual training and when healthcare workers return to their duty stations. M&E standard tools will be used to collect systematic information, and use it to determine the quality and effectiveness of the training. The outcome of the M&E will inform the need to improve training materials and/or the training approach. M&E will ensure that quality PITC services are provided. PITC focal persons will be identified at each district and in each of the implementing hospitals. All of the Morogoro health institutions and HCWs will be trained in data-collection using the national tools, reporting, and utilization. Monthly reports will be submitted to I-TECH so that progress can be tracked against the initial baseline assessment done in FY08. Approximately 25% of the budget for this project will be spent on M&E.

**SUSTAINABILITY :** I-TECH's strategy is to strengthen the capacity of Morogoro region RHMT/CHMTs and ZTCs /health institutions so that they can continue to organize and deliver PITC trainings with minimal support from central level. The capacity of Ministry of Health and Social Welfare (MOHSW) at regional and district levels, local organizations and ZTCs/health institutions will also be built in terms of ability to review and revise training materials, as well as to conduct monitoring and evaluation of PITC trainings and supportive supervision. Efforts also will be made to incorporate PITC contents in health institutions curriculum.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13599

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13599	12467.08	HHS/Health Resources Services Administration	University of Washington	6564	4960.08	I-TECH	\$450,000
12467	12467.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$300,000



**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 11168.09	<b>Mechanism:</b> UHAI
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8656.23507.09	<b>Planned Funds:</b> \$2,152,700
<b>Activity System ID:</b> 23507	

**Activity Narrative:** THIS IS A NEW PROJECT INITIATIVE FOR FY09: UHAI-CT program

**NEED AND COMPARATIVE ADVANTAGE:**

Despite great progress in developing counseling and testing (CT) policies, guidelines, and training materials, as well as a diversity of service models, Tanzania still faces considerable challenges in reaching the goals of the national CT program and the targets for number of patients on antiretroviral therapy (ART). To date, CT programs that target groups at high risk due to sexual behavior, livelihood, or geographic location have been limited in number and in impact. Other constraints to expanded CT services include:

- Overstretched medical personnel;
- Negative perceptions about CT;
- Lack of quality assurance (QA) processes, resulting in limited supervision/monitoring of services and lack of standardized service delivery;
- Weak links with care and treatment services, as well as poor integration with other health services;
- Weak coordination among Government of Tanzania (GoT) stakeholders and between GoT and civil society organizations (CSOs) at the district level;
- Inconsistent availability of rapid diagnostic test (RDT) kits; and
- Lack of robust school- and workplace-based interventions.

Moving toward universal access to CT in Tanzania requires a continuation of the enormous political will and leadership generated by the GoT, as well as significant social mobilization at all levels of Tanzanian society. GoT leadership has shown strong support for addressing HIV/AIDS, from the former President Benjamin Mkapa declaring AIDS a national disaster in 1999, to the launch of the national CT campaign in July 2007 by current President Kikwete. Under the UHAI-CT program, Jhpiego and partners will work closely with the GoT to build on this platform of national support and successes to quickly and effectively strengthen the ability of the public and CSO sectors to provide expanded, improved, and coordinated CT services linked to care, treatment and support.

UHAI-CT will use a two-pronged approach to scale up CT. At the facility level, provider initiated testing and counseling (PITC) will be implemented at health facilities as the standard of care, in accordance with national guidelines and in line with national PITC scale up plans. PITC is the primary emphasis of this program. At the community level, a creative mix of community-based voluntary counseling and testing (VCT) outreach strategies will be implemented with a focus on high prevalence areas as well as very high-risk and hard-to-reach populations such as CSW, IDU etc.

Jhpiego will also collaborate closely with GOT, USG and other CT stakeholders to maximize effective geographic coverage and programmatic synergies. Specifically, Jhpiego work closely with AMREF to implement community outreach strategies that fill gaps and complement AMREF activities and will focus on highest risk sub-populations not traditionally served by AMREF. Jhpiego will also coordinate closely with Intrahealth and Pathfinder to ensure coordinated and complimentary PITC scale up plans that are guided by the GOT PITC roll out strategy.

**ACCOMPLISHMENTS:**

UHAI-CT is a recently-awarded program (August 2008).

**ACTIVITIES:**

Planned activities include:

- Coordinating with the GOT and PITC stakeholders to affect coordinated roll out of PITC nationally;
- PITC activities which include: development of performance-based standards for quality services; orientation of regional and district CT supervisors to the PITC program and PITC standards; adaptation of existing PITC training package to onsite methodology; development of necessary provider job aids; production of materials (onsite training packages, job aids); training of onsite training teams to prepare for hospital trainings; onsite training – 59 hospitals, 8 wards each; development of promotional/IEC materials; work with District AIDS Coordinating Committees (DACCs) to roll out and systematize existing PITC registers in all sections of all relevant health facilities; and sampled observational assessments of PITC/ CT service quality;
- Community outreach and mobilization activities which include: advocacy for policy allowing for lay CT practitioners; identification of retired or unemployed health professionals who have the clinical qualifications to provide CT services as service corps volunteers (SCVs); training of SCVs in the continuum of care approach; pre-solicitation of CSOs; review and approval of CSOs to participate in pre-proposal conference; pre-proposal conference; CSO proposal review; pre-award assessments; and short-list review, involving other implementing partners;
- Integration of CT promotion messages into the Vaa Kondom campaign with a particular focus on addressing male norms that discourage men from getting tested;
- Meetings with National AIDS Control Programme (NACP) to develop plans for rollout of national database on CT;
- Training of DACCs and other relevant groups on reporting, analysis, planning and data for decision-making with CT data;
- Semi-annual meeting with care and treatment partners to share CT program progress and discuss strategies to strengthen linkages;
- Capacity building of care and treatment partners staff in CT for incorporation into their own programming;
- Annual "state of CT" stakeholders summit to review year's CT results; and
- Quarterly meetings with national level stakeholders to review program progress.

**LINKAGES:**

For PITC activities, UHAI-CT will coordinate with the Ministry of Health and Social Welfare (MoHSW) to scale up services for hospitals and health centers currently lacking other technical assistance (TA) partners, hence avoiding duplication of efforts. For community outreach, UHAI-CT will serve as a liaison between the government and local CSOs, facilitating government support of outreach efforts by supplying space for mobile CT units, distributing RDT kits, offering options for waste disposal, etc.

**Activity Narrative:** From inception and throughout delivery, UHAI-CT will involve TACAIDS, NACP and its Counseling and Social Support Unit (CSSU), the Regional AIDS Control Coordinators, the DACCs, the District Council Health Management Teams (CHMT), and Most Vulnerable Children Committees (MVCCs) at the district level. Other government partners will include the Zanzibar AIDS Commission and Medical Stores Department (MSD) health facilities staff. UHAI-CT Program Managers will spearhead the relationship building at the district and regional level, working closely with CT coordinators from CHMTs to identify new community-based CT sites, build capacity at current sites, link national level policies and communities, liaise with local organizations, and jointly analyze data and results for program monitoring.

UHAI-CT will closely partner with other PEPFAR-funded HIV/AIDS partners (AMREF, FHI, AIDSRelief, Deloitte, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, etc.) to ensure that all efforts are complementary and non-duplicative. UHAI-CT will meet with these partners as part of initial program planning and discuss areas of mutual interest and collaboration, including advocacy for policy change, development of trainers and training materials, design of communications initiatives and key messages and quality improvement efforts. UHAI-CT will also meet with PEPFAR-funded VCT partners at national level on a quarterly basis to review each program's progress and planned next steps, status of initiatives of mutual concern (such as policy change and capacity development) and challenges being faced by both programs that need to be addressed in partnership. At a district level, UHAI-CT will work with its partner CSOs, particularly AMREF, to establish linkages with VCT static sites in the geographic area for purposes of referral and support. In addition, UHAI-CT will closely collaborate with the World Bank-sponsored Regional Facilitating Agencies that are facilitating and supporting districts in development, implementation, and monitoring of community HIV/AIDS initiatives.

**Target Population:** General population; Most at risk populations; Business community; Discordant couples; Pregnant women

**M&E:**

Targets and achievements are based on actual service provision and do not include numbers from CTC partners trained by Jhpiego to integrate PITC into their facilities. UHAI-CT is committed to reaching key national, PEPFAR, and USAID goals. All impact indicator reporting will be done by secondary or primary analysis of national, population-based surveys. Quantitative indicators will be collected systematically through service delivery sites, supervisors of HBC providers, or monitoring systems from partner and grantee organizations. Qualitative indicators will be collected through special surveys, including exit interviews, focus group discussions, and participatory research methods.

UHAI-CT recognizes the vital importance of data monitoring and reporting for scale up of CT in Tanzania. At the national level, UHAI-CT will work with NACP, TACAIDS, and other partners to: 1) increase submission to existing data systems for CT, referral, and care and support services; 2) support NACP's CounTest and CTC databases; 3) disseminate national achievements through an annual "State of CT and Support Services" summit; and 4) publish or present results in national and international forums. At regional and district levels, UHAI-CT will work with key stakeholders, including USAID, to strengthen information systems for CT and referral services (data collection, reporting, feedback), and build capacity of district stakeholders to use data for decision making.

**SUSTAINABILITY:**

UHAI-CT plans to build the CT expertise of the GoT to ensure long-term sustainability of program efforts, as the government is responsible for overall leadership and guidance of the national program. In partnership with other organizations supporting CT efforts, UHAI-CT will collaborate with the NACP's CSSU to further develop their capacity to provide leadership, oversight, and support to the national CT program. CSSU staff will be involved in advocacy, strategic design, planning, implementation, and monitoring of all program activities, with programmatic and technical expertise transferred to the greatest extent possible. While supporting capacity development at the national level, UHAI-CT will work in partnership with local government authorities, including CT coordinators working within district CHMTs, to build their skills in program implementation and coordination and to strengthen working relationships with CSOs in their districts. UHAI-CT regional program managers will assist local authorities to develop and foster these connections, so that CSO efforts are well-coordinated and linked with CHMT strategies and annual workplans.

In collaboration with other CT partners, and particularly AMREF, UHAI-CT will also work with trainers at zonal, regional, and district levels to further develop their ability to implement training, develop relevant training materials, and conduct supportive supervision visits, with an aim toward creating a pool of technical resources that can be subsequently tapped by national counterparts for assistance in supporting and further developing the national CT program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13416

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13416	8656.08	U.S. Agency for International Development	JHPIEGO	6528	1171.08		\$1,500,000
8656	8656.07	U.S. Agency for International Development	To Be Determined	4976	4976.07	TBD CT follow on	■

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$350,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5218.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8663.23508.09	<b>Planned Funds:</b> \$2,209,966
<b>Activity System ID:</b> 23508	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TITLE: Strengthening and scaling up HIV Testing and Counseling services

**NEED and COMPARATIVE ADVANTAGE:**

Lack of testing and counseling services result in missed opportunities for HIV-infected individuals to obtain needed treatment and support services. Furthermore, the government targets for care and treatment are not achievable without strengthening and scaling up of the existing client-initiated voluntary counseling and testing (VCT) and introducing PITC services given that there are only 1981 VCT sites across Tanzania. PITC will lead to a higher uptake of testing, and increase in the number of infected patients identified, able to access care, treatment and support services. IntraHealth International (IHI), with its experience in capacity building, HIV/AIDS training and service delivery, and excellent relations with the GoTZ through its existing CDC and USAID-funded projects in Tanzania, is the best partner to roll out PITC services, strengthen VCT services and improve referral systems to ART services nationally.

**ACTIVITIES**

1) Quality PITC and VCT services provided in 100 supported health facilities, 56 hospital-based VCT sites, and planned expansion in an additional 35 health facilities in five more districts in the three supported regions. More people will know their HIV status, be able to adopt appropriate preventive behaviors, and those infected access care, treatment and support services. This will be accomplished by: a) integrating PITC services into outpatients, in-patients departments, laboratory, family planning and child welfare clinics in the supported hospitals and health centers b) strengthening intra- and inter-facility referral systems and community/facility referral networks, which will ensure that all those testing HIV-positive will be enrolled in the care and treatment program; c) strengthening risk-reduction counseling and community support networks as appropriate to all individuals who test, regardless of test results and d) procuring HIV test kits as a buffer stock for anticipated stock-outs in the 135 supported facilities and the 56 VCT sites. The performance of the 56 VCT sites, currently supported by NACP, is below the expectation of the Government and USG. Intrahealth's Performance Improvement model will be used to identify gaps and develop appropriate improvement interventions.

2) Train PITC trainers, service providers, and Regional/Council Health Management Teams (R/CHMT). District capacity to supervise PITC services will be enhanced, and each health facility will have trained staff to provide quality PITC and VCT services. 15 trainers in the new five districts will be trained and 17 existing PITC/VCT trainers will receive refresher training on teaching methodology. These trainers will be used to train a total of 384 health workers in PITC and 244 VCT counselors. Refresher course on couple counseling for 105 health workers already trained in PITC will be conducted to strengthen their skills in providing post-test counseling, especially for discordant couples and prevention for positives. 12 RHMT members per region and ten CHMT members per district will be trained in mentoring and supportive supervision.

3) Orient and disseminate PITC policy guidelines in the new five districts to mobilize district leaders, CHMT members, and health workers to endorse and use national PITC policy guidelines in their areas of work. IHI will print and distribute 200 copies of the national PITC policy guidelines. IHI will also provide one copy of the guideline to each health worker trained in PITC and develop and print a Kiswahili booklet on frequently asked questions (FAQ) during post test counseling.

4) In collaboration with Kasulu district Council IHI will advocate for task shifting in HIV testing and counseling services in an effort to have more non-health workers and non-providers participate in the provision of HIV testing and counseling services including referral for care, treatment and support services. To accomplish this activity, IHI will: a) develop an advocacy package for task shifting in HIV testing and counseling that targets policy makers at national level and b) pilot-test the training of 30 lay counselors in Kasulu district who are volunteer workers engaged with primary health care services. Task shifting activities will be conducted with approval from the National AIDS Control Program (NACP).

5) Strengthen quality assurance systems by mentoring health workers and facilitative supervision of 135 health facilities providing PITC services. The QA system will ensure that PITC services comply with national protocols for safety, human rights, and confidentiality. IntraHealth will directly assist with post-training follow-ups and in collaboration with respective R/CHMT, will provide mentoring and facilitative supervision to each site on quarterly basis using national protocols and checklists to assess clinical compliance. IHI will also produce patient information brochures and appropriate job aids for service providers.

\*END ACTIVITY MODIFICATION\*

TITLE: Provider Initiated Testing and Counseling (PITC) Training and Scale-Up

**NEED and COMPARATIVE ADVANTAGE:**

Lack of testing and counselling services result in missed opportunities for HIV-infected individuals to obtain needed treatment and support. Furthermore, the government targets for care and treatment are not achievable without a shift from volunteer counselling and testing (VCT) to PITC given that there are only 1,027 VCT sites across Tanzania, PITC will lead to a higher uptake of testing, and increase in the number of infected patients able to access care and treatment. IntraHealth International (IHI), with its experience in capacity building, HIV/AIDS training and service delivery, and excellent relations with the GoTZ through its existing CDC and USAID-funded projects in Tanzania, is the best partner to roll out PITC services and improve referral systems to ART services nationally.

ACCOMPLISHMENTS: IHI has established itself in Tanzania by hiring competent and experienced

**Activity Narrative:** Tanzanians to manage the PITC project. IHI is currently supporting seven sites that provide PITC services including training, mentoring, and supervision activities. IHI has facilitated and participated in the development of national guidelines and training curriculum for PITC. IHI also was part of the Tanzanian team that went to Botswana to study the implementation of routine HIV testing, and made recommendations to the GoT on how to scale-up PITC services.

**ACTIVITIES:**

To expand its efforts, IHI will:

1) Establish PITC services in an additional 10 hospitals and 20 health centers to serve outpatients and inpatients. More people will know their HIV status, be able to adopt appropriate preventive behaviors, and initiate ARV treatment. This will be accomplished by: a) integrating PITC services into family planning clinics in government hospitals; b) strengthening intra- and inter-facility referral systems and community/facility referral networks, which will ensure that all those testing HIV-positive will be enrolled in the care and treatment program; and c) procuring HIV test kits as a buffer stock for anticipated stock-outs in the 37 supported facilities.

4. Strengthen risk reduction counseling among both individuals who test positive and individuals who test negative in order to avert new HIV infections.

5. Strengthen screening for alcohol abuse and gender based violence to address the intersections between gender-based violence and HIV/AIDS.

2) Train PITC trainers, service providers, and Regional/Council Health Management Teams (R/CHMT). District capacity to supervise and train trainers will be enhanced, and each health facility will have trained staff to provide quality PITC services. Five PITC trainers will be trained per region, a total of 70 health workers per hospital and 10 health workers per health centre will be trained in PITC, Twelve members of RHMT per region and 10 members of CHMT per district will be trained in mentoring and supportive supervision of PITC services.

3) Disseminate PITC policy guidelines in 38 districts to encourage district leaders, CHMT members and health workers to endorse and use national PITC policy guidelines in their areas of work. IHI will print and distribute 130,000 copies of the national PITC policy guidelines. In addition, IHI will provide one copy of the guideline for each health worker undergoing training in PITC and develop and print a Q&A booklet on PITC in Kiswahili. Orientations will be conducted with three Zonal Training Center teams and a one day dissemination workshop for district leaders and CHMT members in each district.

4) IHI will advocate for task shifting in HIV testing and counseling services in an effort to have more non-health workers and non-providers participate in the provision of HIV testing and counseling services. To accomplish this activity, IHI will: a) develop an advocacy package for task shifting in HIV testing and counseling that targets policy makers at national level and b) pilot-test the training of lay counselors in Arumeru and Kasulu districts. Task shifting activities will be conducted with approval from the National AIDS Control Program (NACP).

5) Provide mentoring and facilitative supervision to 37 health facilities providing PITC services. The PITC services will comply with the national protocols for safety and human rights, and confidentiality will be assured. In collaboration with respective R/CHMT, IntraHealth will provide mentoring and facilitative supervision to each site on quarterly basis.

6) Produce patient information brochures and appropriate job aids for service providers.

**LINKAGES:** IHI, through its PITC project, has established working relationships with CDC-funded NGOs providing technical support for care and treatment services. These include ITECH, EGPAF, AIDSRelief, Columbia/ICAP, and FHI. These agencies will ensure that optimum-quality care and treatment services will be accessed by patients tested at their facilities, and referred for ART. We will collaborate with R/CHMTs in mentoring and facilitative supervision of PITC services. Joint visits will be made to maximize the cost effective use of resources, especially transport.

**M&E:** All supported sites will use Ministry of Health (MOH) daily registers and monthly summary forms for VCT and PITC services. This strategy will harmonize recording and reporting of service statistics. Quarterly reports will be used to analyze trends towards achieving project targets and provide feedback to each site. IntraHealth will collaborate with NACP and other partners in developing an electronic tool to capture HIV testing data. The PITC project has allocated 8% of its budget for M&E related activities.

**SUSTAINABILITY:** To maximize ownership and ensure sustainability of VCT and PITC services, each region will have its own trainers. This means that even at the end of the project, VCT and PITC trainers will remain behind to further train other service providers. R/CHMTs will be trained in mentoring and supportive supervision of PITC services. As the Government puts more emphasis on decentralization, all project districts will be well prepared to manage VCT and PITC services including the integration of HIV testing and counseling services into annual comprehensive council health plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13498

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13498	8663.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	6526	5218.08		\$1,810,000
8663	8663.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5218	5218.07		\$1,050,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7408.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> PharmAccess	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 12466.23509.09	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 23509	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Minor changes compared to the FY08 COP, except the increase in number of sites, from 10 in FY07, to 26 in FY08 to 46 in FY09. The increase in sites has consequences for the budget.

TITLE: Counseling and Testing services at Police and Prisons health facilities

NEED and COMPARATIVE ADVANTAGE: With more than 65,000 police, prison and immigration officers and 40,000 prisoners, this population constitutes high-risk because of their migratory nature, lack of family support during assignments and imprisonment, as well as the 'power of the uniform'. HIV/STI prevention and education for counseling and testing (CT) will be targeted at all employees, with a special focus on recruits and those who are transferred to service outside their region, those sent on missions, and prisoners. In FY08 provider-initiated HIV testing and counseling (PITC) will be introduced; police and prison health facilities need to be prepared for a stark increase in capacity to test and in an increase in patient load. Immigration officers will be informed about the availability of HIV/AIDS services provided by Prison and Police health facilities and will be encouraged to use these services.

ACCOMPLISHMENTS: PharmAccess initiated CT services in 8 health facilities with funds from Global Fund. 320 persons from the police, prisons and from the surrounding communities have tested HIV+ at these sites so far. The prevention program for the Police, Prisons and Immigration Forces, funded by PEPFAR, began in June 2008.

ACTIVITIES:

- 1) CT services at 23 Police/23 Prison facilities under FY09 (five Police/five Prison facilities under FY07, 13 Police/ 13 Prison facilities under FY08): 1a) Renovate CT rooms at 20 satellite sites/health centers; 1b) Conduct initial and refresher CT and PITC training of 104 medical staff; 1c) Strengthen the referral system between the health facilities and District/Regional hospitals for ANC services and adult/infant diagnosis, ART and TB/HIV.
- 2) Provide CT to 4,000 individuals through Police/ Prisons health facilities: 2a) Reinforce PITC as part of all in- and out-patient services; 2b) Include counseling of HIV+ persons on risk behavior and HIV prevention; 2c) Continue to improve patient record/data collection, working with Police and Prison HQ and facility staff to record and analyze data; 2d) Improve quality of services through 3-monthly meetings with representatives of the sites and experts (ART developments, pediatrics, AIDS and TB); 2e) Monitor quality of services through linkages with regional supportive supervisory teams and Ukonga Prison and Kilwa Road Police Hospital.
- 3) Develop community linkages to improve service up-take and strengthen prevention component: 3a) Conduct training for nurse-counselors from each CT site for home visits to offer CT to relatives of HIV+ index patients; 3b) Train 200 volunteers from the barracks in home visits and home-base care; 3c) Organize post-test clubs (separate ones for negatives and positives); 3d) Provide prevention messages targeted to the clients' HIV status upon testing, encouraging negatives to remain negative and prevention with positives counseling; 3e) Organize HIV/AIDS sensitization campaigns, advocating CT, through home-visits and "community events" in the barracks.
- 4) Ensure proper lab capacity is developed at all eight hospitals for HIV/STI screening purposes: 4a) Provide CD4 equipment to one Police and one Prison hospital; 4b) Provide standard operating procedures and training in QA/QC at Regional and District hospitals; 4c) (Re-)train technicians in TB, STI and HIV diagnosis, routine laboratory testing and equipment maintenance; 4d) Procure reagents, consumables and safety gear (gloves, materials for safe disposal of sharps and other wastes) when not available through national supply chain.

LINKAGES: The 46 health facilities will be linked with: 1) Organizations of women living in the barracks around these police stations and prisons (200 women will be trained and involved in providing HIV/AIDS life -skills materials). 2) NGOs and community support organizations will conduct home-visits and provide home -based care. 4) Condoms will be obtained through MSD and District Medical Officers. 5) CT activities will be linked to HIV prevention, PMTCT, and care and treatment activities. 6) Expansion of CT will ensure a close linkage of the Police and Prisons' HIV/AIDS programs with national strategies implemented under the Ministry of Health and Social Welfare.

M&E: Data will be collected electronically and by paper-based tools. All sites will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. 76 data-entry clerks will be trained for that purpose. PAI will continue to promote the synthesis and use of data by facility staff, Police and Prison HQ team, NACP and the district and regional management teams.

SUSTAINABILITY: In the Police, Prisons and Immigration Forces, turnover of medical staff is low. Once trained, this capacity will stay within the Forces. PAI works with administrators to build local authority's capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

:

\*END ACTIVITY MODIFICATION\*

TITLE: Counseling and Testing Services at Police and Prison Health Facilities

NEED and COMPARATIVE ADVANTAGE: With more than 65,000 police, prison, and immigration officers, this population constitutes high-risk because of their age, the migratory nature of their work, lack of family support during assignments, as well as the 'power of the uniform', etc. HIV/AIDS and STI prevention, ABC, other 'life-skill' education messages and advocacy for counseling and testing will be targeted at all employees, with a special focus on recruits, those who are transferred to service outside their region, those sent on missions, and those sent to training camps. A HIV/AIDS policy introducing yearly HIV testing (mandatory) and safeguarding the position of those HIV+ persons is currently being considered by the management of these forces.

ACCOMPLISHMENTS: PharmAccess has managed to initiate VCT services in eight health facilities for these forces (four for the police and four for the prisons) with funds from Global Fund. One hundred and forty persons from the police, prisons, and from the surrounding communities of the respective health facilities have been HIV+ at these sites. PAI has started providing nutritional supplements to 100 PLHA in these sites. This activity is funded by Global Fund round four and subcontracted by PAI to Counsenuth



**Activity Narrative:** ACTIVITIES: PharmAccess provides services through the police and prison health facilities and links immigration officers and employees to these sites.

With FY 2008 PEPFAR funding PharmAccess will:

- 1) Initiate counseling and testing services at four additional police and prison facilities and eight police and prison facilities under FY 2009. Provider-initiated testing and counseling (PICT) will be offered free of charge to servicemen and women, their dependents, and civilians living in the communities surrounding these facilities. Civilians make ample use of the health services of the forces. Testing for new conscripts is mandatory. Only conscripts who test HIV-negative join the police and prison forces. Testing and counseling will be in accordance with the latest MOHSW algorithm and guidelines, including simple provision of blood samples (needle prick rather than blood draw), same day testing and results, parallel testing with SD Bioline, and confirming with HIV Determine. All sites will be provided with test kits and safety gear (gloves, materials for safe disposal of sharps and other wastes, etc.). HIV-screening will be linked with prevention activities and will be used as entry point activities related to gender-based violence (GBV) for both offenders and victims.
- 2) Capacity building is a key element of the program. Four week PICT trainings will be organized, following the curricula of the National Care and Treatment Program. Four medical officers, nurse counselors, and laboratory technologists from the 16 new health centers will be trained and four from the sites which started already will be retrained for a total of 96 health care workers.
- 3) Refurbishing of 3-4 counseling rooms for the 16 new sites is needed so that confidentiality for HIV-screening and for treatment counseling is ensured, proper testing can take place, and stocks of medicines and laboratory materials can be adequately stored.
- 4) Organize HIV/AIDS sensitization campaigns; organize home-visits and home-based care services etc. in the barracks. Police and prison officers will be trained and organized to operate as home-based care, nutritional and other support providers within the barracks. No NGO or other social support organization is allowed to work/operate within the military barracks. For civilians living in the surrounding communities, we anticipate to form linkages with existing local NGOs operating in those communities so as to ensure continuum of care.
- 5) Organize post-test clubs and conduct counseling for HIV+ individuals on the prevention of HIV transmission. Distribute life-skills and IEC materials to all who test negative or positive.
- 6) HIV+ persons will receive care and treatment services at the facilities. Patients will be referred for TB-testing within the site and will be referred to nearby regional and district hospitals for CD4 -testing and start of ARV treatment. When patients are stable on ART they will be referred back to the health center.
- 7) Conduct community education and open—house days to increase access to services and partner testing. Police and prisons personnel, their dependents, and civilians living in the vicinity of the hospitals and health centers will be informed through 'open house' days and other awareness campaigns of each center. Information about the available services of the facilities including HIV-screening, ART, PMTCT, and TB treatment will be presented and promoted through drama, music, and other presentations.
- 8) Supportive supervision: teams of experts of the police and prisons HQ, referral hospitals, and PAI will assess the capacity of the sites, develop strengthening plans, plan and oversee refurbishments, trainings, M&E, relate with district and regional HMTs and regional partner organizations in close collaboration with staff from the sites.

**LINKAGES:** Administration of the hospitals and health centers of the uniformed forces is not under the MOHSW but under the respective ministries of these forces. TB/HIV services under this program will ensure a close linkage with national HIV/AIDS and TB strategies and programs of the TB unit of the NACP and the National TB and Leprosy Programme (NTLP). HIV-infected men and women will be referred for further evaluation and qualification for PMTCT, TB, and malaria screening and treatment and ART within the facility. Linkage will be strengthened with prevention activities under the HIV/AIDS program of police and prisons, including promotion and counseling of preventive measures for HIV+ persons. Linkages will be established as well as referral for HIV+ from the satellite sites to police and prison hospitals or district and regional hospitals. For clients in the surrounding communities, linkages with existing local NGOs operating in those communities will be formed as to ensure a continuum of care. Linkages have been and will be established with the regional and district health management teams for supportive supervision purposes and technical assistance. PharmAccess will explore linkages with the UN Office of Drug and Crime in order to be able to extend these services to prisoners in the future.

**M&E:** The sites PAI work will use CT registrars and the national CTC monitoring system. By supporting the national CT MS, PAI builds local capacity and helps to strengthen the national M&E system. An electronic system will be developed by PAI at the facility-level in collaboration with UCC and NACP, as has been done for the DOD/TPDF Program. National CT guidelines and training materials will be used to strengthen M&E capacity in these facilities.

**SUSTAINABILITY:** PAI will encourage the Office of the Director Medical Services of Police and of Prisons to integrate HIV-screening activities in their health plans and budgets at the facility and national level. To improve administrative

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13393

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13393	12466.08	U.S. Agency for International Development	PharmAccess	7408	7408.08		\$400,000
12466	12466.07	U.S. Agency for International Development	PharmAccess	8841	8841.07	PharmAccess-USAID	\$220,000

### Emphasis Areas

Construction/Renovation

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's legal rights
- \* Reducing violence and coercion

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

Military Populations

Refugees/Internally Displaced Persons

Workplace Programs

### Human Capacity Development

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7569.09

**Prime Partner:** Strategic Radio Communication for Development

**Funding Source:** GHCS (State)

**Mechanism:** STRADCOM

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: Counseling and Testing

---

**Budget Code:** HVCT

**Activity ID:** 4931.23510.09

**Activity System ID:** 23510

**Program Budget Code:** 14

**Planned Funds:** \$380,000

**Activity Narrative:** PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: STRADCOM Promoting HIV Counseling and Testing

NEED and COMPARATIVE ADVANTAGE: HIV Counseling and Testing (HCT) is the entry point for treatment and care. It is also a key entry point for prevention of further infection. However, most Tanzanians are reluctant to be tested even when this service is readily available. The main reasons are general reluctance due to fear, the fear of stigma and the belief that there is no treatment. This is especially true for men. Another disturbing trend is that people delay testing until they start having serious hard to ignore symptoms. This leads to delay in treatment and a worse prognosis. Finally, late testing leads to possible infections of others. The JHU Center for Communication Programs (CCP) the prime for the STRADCOM project has been implementing treatment communication interventions since 2002, beginning with President Bush's International Mother and Child HIV Prevention Initiative. CCP in Malawi used radio diaries of PLWHAs to talk openly about their situations. Evaluation results indicate a strong positive association with two measures of stigma reduction: the extent to which people believe that PLWHAs are similar to themselves and the extent to which they perceive that it is easier to talk about PLWHAs in the community. 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.

ACCOMPLISHMENTS: During the first six months of the project, using pre FY 2007 funding, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages in a flexible and mutually supporting manner. STRADCOM has already funded the production and broadcast of a radio serial drama on RadioTanzania. Two of the storylines deal with treatment adherence and with stigma. STRADCOM is also developing another radio serial drama for a more urban audience. We have also produced and broadcast a number of Public Service Announcements (PSAs) in support of our partners' activities including the MOHSW NACP National VCT Campaign under the sponsorship of the President of Tanzania. STRADCOM played an active role in supporting this campaign.

**ACTIVITIES:**

TUSHIKAMANI Campaign Description: The Tushikamani (Respecting Ourselves) campaign is directed at getting people into VCT by making it an issue of local and national pride. Tanzanians have demonstrated a deep national pride which initially testing has shown can be tapped to create broader acceptance of HIV tests. The goal of the campaign is to increase VCT by 125% in areas targeted with the message campaign.

The campaign uses a combination of radio, wrist bands, and message boards to re-enforce the message tagline 'Let's build the Nation' and the subtext 'getting tested is good for our community'. Each radio spot depicts a noted opinion-maker (the President, a local traditional healer, a sports star) explaining his/her rationale for getting tested and ends with one of the listeners in the crowd announcing that he or she will follow this example as well – for the good of the country.

The radio campaign is augmented with billboard posters depicting two contrasting Tanzanians (a Masaai warrior and a businessman, a Bongo rapper and a grandmother) with their hands clasped in solidarity and their wrists adorned with a wrist band in the colors of the national flag. The bands are given out for free at VCT centers and other AIDS-related facilities. STRADCOM will provide primary support for the Tushikamani campaign by directing and implementing the poster photo campaign. Initially, STRADCOM will concentrate in three selected regions and will purchase billboard space along major highways and urban intersections. At least 12 such Tushikamani billboards will be put in place within the first six months of the campaign. The poster campaign will support and augment the radio spots and there will be close and on-going collaboration between the radio and illustration teams.

STRADCOM will also be responsible for measuring campaign effectiveness, by use the VCT counts from the Angaza sites as a base and measuring monthly increases against the baseline throughout the campaign.

STRADCOM will support campaign extension by working with the private sector (cell phone companies, Shelly Pharmaceuticals, etc.) to leverage their distribution networks for poster and billboard dissemination. Emphasis will be placed on getting corporate sponsorship in the form of Corporate Social Responsibility (CRS) or Public Private Partnership (PPP).

STRADCOM will create the radio spots and ensure that they remain faithful to the campaign design. They will engage actors, script-writers, and production teams and will identify and procure air time. Emphasis will be put on getting corporate sponsorship for air-time either as Corporate Social Responsibility donation or as sponsored advertising. They will also communicate with the creative team of Dan and Chip Heath as the campaign progresses, sharing ideas and making modifications as requested.

SUSTAINABILITY: STRADCOM's strategy is to work closely with partner radio stations to help improve their existing programs on HIV/AIDS. Our involvement is co-production rather than paying for airtime. By training and supporting their existing staff to produce high quality, informative, and engaging programming they will demonstrate that this will increase listeners and in turn increase revenue from advertising. STRADCOM is also working with local production companies to improve their production, post-production and behavior communication skills and capacity. This not only makes them more effective it also makes them more competitive. STRADCOM has a cost share provision in its Cooperative Agreement that encourages sustainability by requiring radio stations to support their productions. In one of their first partnerships with RTD, their "in-kind" contribution amounted to about half the cost of the radio series Twende na Wakati.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13402	4931.08	U.S. Agency for International Development	Johns Hopkins University	7569	7569.08	STRADCOM	\$380,000
8917	4931.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$380,000
4931	4931.06	U.S. Agency for International Development	Johns Hopkins University	8688	8688.06	STRADCOM	\$200,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7570.09

**Prime Partner:** Mbeya HIV Network Tanzania

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 16967.23511.09

**Activity System ID:** 23511

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Prevention: Counseling and Testing

**Program Budget Code:** 14

**Planned Funds:** \$170,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACCOMPLISHMENTS:**

In FY 2008, MHNT member NGOs provided VCT to 3000 clients. In collaboration with KIHUMBE (separate submission), the MHNT provided VCT to 1428 and 2,994 individuals at the 2007 and 2008 annual Nanenane regional farmers' expositions respectively. Among the 2,994 clients tested 1.2% were HIV-positive).

**ACTIVITIES**

2f) Coordinate expansion of C&T services to address needs of communities along the infrastructure enhancements to be undertaken as part of the Millennium Challenge Compact.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Mbeya HIV Network Tanzania voluntary counseling and testing (VCT).

**NEED and COMPARATIVE ADVANTAGE:** The estimated HIV prevalence in Mbeya Region is over 13%, one of the highest in the country, yet an estimated 90% are unaware of their HIV status. The 13 member organizations of Mbeya HIV Network (MHNT) have been providing VCT in the region for over five years and have substantial combined expertise, 30 years of cumulative service delivery experience, a history of successful collaboration and established relationships within their respective communities. As part of a TBD activity in FY 2007, this organization is now a prime partner under USG funding.

**ACCOMPLISHMENTS:**

In FY 2007, MHNT member NGOs provided VCT to 2,250 clients. In collaboration with KIHUMBE (separate submission), the MHNT provided VCT to 755 and 1,428 individuals at the 2006 and 2007 annual Nanenane regional farmers' expositions respectively (4.2% HIV-positive).

This event is attended by over 300,000 individuals, providing a unique opportunity to reach men, who are otherwise less likely than women to seek VCT. Participation in the 2006 World AIDS Day event included VCT for 133 individuals, 12% of whom tested positive. Collaborating with KIHUMBE in MHNT specific wards, member organizations assist KIHUMBE in providing mobile VCT and referral to services of health facilities and NGOs.

**ACTIVITIES:**

Working in a coordinated and cooperative manner, MHNT, KIHUMBE and members of SONGONET-HIV and RODI (see other submissions for these partners) will ensure VCT services are available for as many clients as possible in the Mbeya, Rukwa and Ruvuma Regions. In addition, implementation of services has been standardized across these partners but allowing for some flexibility in focus/approach depending on regional conditions. All VCT activities will include distribution of information to clients on appropriate referral for services depending on sero-status and residence.

1) Mobilize MHNT test counselors to provide VCT at large-scale community events, capitalizing upon opportunities to reach a large number of individuals in a single user-friendly setting.

1a) Coordinate MHNT members' staff in providing eight days of VCT at the 2008 Nanenane festival, building upon the success of the preceding 3 years.

1b) Provide VCT at the annual MHNT World AIDS Day event as part of a local MOHSW sponsored program.

1c) Participate in planning, advertising and executing VCT for monthly "HIV Testing Day" events to be held in Mbeya region at rotating facilities through out the region.

2) Continue to provide VCT services at community sites, its own newly established static site and through other HIV services in accordance with national standards and using MHNT and NACP tools to document service delivery and referrals.

2a) Provide VCT at member NGOs' service sites.

2b) Coordinate with local entities to implement VCT at non-HIV-specific NGOs, youth centers, workplaces, high risk locales, and other community sites.

2c) Work with KIHUMBE, local leaders, District Health Management Teams, and health facility directors to identify sites for mobile VCT, providing VCT counselors to KIHUMBE for implementation.

2d) Coordinate with ROADS transport corridor program to ensure seamless VCT services and referral in very high risk areas and with in and out of school youth, especially young women.

2e) Refer HBC clients suspected of suffering from HIV related illness as well as their family members for VCT services provided by KIHUMBE or other MHNT members or facilities or provide home testing.

3) Produce and distribute pamphlets of all MHNT services, to increase community awareness of available services and facilitate referrals especially in high-risk areas along the highway and with in and out of school youth.

3a) Create a list of service sites to receive pamphlets (e.g., MHNT member sites, Care and Treatment Centers (CTCs) contact sites monthly to monitor need to replenish supply and collaborate with USG initiative to prepare and publish additional HIV information pamphlets.

3b) Evaluate effectiveness of this information & referral strategy by documenting client self-report of referral mechanism to a given MHNT service.

4) Improve referral system for individuals accessing permanent and mobile VCT services, incorporating follow-up with the entity to which the client is referred.

4a) Establish/adopt NACP standardized referral process for linking individuals testing HIV-positive to services, to include at minimum medical services and home-based care.

4b) Identify and refer individuals testing HIV-negative to HIV prevention resources to help maintain their HIV-negative status.

4c) Include these referral activities and follow-up on standardized forms to facilitate monitoring and evaluation and quality improvement.

5) Refurbish current staff offices for MHNT personnel and activities, including VCT services. This site will provide an additional static community VCT location as well as a central office for MHNT operations, the

**Activity Narrative:** base for the Nanenane events each year and other monthly testing events encouraged by GoT authorities.  
 5a) Solicit quotes and select contracting services to enlarge the small building to assure VCT expansion beyond the present single site.  
 5b) Hire additional certified VCT staff in accordance with NACP standards.  
 5c) Coordinate MHNT members to supply additional rotating VCT staff at the MHNT site to ensure visibility/access of all member NGOs.

**LINKAGES:** VCT services will be provided by seven of MHNT's member NGOs. All member organizations refer clients to one another based upon clients' area of residence, need, and strength of the organization (submissions under HBHC and HVAB/HVOP). This activity also links with: KIHUMBE; District and/or regional hospitals to facilitate referrals; Ward leaders and other local government officials; Faith groups and other providers of counseling services; ROADS/FHI program in accessing high risk populations along the trans-African highway; PEPFAR marketing groups STRADCOM and AED for local advertising to encourage event participation.

**CHECK BOXES:** VCT services target the general population as well as targeted campaigns with high risk groups. Coordination with home-based care and other services ensures smoother referral of PLHA, their spouses and children to VCT. Relationships with business entities provide VCT opportunities at workplace settings, reaching more members of the population in the highest risk age groups. Funding supports development of a head office, commodity procurement, vehicle maintenance, trainings, staff support and advertising and participation in community events.

**M&E:** In addition to established processes for monitoring indicators on a quarterly basis, MHNT will adopt standardized NACP tools for collecting detailed data on service delivery. Data from member NGOs will be compiled at the network level by a designated M&E staff person, allowing for identification of major service needs, gaps and areas for improvement. Assessment of clients' referral routes to VCT will inform MHNT informational outreach efforts (funded under a separate submission). Test results via mobile VCT services will help identify sites in greatest need of HIV services. Supportive supervision of these sites includes data collection, management and storage of data (registers and forms) reporting of data to district-level. National CT guidelines and training materials will be used to strengthen M&E capacity in these facilities. Data will be provided to NACP and USG for reporting purposes.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to MHNT. This local network has successfully implemented community activities since 2005, registered as a NGO, and is refining its structure and operations to manage member activities. Starting in FY 2007, DOD will work with MNHT to establish appropriate administrative mechanisms, coordinate training and provide technical assistance through other USG partners, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, MNHT will determine awards, ensure regional coverage, proper fiscal management and oversight of sub-partner service implementation. MNHT will be also well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16967

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16967	16967.08	Department of Defense	Mbeya HIV Network Tanzania	7570	7570.08		\$170,995

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 7571.09**Prime Partner:** Resource Oriented  
Development Initiatives**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 16968.23512.09**Activity System ID:** 23512**Mechanism:** N/A**USG Agency:** Department of Defense**Program Area:** Prevention: Counseling and  
Testing**Program Budget Code:** 14**Planned Funds:** \$215,010



**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: MHNT voluntary counseling and testing (VCT) to further prevention and treatment goals.

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Rukwa region is 6%, but few are aware of their HIV status. General infrastructure in Rukwa is poor. The region has no paved roads and during the rainy season many are impassable. There are few established NGOs providing HIV services in Rukwa, and fewer able to manage regional service provision. RODI, registered in 2004, has exhibited a strong track record of capacity building and training for a variety of Rukwa projects in just a short period of time. As a sub-grantee under a DOD umbrella organization in 2007, this organization has shown the capacity necessary to coordinate service provision by a network of NGOs in Rukwa and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2007 funding supported initiation of PEPFAR-funded HIV counseling and testing services in the Rukwa Region. RODI conducted a thorough needs assessment of home-based care and VCT capacity in early 2007, and is currently working to identify appropriate sub-partners in Rukwa districts where 8 NGOs have been identified. The findings of a needs assessment conducted by RODI will help to shape service provision and capacity building efforts in the region through clusters focusing on the three large districts in the region (Sumbawanga Urban/Rural, Nkasi and Mpanda).

**ACTIVITIES:**

In an effort to deliver a consistent packages of services across the three region Zone, RODI, in collaboration and cooperation with KIHUMBE and members of SONGONET-HIV and the Mbeya HIV Network Tanzania (MHNT) (see other submissions for these partners) will ensure VCT services are available for as many clients as possible in the Rukwa Region. In addition, implementation of services has been standardized across these partners through cross-training of each other and shared lessons learned, but allowing for some flexibility in focus/approach depending on regional conditions. All VCT activities will include distribution of information to clients on appropriate referral for services depending on sero-status and residence.

1) Mobilize test counselors from Rukwa NGOs and MOHSW sites to provide VCT at large-scale community events, capitalizing upon opportunities to reach many individuals in a single setting.

1a) Provide VCT at the annual regional World AIDS Day event sponsored and executed by the Regional AIDS Control Office.

1b) Plan, advertise and provide VCT for monthly "HIV Testing Day" events to be held in each of the three Rukwa "clusters".

2) Provide VCT services at member organizations' and community sites in accordance with national standards and using NACP tools to document service delivery.

2a) Provide VCT at NGOs' service sites.

2b) Coordinate with local entities to provide VCT at non-HIV-specific NGOs, youth centers, workplaces and other community sites.

2c) Work with local leaders, District Health Management Teams (DHMT) and health facility directors to identify sites in which to provide mobile.

2d) Use data gathered as part of mobile VCT to prioritize return visits to villages based upon identified prevalence and or risk behaviors.

2e) Maintain RODI network offices and an adjacent VCT site to house network records and serve as venue for regional meetings and trainings.

3) Expand VCT provision in Rukwa, ensuring thorough regional coverage by establishing additional VCT sites where services are not available.

3a) Identify new sites for VCT by reviewing mobile VCT statistics and through communication with local government, DHMT and service organizations.

3b) Ensure training of new VCT counselors in accordance with national standards.

3c) Promote awareness of newly established sites, and include sites in informational materials about available services.

4) Produce and distribute pamphlets of all sub-partner services, to increase community awareness of available services and facilitate referrals.

4a) Create a list of service sites to receive pamphlets (e.g., NGOs' sites, CTCs) and contact sites monthly to monitor need to replenish supply.

4b) Evaluate effectiveness of this information & referral strategy by documenting client self-report of referral mechanism to a given service.

5) Establish a formal referral system for individuals accessing VCT services, incorporating follow-up with the entity to which the client is referred.

5a) Establish standardized referral process for linking individuals testing HIV-positive to services, to include at minimum medical services and home-based care "prescription" to RODI members.

5b) Provide prevention education depending upon the client's sero-status and identify and refer individuals testing HIV-negative to HIV prevention resources to help maintain their HIV-negative status.

5c) Include these referral activities and follow-up on standardized forms to facilitate monitoring and evaluation and quality improvement.

LINKAGES: VCT services will be provided by five sub-partner NGOs which refer clients to one another based upon clients' areas of residence, need and specific area of expertise of a member organization (see entries under this partner in HBHC, HKIC and HVAB/OP). Each of these members links with: District and/or regional hospitals to facilitate referrals, secure test kits and distribute pamphlets; Ward leaders and other local government officials; Faith groups and other providers of counseling services; and PEPFAR marketing groups, STRADCOM and AED, to encourage event participation.

CHECK BOXES: VCT services target the general population. Coordination with home-based care (among network members and with those outside the network) and other services ensures smoother referral of PLHA, their spouses and children to VCT. Relationships with business entities provide VCT opportunities at workplace settings, reaching more members of the population in the highest risk age groups. Funding supports commodity procurement, vehicle maintenance, trainings, staff support and advertising and

**Activity Narrative:** participation in community events.

M&E: RODI, having supported a number of projects in efforts to improve M&E practices, has considerable M&E expertise. In addition to instituting standard processes for monitoring indicators on a quarterly basis, RODI will ensure implementation of standardized tools for collecting detailed data on service delivery. Compiling data from sub-partners by a designated M&E staff person will allow for identification of major service needs and gaps. Supportive supervision of these sites includes data collection, management and storage of data (registers and forms) reporting of data to district-level. National CT guidelines and training materials will be used to strengthen M&E capacity in these facilities. This data will be shared with local leaders to highlight key needs and enlist community support in meeting these needs. Assessment of clients' referral routes to VCT will inform RODI outreach and identification efforts, and test results via mobile VCT services will help identify sites with high-risk groups requiring particular focus. Data will be provided to NACP and USG for reporting purposes.

SUSTAINABILITY: RODI is a local, grassroots Tanzanian-run NGO that has cultivated capacity-building expertise in the health, environmental and agricultural arenas. Its holistic approach to health addresses HIV, malaria and water-borne disease. RODI has expanded activities slowly within the Southern Highlands Zone, so as not to exceed current capacity and therefore compromise quality of service. Few, local entities in Rukwa have experience managing service delivery on a regional scale, yet RODI has the background and skill base for this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage and fiscal oversight of sub-partners, but will also lend needed administrative capacity to Rukwa. RODI and its sub-partners will become increasingly well positioned to apply for and administer additional funding for this under-served region.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16968

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16968	16968.08	Department of Defense	Resource Oriented Development Initiatives	7571	7571.08		\$217,760

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

#### Human Capacity Development

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7573.09

**Mechanism:** N/A

**Prime Partner:** Savannas Forever Tanzania / World Wildlife Fund Tanzania

**USG Agency:** U.S. Agency for International Development

---

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 16969.23513.09

**Planned Funds:** \$0

**Activity System ID:** 23513

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR, BUT THE AGREEMENT WILL END IN FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2009 S/APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: Mainstreaming HIV/AIDS Testing and Counseling into Natural Resource Management

**NEED and COMPARATIVE ADVANTAGE:**

Remote villagers have little access to HIV/AIDS testing with disastrous consequences for rural economic growth and natural resource management. SFTZ conducts in-depth socio-economic, environmental, behavioral/attitudinal surveys and expert interviews of village leaders; we return several months later to present survey findings and to facilitate grassroots actions to solve village-identified issues, including HIV/AIDS. HIV testing and counseling will be added to this process thereby improving the cost-effectiveness of accessing remote rural areas. Moreover, HIV testing will be done in a neutral setting in which women's attention is focused on their children's health and nutrition and the potential impact of HIV/AIDS on their own well-being. The HIV-test results will inform a highly targeted village-level prevention program covered in a related OP entry. Tanzania's wildlife protected areas cover 25% of the mainland, but the adjacent rural communities are the poorest in the country and suffer the lowest access to HIV testing and counseling. Without aggressive intervention, HIV will devastate these communities' prospects for escaping poverty and undermine natural resources that are critical to the nation's economic growth.

**ACCOMPLISHMENTS:** SFTZ will embed voluntary HIV-testing and counseling for mothers of under-fives into its existing intervention that targets women to improve child health and well-being, reduce village poverty, and conserve natural resources. The process includes rapid HIV testing by a medical doctor followed by education and counseling by a trained specialist and links to a set of in-depth household socioeconomic surveys, village focus groups, and environmental assessments. A communication team will return 3-4 months later to share village-specific survey findings and lead discussion groups and problem solving sessions to plan and develop village-specific HIV/AIDS prevention programs. This setting will provide an unusually powerful context in which to communicate the overall HIV/AIDS situation at the village level and to distribute HIV/AIDS-education and -prevention materials. (These costs are covered in a separate OP entry). SFTZ will resurvey each village every two years so that villagers and donor agencies can evaluate the effectiveness of public health and AIDS-prevention projects, rural development and conservation, in these communities.

**ACTIVITIES:** Our prior experiences in 26 villages across Northern Tanzania provide a strong foundation for implementing HIV-testing and counseling in underserved areas. We collaborate with HIV/AIDS experts from the NIMR-Muhimbili Medical Research Centre and employ NIMR doctors on each field team to ensure that our testing and counseling operate at the highest standards.

The field team conducts in-depth surveys on health, socio-economics, and environment for targeted HIV/AIDS testing and prevention program a 5-person field travel to 96 villages. They will conduct counseling and testing for 7,200 mothers in 96 villages after weighing and measuring their children. Women will be enrolled in a broader intervention to improve the child health and nutrition, providing incentives for testing and treatment to ensure the well-being of their families. Village health officers will also be trained to conduct peer-counseling and distribute HIV/AIDS information.

**LINKAGES:** Savannas Forever works in collaboration with the NIMR Muhimbili Medical Research Centre. NIMR provides the medical staff for HIV testing, counseling, and education as well as research for the implementation of the mother/child nutrition surveys. NIMR also arranges for all necessary ethical clearance. Savannas Forever already has working relationships with 26 rural village and 9 district governments as well as with the National Bureau of Statistics and the Institute of Resource Assessment at the University of Dar es Salaam.

**CHECK BOXES:** The project will provide voluntary HIV-testing and counseling to about 7,200 mothers of under-fives, present AIDS-prevention materials to rural villages, hold meetings to educate village leaders, teachers and health officers, and test the effectiveness of different types of media in imparting HIV awareness and risk-reduction behavior. The first year of the project will include 96 villages, and all villages will be located in or near Tanzania's extensive network of protected areas. These are the poorest communities in the country and have the least access to health services.

**M&E:** Using a log framework for each activity, indicators for accomplished activities will be established and measured to monitor each milestone. Each survey team will spend 5 days in each village, testing and counseling for HIV and distributing educational materials about HIV/AIDS. A communication team will return to the village 3-4 months after the survey visit to determine the impact of the materials/information presented in the initial visit on HIV prevalence and to present survey results to village assemblies and focus groups. Data entry and analysis costs are covered in a related PEPFAR COP entry.

**SUSTAINABILITY:** This proposal only refers to activities over the next 12 months, but the overall program is designed to continue indefinitely. Each village will be revisited every second year, and longitudinal data will be analyzed to estimate the impact of specific interventions on HIV-awareness and prevalence, nutrition of mothers and under-fives, poverty alleviation and wildlife/habitat conservation. We will coordinate long-term relationships with 192 village governments and 36 district governments, and mobilize relevant NGOs to work with local government agencies, focusing on critical community issues related to HIV/AIDS. Data from this project will provide an invaluable baseline to monitor and evaluate USAID projects in rural Tanzania as well as other health and poverty alleviation programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16969

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16969	16969.08	U.S. Agency for International Development	Savannas Forever Tanzania / World Wildlife Fund Tanzania	7573	7573.08		\$110,000

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7580.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> SONGONET-HIV Ruvuma	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 16970.23514.09	<b>Planned Funds:</b> \$135,000
<b>Activity System ID:</b> 23514	

**Activity Narrative:** THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: Voluntary counseling and testing (VCT) in the Ruvuma Region.

NEED and COMPARATIVE ADVANTAGE: The estimated HIV prevalence in Ruvuma region is over 6%. The NGOs comprising SONGONET-HIV serving the Ruvuma Region were selected for funding from multiple applicants, based upon their service delivery experience, existing organizational infrastructure, and established linkages to hospitals in their communities. As a sub-grantee under a DOD umbrella organization in 2006 and 2007, this organization has shown the capacity necessary to coordinate service provision by a network of NGOs in Ruvuma and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2006 funding supported initiation of PEPFAR-funded HIV counseling and testing services in Ruvuma region, and FY 2007 included identification of additional sub-partners in Ruvuma districts where NGOs had yet to be identified. Member NGOs provided VCT to 900 clients, 19% of whom tested HIV-positive. An additional 1,200 clients were referred to MOHSW VCT sites.

**ACTIVITIES:**

In an effort to deliver a consistent package of services across the three region Zone, SONGONET-HIV, in collaboration and cooperation with KIHUMBE and members of RODI and the Mbeya HIV Network Tanzania (MHNT) (see other submissions for these partners) will ensure VCT services are available for as many clients as possible in the Region. In addition, implementation of services has been standardized across these partners through cross-training of each other and shared lessons learned but allowing for some flexibility in focus/approach depending on regional conditions. All VCT activities will include distribution of information to clients on appropriate referral for services depending on sero-status and residence.

- 1) Mobilize test counselors from Ruvuma NGOs and MOHSW sites to provide VCT at large-scale community events, capitalizing upon opportunities to reach many individuals in a single setting.
  - 1a) Provide VCT at the annual regional World AIDS Day event sponsored and executed by the Regional AIDS Control Office.
  - 1b) Plan, advertise and provide VCT for monthly "HIV Testing Day" events to be held in communities through out Ruvuma.
- 2) Provide VCT services at member organizations' and community sites in accordance with national standards and using NACP tools to document service delivery.
  - 2a) Provide VCT at NGOs' service sites.
  - 2b) Coordinate with local entities to provide VCT at non-HIV-specific NGOs, youth centers, workplaces and other community sites.
  - 2c) Work with local leaders, District Health Management Teams (DHMT) and health facility directors to identify 60 new sites for which to provide mobile VCT.
  - 2d) Use data gathered as part of mobile VCT to prioritize return visits to villages based upon identified prevalence and or risk behaviors.
  - 2e) Maintain SONGONET-HIV network offices and an adjacent VCT site to house network records and serve as venue for regional meetings and trainings.
- 3) Produce and distribute pamphlets of all sub-partner services, to increase community awareness of available services and facilitate referrals.
  - 3a) Create a list of service sites to receive pamphlets (e.g., NGOs' sites, CTCs) and contact sites monthly to monitor need to replenish supply.
  - 3b) Evaluate effectiveness of this information & referral strategy by documenting client self-report of referral mechanism to a given service.
  - 3c) Collaborate with other USG PEPFAR programs producing and publishing HIV pamphlets to distribute them to appropriate sites and replenishing.
- 4) Expand VCT provision in Ruvuma, ensuring thorough regional coverage by establishing additional VCT sites especially in high risk areas and with in and out of school youth.
  - 4a) Identify new sites for VCT by reviewing mobile VCT statistics and through communication with local government and service organizations.
  - 4b) Ensure training of new VCT counselors in accordance with national standards.
  - 4c) Promote awareness of newly established sites, and include sites in informational materials about available services especially as they relate to high-risk locales and in and out of school youth.
- 5) Improve referral system for individuals accessing VCT services, incorporating follow-up with the entity to which the client is referred.
  - 5a) Establish standardized referral process for linking individuals testing HIV-positive to services, to include at minimum medical services and home-based care.
  - 5b) Identify and refer individuals testing HIV-negative to HIV prevention resources to help maintain their HIV -negative status.
  - 5c) Include these referral activities and follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

LINKAGES: VCT services will be provided by eight sub-partner NGOs. which refer clients to one another based upon clients' areas of residence, need and specific area of expertise of a member organization (see entries under this partner in HBHC, HKIC and HVAB/OP). Each of these members links with: District and/or regional hospitals to facilitate referrals, secure test kits and distribute pamphlets; Ward leaders and other local government officials; Faith groups and other providers of counseling services; and PEPFAR marketing groups, STRADCOM and AED, to encourage event participation.

CHECK BOXES: VCT services target the general population to increase the proportion of Ruvuma residents who know their HIV status, facilitating referral to care and treatment for PLHA and to prevention resources for HIV-negative individuals. Coordination with home-based care (among network members and with those outside the network) and other services ensures smoother referral of PLHA, their spouses and children to VCT. Relationships with business entities provide VCT opportunities at workplace settings, reaching more members of the population in the highest risk age groups. Funding supports commodity procurement, vehicle maintenance, trainings, staff support and advertising and participation in community events.

**Activity Narrative:** M&E: In addition to instituting processes for monitoring indicators on a quarterly basis, SONGONET-HIV will ensure implementation of standardized MHNT tools developed by MOHSW for collecting detailed data on service delivery. Assessment of clients' referral routes to VCT will inform SONGONET-HIV outreach and identification efforts, and test results via mobile VCT services will help identify sites with high-risk groups requiring particular focus. Supportive supervision of these sites includes data collection, management and storage of data (registers and forms) reporting of data to district-level. National CT guidelines and training materials will be used to strengthen M&E capacity in these facilities. Data will be provided to NACP and USG for reporting purposes.

**SUSTAINABILITY:** In FY 2008, DOD will begin the second year of a three-year process to transition responsibility for sub-partner oversight to SONGONET. This local network is an HIV-specific subset of a larger group of Ruvuma NGOs. DOD will work with SONGONET-HIV to establish appropriate administrative mechanisms, coordinate training and provide technical assistance, and implement a transition plan to gradually shift all administrative functions to the network. Once the transition is complete, SONGONET-HIV will determine awards, ensure regional coverage, and assure proper fiscal management and oversight of sub-partner service implementation. Additionally, the group will be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16970

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16970	16970.08	Department of Defense	SONGONET-HIV Ruvuma	7580	7580.08		\$134,040

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10623.09	<b>Mechanism:</b> MHIC
<b>Prime Partner:</b> Muhimbili University College of Health Sciences	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 8661.23516.09	<b>Planned Funds:</b> \$500,000





**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**TITLE:** Expansion of HIV Counseling and Testing and Building Capacity of City Health Care Workers in HIV Counseling and Testing

**NEED and COMPARATIVE ADVANTAGE:** The Muhimbili Health Information Centre (MHIC) is a state of the art service provision and capacity building entity at the largest hospital in Tanzania. Through PEPFAR funding MHIC has expanded HIV VCT services as well as piloted PITC training for ninety nursing and medical students at Muhimbili University of Health and Allied Sciences (MUHAS). MHIC is working towards supporting the institutionalization of Provider Initiated Testing and Counseling (PITC) in their training curriculum and is also offering PITC training to Muhimbili National Hospital (MNH) and city health care workers (HCW). MHIC staff members were one of the first public health professionals in Tanzania to pioneer PITC and, as a result, have a unique advantage to implement PITC efforts. The static VCT services provided at MHIC serve as an important HIV service in a high density and higher prevalence area.

**ACCOMPLISHMENTS:** In the past year, MHIC tested more than 6,000 clients; conducted comprehensive care counseling training for 138 health care workers; participated in the development of national HIV VCT materials as well as PITC guidelines and developed curriculum and training materials in PITC. MHIC also will conduct training for 340 health care workers in PITC; developed communication and referral strategy for MHIC; and integrated a HIV CT monitoring and evaluation framework within the MNH HIMS.

**ACTIVITIES:** To work towards meeting the requirements to becoming an efficient system for HIV counseling and testing: 1. MHIC will continue providing quality VCT services at its static facility. An emphasis will be placed on demand creation, enhancing the skills of counselors to conduct couples and family counseling, and supportive supervision to ensure appropriate service delivery. Supportive supervision will include checking registers completed by counselors, reviewing counseling and testing protocols, and observing counseling sessions. Anti-burnout techniques will also be provided to all staff, volunteers and trainees. Another important aspect of VCT services will be the inclusion of screening on alcohol use and brief interventions for hazardous and harmful use in all counseling interventions at MHIC. In this setting, the alcohol screening and intervention will be implemented during post-test counseling sessions with HIV negative individuals.

MHIC plans to use AUDIT, an alcohol screening tool developed by WHO.

2. MHIC also will continue training service providers in HIV counseling and testing. For PITC, staff from clinical environments will receive the knowledge and skills required to support testing and counseling for clients attending outpatient departments, inpatient departments, STI clinics and TB clinics. Additional components of training in FY 2008 will be the inclusion of components on stigma reduction during service delivery for HIV counseling and testing and anti-burnout techniques.

3. Working with the National AIDS Control Program, MHIC will develop an M&E framework for HIMS and support integration of HIV CT and alcohol use and interventions in M&E for Muhimbili National Hospital and city health care workers. Lessons learned in these settings will be shared and used to guide national systems development.

4. MHIC will procure commodities and supplies as buffer stock for HIV counseling and testing services. These commodities and supplies will be used during stock outs so that services are not disrupted.

**\*END ACTIVITY MODIFICATION\***

**TITLE:** Expansion of HIV Counseling and Testing and Building Capacity of City Health Care Workers in HIV Counseling and Testing

**NEED and COMPARATIVE ADVANTAGE:** The Muhimbili Health Information Centre (MHIC) is a state of the art service provision and capacity building entity at the largest hospital in Tanzania. Through PEPFAR funding MHIC has expanded HIV VCT services as well as piloted PITC training for nursing and medical students at Muhimbili University College of Health Sciences (MUCHS). MHIC is working towards supporting the institutionalization of Provider Initiated Testing and Counseling (PITC) in their training curriculum and is also offering PITC training to Muhimbili National Hospital (MNH) and city health care workers (HCW). MHIC staff members were one of the first public health professionals in Tanzania to pioneer PITC and, as a result, have a unique advantage to implement PITC efforts. The static VCT services provided at MHIC serve as an important HIV service in a high density and higher prevalence area.

**ACCOMPLISHMENTS:** In the past year, MHIC tested more than 6,000 clients; conducted comprehensive care counseling training for 134 health care workers; participated in the development of national PITC guidelines; and developed curriculum and training materials in PITC. MHIC also will conduct training for 340 health care workers in PITC; develop communication and referral strategy for MHIC; and integrate a HIV CT monitoring and evaluation framework within the MNH HIMS.

**ACTIVITIES:** To work towards meeting the requirements to becoming an efficient system for HIV counseling and testing:

1. MHIC will continue providing quality VCT services at its static facility. An emphasis will be placed on demand creation, enhancing the skills of counselors to conduct couples and family counseling, and supportive supervision to ensure appropriate service delivery. Supportive supervision will include checking registers completed by counselors, reviewing counseling and testing protocols, and observing counseling sessions. Anti-burnout techniques will also be provided to all staff, volunteers and trainees. Another important aspect of VCT services will be the inclusion of screening on alcohol use and brief interventions for hazardous and harmful use in all counseling interventions at MHIC. In this setting, the alcohol screening and intervention will be implemented during post-test counseling sessions with HIV negative individuals. MHIC plans to use AUDIT, an alcohol screening tool developed by WHO.

2. MHIC also will continue training service providers in HIV counseling and testing. For PITC, staff from

**Activity Narrative:** clinical environments will receive the knowledge and skills required to support testing and counseling for clients attending outpatient departments, inpatient departments, STI clinics and TB clinics. Additional components of training in FY 2008 will be the inclusion of components on stigma reduction during service delivery for HIV counseling and testing and anti-burnout techniques.

3. Working with the National AIDS Control Program, MHIC will develop an M&E framework for HIMS and support integration of HIV CT and alcohol use and interventions in M&E for Muhimbili National Hospital and city health care workers. Lessons learned in these settings will be shared and used to guide national systems development.

4. MHIC will procure commodities and supplies as buffer stock for HIV counseling and testing services. These commodities and supplies will be used during stock outs so that services are not disrupted

LINKAGES: MHIC will maintain linkages with various national programs including NACP and others offering HIV CT such as IntraHealth , I-Tech and JPIEGO to support the roll out of PITC and development of health information systems. MHIC also will work with the Japanese International Cooperation Agency (JICA), ART and TB partners to coordinate health and non health referral linkages for those in need for other services in HIV prevention, care and treatment.

M&E: Support integration of HIV CT in MNH HIMS and train in use of M&E tools. Supervise the use of M&E tools in day to day operations

SUSTAINABILITY: MHIC is supporting MOHSW-NACP in the roll out of PITC for all HCW and in directly supporting the overall HIV Care and Treatment plan. MHIC will also work closely with MOHSW-Diagnostics services to learn about new technologies for HIV testing to support the rolling out of trainings in HIV CT program areas. As a national center of learning, MHIC is considering offering services at cost as a strategy for long-term sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13526

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13526	8661.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8551	8551.08	Muhimbili	
8661	8661.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4562	1130.07		\$424,000

Program Budget Code: 15 - HTXD ARV Drugs

**Total Planned Funding for Program Budget Code: \$28,190,352**

#### Program Area Narrative:

ARV DRUGS - Program Area Context

##### National Context

The HIV/AIDS treatment and care services are expanding in Tanzania. As of July 2008, 234 Care and Treatment Centers (CTCs) actively provide ART services to an estimated cumulative 160,823 ART clients. The Government of Tanzania (GoT) is ambitiously aiming to train five hundred new CTC sites by October 2008 to distribute ARV drugs that will help the GoT reach their 2008 goal of having 700 active sites that provide ART services to 250,000 people. The USG team advocates a more strategic approach to roll out based on overall system capability. The USG team is participating in policy dialogue around GoT hopes to have 350,000 clients on ART by the end of 2009, and 440,000 by the end of 2010.

##### Management of the Supply Chain and Procurement Program

The USG team recently hired a full time Commodities and Logistics Advisor to provide additional support to the national program. This advisor will coordinate with other donors in supply planning and managing the main USG procurement partner. In addition, the USG provides technical assistance through SCMS to the National AIDS Control Program (NACP) in conducting and updating forecasts of national requirements for ARV drugs, and developing procurement plans. This is done in collaboration with the Medical Stores Department (MSD), the NACP, and other donors.

##### Product Selection

The main sources of funding for ARV drug procurement are the GoT through funds from the Global Fund (GFATM), CHAI, and USG. Based upon the Memorandum of Understanding between the United States Government (USG) and GOT signed in March, 2005, the GoT will procure first line ARV drugs for adult programs. USG will procure ARVs for first line alternatives, second line adult, and pediatric regimens. The USG team procures ARVs through a single partner which buys Food and Drug Administration (FDA) approved or tentatively approved ARVs that are registered in Tanzania and are selected based on the national standard treatment guidelines. There are currently five manufacturers of generic and original formulations registered in Tanzania that are also FDA approved or tentatively approved. In 2007, six out of 12 ARVs procured by the USG in Tanzania were innovator products, all of which were second line drugs. In calendar year 2008, only one product out of the seven procured is an innovator drug (this innovator ARV is a second line drug).

The new treatment guidelines call for the following five adult first line regimens to be used: AZT-3TC with NVP or AZT-3TC with EFV or d4T 30mg plus 3TC with EFV or TDF-FTC with either NVP or EFV. The three adult second line regimens are: ABC with ddI and LPV/r; or ABC with TDF and LPV/r (in two different dosages). The two pediatric regimens are: ABC with ddI with LPV/r; or AZT with ddI and LPV/r.

#### Forecasting/Procurement

In February 2008, GoT, with assistance from SCMS, conducted a national quantification of ARVs. The current cumulative number of people on treatment is estimated at 160,823. Given the projected scale up rate of 34% per year, and the attrition rate of 10%, the number of people enrolled on ART by the start of the COP 2009 period is estimated at 190,000. The quantification projects 90% of those on treatment will be adults. It is estimated that 99% of the adults will be on a first line ARV treatment regimen. It is believed 57% of these will be first line alternative regimens. The USG team, along with NACP, is looking at the overall cost implication for GoT resulting from increasing alternative first line regimen use which is significantly more costly.

In 2007, USG procured \$8,936,985 USD worth of ARV drugs through SCMS, while \$18,650,970 USD worth of ARV has been delivered to date in 2008. The main challenge in the procurement of ARVs is filling the national pipeline to appropriate levels of stock for all ARVs. The February 2008 national quantification identified the appropriate stocking levels for each level within the national system. SCMS is now working with GoT and MSD to plan appropriate procurements of ARVs based on a GoT anticipated Global Fund Round 8 award. USG support for ARV drug procurement in COP 2009 totals 21,068,743 USD. This funding provides 100 percent coverage for adult and pediatric second line ARVs and 28 percent of adult alternative first line ARVs during the COP 2009 period.

#### Security

The USG, through SCMS, secures ARVs and other commodities through customs clearance up to the point where the commodities are consigned to the Medical Stores Department. SCMS is responsible for monitoring and auditing the security and freight companies' compliance with the standard operating procedures for security. SCMS also determines the state of communication lines between the freight and security companies and the recipient of ARV drugs. Additionally, SCMS records any dysfunctional occurrences and takes appropriate action, and provides on-the-job training as needed. Upon transfer of ARVs and commodities ownership to GoT, MSD becomes responsible for security during storage and shipment within the national distribution system.

#### Freight Forwarding

SCMS is responsible for clearing all its procured ARV drugs through customs and Tanzania Revenue Authority. SCMS is also responsible for arranging for the physical transport of the products from the port of entry to MSD's central warehouse. MSD is responsible for overland movement of most of the GoT's ARV drugs through its fleet or contracted vendors.

#### In-country Warehousing and distribution

All USG procured ARV drugs are stored at MSD central or zonal warehouses before being shipped to regional and district hospitals. Currently, the MSD fills approved orders from the service delivery points and distributes drugs directly to ART sites and to the district and regional hospitals which in some instances serve as a transit point for ARV deliveries to Health Centers. The MSD is committed to the plan of decentralizing functions to zonal warehouses. In the coming years, MSD zonal warehouses will begin to receive direct shipments from suppliers thereby reducing the storage and packing capacity needed at the central warehouse while improving delivery time of product to treatment sites. In addition, the new system, the development of which was supported by the USG, will allow the MSD to simultaneously distribute ARVs with other essential medicines, which will further maximize MSD's distribution resources and capacity.

#### Inventory Management

The GoT ambitious goal of scaling up to 700 sites will require NACP to reengineer the current ARV drug distribution system. For instance, the need for MSD to do monthly deliveries to all care and treatment centers (CTCs) constitutes significant logistical challenges. The difficulties introduced by late and non-reporting sites, the lack of synchronization of reporting and delivery times, and the introduction of ARV drug refilling services in health centers and dispensaries require continued focus on improving and strengthening MSD's system-wide capacity. To strengthen the MSD system, the USG, under the leadership of NACP, has supported the redesign of the logistics system used to manage ARV drugs across all programs (ART, PMTCT, and PEP). The procedures for managing and tracking consumption, ordering, and re-supply of ARV drugs are clearly defined. All CTCs are now required to order on a quarterly basis through the new forced ordering system which maintains the appropriate maximum-minimum stock level. This system has built-in buffer stock levels and accommodates delivery timelines that include ordering time, district approval, processing and delivery by MSD, and unforeseen delays.

SCMS currently collaborates with NACP and other partners, including EGPAF, ICAP, MDH, MSH, and CHAI, to roll out the new system to all ART enrolling and follow up sites. As part of this process, USG also supports the use of tools for collecting and reporting logistics data for management decision making.

## Capacity Building

The USG works very closely with NACP and MSD at the central level to manage the ARV supply chain. The USG works primarily through SCMS to provide technical leadership and capacity building in logistics management functions including forecasting, procurement planning, and inventory management. SCMS will continue to work with MSD to build national and regional human capacity in warehousing and inventory management through sponsorship of MSD staff participation in training sessions on warehouse and logistics management. Physical distribution capacity will be strengthened through the installation of packing lines and other efficiency and labor saving technologies that may be appropriate.

SCMS will continue to support the roll out of the new ordering system in new sites and will provide on-the-job training and coaching to existing sites as needed. SCMS will continuously monitor the performance of the system at the zonal level through Supply Chain Monitoring Advisors (SCMA) who will be positioned in all eight MSD zonal stores. The SCMA will work with MSD Zonal Stores Managers to ensure timely resupply of ART sites with ARV drugs. SCMA will also provide the sites with support in managing ARV drugs, on-site training, and coaching of zonal MSD staff.

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1228.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Budget Code:</b> 15
<b>Activity ID:</b> 9177.23207.09	<b>Planned Funds:</b> \$393,000
<b>Activity System ID:</b> 23207	
<b>Activity Narrative:</b> ACTIVITY UNCHANGED FROM FY 2008.	

The FY 2008 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 2008, 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 and 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13613

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13613	9177.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$350,000
9177	9177.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$310,343

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4790.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Budget Code:</b> 15
<b>Activity ID:</b> 3433.23208.09	<b>Planned Funds:</b> \$23,886,322
<b>Activity System ID:</b> 23208	

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

TITLE: Procurement of ARV Medicines

**NEED and COMPARATIVE ADVANTAGE:** There are currently 234 care and treatment centers providing antiretroviral therapy, and the GOT hopes to increase the total number of sites to over 700 in 2009. The Supply Chain Management System (SCMS), supported by the USG, has provided technical assistance in forecasting and procurement of antiretroviral (ARV) drugs for treatment and PMTCT. The GOT political leadership has set a goal of placing 440,000 patients on ARV treatment by the end of 2009. The need for dependable forecasting and quantification services will be crucial to the success of the national care and treatment program goal. It is also critical that technical assistance be provided to align the multiple sources of funding for drugs and related commodities, and ensure a smooth functioning distribution system from port to patient. SCMS has the technical expertise and comparative advantage in this area. Tools for quantification and procurement planning, as well as a global framework and long term contracts with manufacturers, will be crucial for scaling up and maintaining ARV availability in the future.

**ACCOMPLISHMENTS:** All the USG ARV procurements during the past year have been done through SCMS and its partners; amounting to over eighteen million dollars of ARVs in 2008. This amounts to nearly 22 percent of the total estimated ARV need in Tanzania. USG support, through SCMS, has ensured that the Tanzania ARV treatment program has not experienced any major stock-outs.

**ACTIVITIES:** With FY 2009 funding, the key SCMS activity in this program area will be the procurement of ARVs. The funding for the ARV supply for the national program is generally divided between the Government of Tanzania (GOT) via Global Fund and the USG, with contributions from the Clinton Foundation and other donors. The USG's share of procurement is based on a Memorandum of Understanding (MOU) with the GOT. According to the MOU, the USG's contributions are second line ARV drugs with the ability to provide limited emergency procurements of first line ARV. \$17,321,752.35 of the budgeted amount contained in this activity will be used for the purchase of ARV drugs; \$500,000 of which is specifically allocated for the support of PMTCT services. The remainder of the budget will cover the cost associated with procurement and transportation of the drugs to the Medical Stores Department (MSD) – the central medical stores in Tanzania.

**LINKAGES:** SCMS works very closely with the NACP and provides technical leadership and capacity building in supply chain management functions. Strong collaboration with the MSD is also essential to strengthening the warehousing and distribution of ARV drugs. National forecasts for ARVs and other drugs are conducted annually and revised quarterly, after which the GOT and USG revise the supply plan and split the procurement according to the MOU. PEPFAR Treatment Partners obtain their supply of ARVs from the national pool of drugs which is managed by the MSD. SCMS will be focused on strengthening the capacity of the GOT, other partners and will coordinate with other donors to ensure the ARV supply system is strengthened. A more detailed description of SCMS's linkages to GOT efforts, other partners, and other donors can be found in the Other Policy and Systems Strengthening section of the 2009 COP.

**M&E:** The funding in this section is purely for the purchase of ARV drugs, the cost associated with procurement and transportation of the drugs to MSD. M&E activities related to ARV procurement are budgeted in the Other Policy and Systems Strengthening section of the 2009 COP. While this section does not budget for these activities, it is important to emphasize the following efforts to specifically monitor ARV procurement and supply chain management will be made: SCMS's procurement and ARV delivery performance will be monitored and evaluated through routine supervision by the USG Commodities and Logistics Advisor and other key USG team members. Delivery reports showing the number of on-time and late SCMS-procured deliveries will be submitted to the USG on a regular basis. National stock status reports generated by both the GOT and by the SCMS regional Supply Chain Monitoring Advisors (explained in greater detail in the OHPSS section of the 2009 COP) will also be shared with the USG team for monitoring and planning purposes. These reports are compared against work plans. SCMS will also be working with NACP and MSD to select key logistics indicators that will assist National Aids Control Program (NACP), the USG and SCMS in identifying specific supply challenges. Finally, PEPFAR treatment partners have access to the USG Commodities and Logistics Advisor and other key USG team members to report ARV and other drug stock-outs at care and treatment centers.

**SUSTAINABILITY:** As mentioned above, the funding in this section is purely for procurement and associated freight costs; however, capacity building activities will be an integral part of SCMS activities in Tanzania including training and retraining care and treatment centers in quantifying their ARV drugs needs. In addition, SCMS will train zonal store managers and other key MSD staff in inventory control systems, logistics management information systems, and drug quantification techniques (all of which apply to the improved management of ARV drugs as well as other essential medicines).

**APR 2009 REPROGRAMMING:**

\$499,999 reprogrammed (to OHSS Mechanism id 1441.09) based on site visits and PMTCT audit USG determined a need to provide additional TA in strengthening ART pharmaceutical management systems at facility level.

\$525,000 (to OHSS mechanism id 12210.09) to support the construction of a warehouse in Mwanza to increase storage capacity of the Medical Stores Department. This will be a local solicitation.

\$3,841,578 additional M & O funds held in reserve (from unallocated mechanism id 11472.09) will be used for ARV procurements in emergency stockout situations. Gap in funding is projected. Funds are to be reprogrammed to SCMS to fill this gap.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13558

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13558	3433.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6548	4790.08		\$23,568,743
7733	3433.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$18,969,657
3433	3433.06	U.S. Agency for International Development	Partnership for Supply Chain Management	5555	5555.06	SCMS	\$14,293,966

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 12211.09

**Mechanism:** N/A

**Prime Partner:** To Be Determined

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** GHCS (State)

**Program Area:** ARV Drugs

**Budget Code:** HTXD

**Program Budget Code:** 15

**Activity ID:** 29771.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 29771

**Activity Narrative:** April 2009 Reprogramming:

\$3,911,030 reprogrammed (from unallocated mechanism id 11334.09) by M&O to reserve funds to be used for emergency procurement stockout situations. Gap in funding is projected. Funds are to be reprogrammed to fill gap.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code: 16 - HLAB Laboratory Infrastructure

**Total Planned Funding for Program Budget Code: \$7,125,000**

**Program Area Narrative:**

**PROGRAM AREA CONTEXT: LAB**

The public health laboratory network in Tanzania consists of six referral hospital laboratories, 23 regional and 133 district laboratories located in mainland Tanzania. Some large health centers have laboratories. Quick diagnostic procedures that do not require laboratory personnel are performed at dispensaries. The Ministries of Health and Social Welfare (MOHSW) Tanzania mainland and Zanzibar, working in collaboration with the National AIDS Control Program (NACP) and the Zanzibar AIDS Control Program (ZACP) respectively oversee laboratory services at referral and national levels while the ministries of Local Government oversee laboratory services at regional, district and health center levels. The USG funds the MOHSW directly and provides technical assistance through US-based laboratory and care and treatment implementing (ART) partners. USG partners include: the American Society for Clinical Pathology (ASCP) which provides assistance with training, the Clinical Laboratory Standards Institute (CLSI) provides assistance with the implementation of laboratory quality systems, the Association of Public Health Laboratories (APHL) with management training and implementation of Laboratory Information Systems (LIS) and the American International Health Alliance (AIHA) provides mentoring opportunities between US-based and Tanzanian institutions and professionals. The USG also provides direct funding to the African Medical research Foundation (AMREF) to support the training

activities for the MOHSW and Columbia University which assists with implementation of the Early HIV Infant Diagnosis program. USG activities complement those of other development partners such as the World Health Organization (WHO), AXIOS, The Abbot Foundation, the Japanese International Cooperation Agency (JICA), Clinton Foundation, the Global Fund and the German Development Cooperation (GTZ) who provide technical and financial assistance to MOHSW. Several of these development partners contribute to the Sector Wide Approach (SWAP) Basket Fund. USG is guided by the National Laboratory Operational Plan in Support of HIV/AIDS care and treatment, the National Laboratory Standard Guidelines and the National Laboratory Quality Assurance Framework in providing laboratory infrastructure and capacity building support to MOHSW. USG liaises with all the laboratory stakeholders through a regular laboratory development partners meeting chaired by the MOHSW. With USG support, MOHSW developed a five year national laboratory strategic plan to guide the laboratory infrastructure and capacity building activities through FY 2009. This was developed and completed in consultation with the National Tuberculosis and Leprosy Program and the Malaria Control Program which works closely with the USG Presidential Malaria Initiative Program. The 5 year strategic plan has incorporated laboratory activities for strengthening identification and quality assurance of opportunistic infections, malaria and tuberculosis. The National Health Laboratory Quality Assurance and Training Center which houses the national quality assurance programs and training for the implementation of quality systems was also completed in FY 2008. The USG has prioritized implementation of the laboratory quality management systems and strengthening the public health laboratory functions of the National Health Laboratory Quality Assurance and Training Center (NHLQATC). Improving the numbers and skill levels of laboratory technicians as well as defining staff recognition, motivation and retention mechanisms based on quality performance will be a key activity in FY 2009 to be achieved in collaboration with the Human Resources for Health program. USG will strengthen the utilization of laboratory information systems to inform the prevention and care and treatment programs and collaborate with the National Malaria and Tuberculosis and Leprosy programs in the provision of technical assistance in the diagnosis and quality assurance for tuberculosis and malaria. Scale up of infant diagnosis, improvement of laboratory supplies logistics management and equipment maintenance will also be addressed as a priorities in FY 2009. MOHSW in collaboration with USG ART partners has embraced regionalization of care and treatment services. MOHSW plans to expand ART services to 700 sites from the current 200. To effectively implement this strategy, laboratory policy, guidelines and coordination will be provided by MOHSW at central level while ART partners will translate these policies and guidelines into practice in the zonal referral, regional and district laboratories working with facility based personnel and the Regional and District Health teams. MOHSW has appointed and trained laboratory quality teams at zonal, regional and facility level to support the quality systems implementation. The care and treatment partners have recruited laboratory staff who will work with the Council and Regional Health Management teams (CHMTs and RHMTs) and facility based technical personnel. From FY 2006 to FY 2008, MOHSW trained national trainers in rapid HIV testing, HIV rapid testing supervisors, early infant diagnosis, quality assurance, standard of care tests, laboratory management, laboratory information systems and equipment management. The ART laboratory focal personnel will work with the quality officers and the trainers to train and implement laboratory quality management systems at the facilities in their regions. The ART partners' laboratory focal personnel are members of regional subcommittees on HIV and the laboratory development partners meeting which meet regularly. At these meetings progress on activities is reported, challenges identified and solutions agreed upon. These coordination mechanisms have had a great impact on the standardization of program implementation and will continue to receive USG support through FY2009. In FY 2009 USG will support the National Health Laboratory Quality Assurance and Training Centre (NHLQATC). The NHLQATC will provide leadership and serve as a focal point for HIV/AIDS-related laboratory training, quality systems implementation and will support and promote operational research into various aspects of HIV including its, treatment, control and prevention and related opportunistic infections. The NHLQATC will serve as a referral laboratory for specimens that present unusual or unique testing problems and facilitate referral for specialized testing not available in the country, such as genetic sub-typing, HIV drug resistance testing, HIV-1 incidence, and other specialized microbiological assays. The NHLQATC will build its own capacity and eventually undertake greater public health laboratory functions such as the surveillance of new and emerging infections. In FY2008, 75 technologists were trained in CD4, Chemistry and Hematology testing and 4 laboratory technologists in DNA PCR proficiency panel production and quality assurance principles at the NHLQATC. CD4 external quality assessment (EQA) proficiency testing panels for 81 laboratories enrolled in the CD4 EQA were distributed from the NHLQATC, the data collected and analyzed. Eighty of these laboratories performed well. In collaboration with AMREF, MOHSW trained 40 HIV rapid HIV testing supervisors who perform on site monitoring and administer the proficiency panels. NHLQATC supplied proficiency panels for rapid HIV testing using locally produced EQA material for 417 facilities which constitute 20% of all rapid testing sites. Rapid HIV proficiency panels complement the on site monitoring provided by quality assurance officers and rapid testing supervisors. In FY 2009, the NHLQATC will roll out rapid HIV testing EQA to 60% of the facilities and provide EQA panels for HIV Enzyme Linked Immunosorbent Assay (ELISA) serological testing. Bugando Medical Center's DNA PCR laboratory enrolled in CDC Atlanta's EQA program and the 7 National Blood Transfusion service laboratories participating in the MPEP EQA program are doing well. Mbeya Referral Hospital, KCMC and MNH laboratories all participate in different self motivated EQA programs. In FY09 the NHLQATC will implement a national EQA scheme, procure and distribute EQA material thereby bringing all the EQA programs under one roof thereby reducing the individual laboratories expenditure and provide comparability at a national level. Chemistry, hematology and opportunistic infection EQA will be instituted in FY 2009. Through FY2009 USG will support the accreditation of the NHLQATC and its transition to a semi autonomous agency which will provide it with greater autonomy and financial sustainability. Inadequate numbers and skill level of laboratorians poses the largest barrier to provision of quality laboratory services. USG will continue supporting the in – service training of staff at the NHLQATC and sponsor pre-service training at local and international institutions of laboratory training, study tours and mentoring activities. As from FY 2009 USG will begin sponsoring 50 laboratory assistants annually by enrolling them in an 18 month course at the local schools for laboratory training to upgrade them to diploma level. Laboratory assistants form more than 50% of the technical laboratory works force in Tanzania. The USG will also sponsor 20 selected students for the three year diploma course and 20 technicians who are in service for the two year advanced diploma course. Ten students will be sponsored for a four year Bachelor of Science degree in Medical Laboratory Sciences. This will lead to an increase in the number of technicians and technologists available in the country with higher levels of education and skills thereby also raising the number of laboratories managed by appropriately trained personnel from the current 43% to 60%. Tanzania has five institutions providing pre-service training in laboratory science. In FY2007-2008, USG assisted with incorporation of HIV/AIDS in-service training modules into the pre-service training curriculum and provided the diploma laboratory training schools with internet connectivity, reference manuals, textbooks, essential equipment and teaching aids. With FY 2009 funding the curriculum review will be extended to the certificate level training and to the university continuing education program.



In addition, there will be a mentoring and residence program to improve the quality and number of pre-service trainers and provide professional advancement opportunities for the trainers. The availability of well trained trainers at the training institutions will ensure a well trained and skilled workforce at graduation from training. There are three certificate and five diploma schools for medical laboratory training with the average of 80 certificate and 160 diploma graduates annually. With the strengthening of the schools of training there will be an input of 240 competent laboratorians into the laboratory system annually. In FY 2008 five regional laboratories received mentorship. This will be increased to all 23 regional laboratories in FY 2009. This will be achieved through development of 25 in-country mentors drawn from the existing technical work force thereby building sustainable mentoring capacity in the country. The in country mentorship program will further strengthen the knowledge and skill base of the existing workforce. With FY 2009 funding, the USG will support MOHSW in the roll out of the electronic Laboratory information systems to an additional five regional and three zonal hospital laboratories. Additionally, the USG will train staff in basic computer skills, assist MOHSW in data collection, transfer, analysis and utilization to inform the prevention, care and treatment programs and the health care and laboratory information system. In FY 2007 there was only one laboratory providing dried blood spot (DBS) based infant diagnosis on a public health basis. By the end of FY 2008 there were an additional three laboratories at Kilimanjaro Medical Centre (KCMC), Mbeya Referral Hospital (MRH) and Muhimbili National Hospital (MNH). USG in collaboration with the Clinton Foundation, AMREF and Columbia University assisted MOHSW train 11 laboratory technicians on DNA PCR technology for infant diagnosis, procured lab equipment, reagents and consumables, developed national guidelines and standard operating procedures, trained 308 health care workers in specimen collection, pediatric care and treatment, and pediatric patient referral mechanisms at 59 health facilities. The training offered by MOHSW covers both laboratory and programmatic aspects. Through this intervention, over 4500 HIV exposed infants were identified, more than 4000 tested using DNA PCR and over 758 HIV positive infants identified. By the end of FY 2008, 210 sites had been opened for specimen collection. In FY 2009 this activity will be rolled out to an additional 240 new facilities to test 14,000 babies, thereby enabling the care and treatment program move towards achieving its goal of having 20% of all cases presenting as pediatric patients. The EID program collaborates with all other programs, inpatient, and outpatient facilities to identify HIV exposed children and refer them for testing. However there is a programmatic challenge to identify the number of children successfully referred to care and treatment programs which will be addressed in FY2009 by creating stronger referral linkages between the EID, PMTCT and care and treatment programs. The USG in collaboration with APHL and the Supply Chain Management Systems (SCMS) will provide technical assistance and training for MOHSW laboratory personnel in laboratory reagent forecasting, quantification and, laboratory logistics, taking advantage of the harmonized HIV related tests and standardization of the equipment platforms at the different laboratory levels across the country in order to mitigate the frequent reagent shortages. The MOHSW procures equipment and reagents through a centralized government system and decentralized distribution procedures through branches of the Medical Stores Department. Care and treatment partners provide additional support whenever reagent stock outs occur. In FY2009 USG assist MOHSW will train ten equipment maintenance technicians and upgrade four equipment maintenance workshops thereby alleviating equipment downtime due to inadequate skilled manpower and ill equipped maintenance workshops. The USG laboratory team will develop progress indicators and will undertake site visits in collaboration with MOHSW and partners to monitor program implementation. Laboratory Support program supports all the prevention, care and treatment programs and will be monitored utilizing PEPFAR indicators and program management tools. Reports on targets will also occur through systems strengthening, strategic information and human capacity development program areas.

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 2369.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Elizabeth Glaser Pediatric AIDS Foundation	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 25116.09	<b>Planned Funds:</b> \$143,419
<b>Activity System ID:</b> 25116	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Need and comparative advantage: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a Track 1.0 ART partner working in Kilimanjaro and Arusha regions in the Northern Zone, and in Tabora and Shinyanga regions of the Lake Zone. Kilimanjaro Christian Medical Centre (KCMC) laboratory is a referral center for six regions, Kilimanjaro, Tanga, Arusha, Manyara, Dodoma and Singida. EGPAF has been supporting KCMC laboratory with procurement of reagents. EGPAF has also supported Voluntary Counseling and Testing (VCT) and PMTCT activities and has the capacity to provide technical support and material inputs necessary to assist KCMC laboratory to implement quality system. EGPAF has teams working closely with Regional Health Management Teams and Council Health Management Teams (RHMTs and CHMTs), faith and community-based groups and Ministry of Health and Social Welfare. KCMC Laboratory is a referral laboratory for HIV diagnostic, and ART monitoring testing, tuberculosis and for early infant diagnosis services. The KCMC laboratory began quality systems implementation in 2005. In 2008 the Ministry of Health and Social Welfare (MOHSW) decided to prepare the five referral hospital laboratories for international accreditation. As part of this process, with USG support the Clinical and Laboratory Standards Institute (CLSI) conducted an assessment of these hospital laboratories using ISO 15189 and Tanzanian Health Laboratory Standards documents. A gap analysis report was presented to the participating laboratories and the MOHSW. In 2007 and 2008 CLSI placed experienced laboratory mentors in these labs for short periods of time to guide the laboratories on accreditation. EGPAF will use FY 2009 funding to address the gaps identified during the gap analysis.

Accomplishments: New partner

Activities The purpose of this funding is to implement laboratory Quality Management Systems (QS) at KCMC referral laboratory for it to support the Northern Zone regional laboratories and to attain international accreditation. EGPAF will assist KCMC laboratory establish and strengthen internal and external quality assessment schemes in collaboration with the National Health Laboratory Quality Assurance and Training Center. These will initially focus on HIV diagnosis, treatment monitoring and opportunistic infection diagnostic tests. EGPAF will conduct hospital wide training for laboratory and non laboratory staff on specimen management, including specimen collection, transportation, safety and post exposure prophylaxis.

In COP 09 EGPAF will train 20 laboratory personnel on equipment preventive maintenance thereby reduce laboratory service down time. EGPAF in collaboration with MOHSW and USG laboratory partners will implement and maintain MOHSW standardized laboratory management documents, such as laboratory registers, request forms, temperature charts, equipment monitoring logs, analytical charts, and Standard Operational Procedures. As part of QS implementation, KCMC will have in place a documented process to validate all laboratory process from pre-analytical, analytical, and post analytical phases and will train all laboratory personnel on good laboratory practices (GLP).

KCMC will continuously improve and monitor the improvement of the laboratory services and customer satisfaction by meeting with laboratory and clinical staff on a regular basis.

Linkages: EGPAF link with MOHSW, AMREF and other USG laboratory implementing partners like CLSI, working on the laboratory standards and zonal labs accreditation, ASCP training of in-service for laboratory standard of care tests like CD4, Chemistry and hematology, APHL assisting with lab information system; AIHA a twinning organization which has arranged partnership between regional hospital laboratories and Boulder Colorado Community hospital in US. EGPAF will liaise with the ART services in KCMC, the National TB Reference Laboratory, MOHSW Diagnostic Services Section, AMREF, and Columbia University.

M&E: Monitoring forms for HIV/AIDS services at KCMC currently do not have a representative laboratory component. EGPAF will collaborate with MOHSW CDC and CLSI to develop quality indicators to guide and monitor implementation of the quality system utilizing the checklist developed by MOHSW.

Sustainability: The KCMC management was involved at the inception of the accreditation process and are supportive of the activity. All of the activities are implemented by KCMC personnel with financial and technical assistance from EGPAF, CDC Tanzania and USG laboratory partners. The staff meetings between the hospital management, clinicians and laboratory personnel as part of customer satisfaction and continuous improvement will promote laboratory integration in the day to day hospital management activities and thereby sustain the quality initiatives. Management support is crucial to the success of quality systems implementation.

Targets: (Select program area targets and delete the remaining targets)

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 10123.09

**Mechanism:** N/A

**Prime Partner:** Catholic Relief Services

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 25467.09

**Planned Funds:** \$143,419

**Activity System ID:** 25467

**Activity Narrative:** THIS IS A NEW ACTIVITY.

Need and comparative advantage: Bugando Medical Centre (BMC) laboratory is a referral center for six regions Mwanza, Shinyanga, Mara, Kagera, Tabora and Kigoma providing laboratory services for HIV diagnosis, Antiretroviral Therapy (ART) monitoring, Tuberculosis, and is the first laboratory offering infant diagnosis services. The BMC laboratory began implementing quality system with a goal to attain international accreditation in FY 2007. As part of this process, with USG support the Clinical and Laboratory Standards Institute (CLSI) conducted an assessment of BMC laboratory using ISO 15189 and Tanzanian Health laboratory Standards documents. A gap analysis reported was presented to the BMC laboratory, the BMC management and the Ministry of Health and Social Welfare (MOHSW). In 2007 and 2008 CLS I placed experienced laboratory mentors in the laboratory for short periods of time to provide guidance on accreditation. AR will use FY 2009 funding to address the identified gaps.

AIDSRelief (AR) provides HIV care and treatment in 4 regions: Mwanza, Mara, Manyara, and Tanga regions and works closely with RHMTs, CHMTs, faith and community-based groups and MOHSW and has exhibited the capacity to provide technical support and material inputs necessary to assist BMC laboratory to implement quality system. AR has implemented laboratory strengthening in Mwanza, Mara, Manyara and Tanga regions. By June 30th 2008, AIDS Relief was supporting 36 laboratories in these regions with provision of technical assistance in laboratory management, organization, specimen management, supply chain system, quality assurance, laboratory documentation and reporting, equipment maintenance and the use and maintenance of Standard Operational Procedures. AR has provided reagents for CD4, haematology, chemistry and laboratory consumables, procured equipment and recruited technical staff in 10 laboratories in these four regions. AR established a CD4 testing network within its regions that has improved support for CD4 supplies. AR conducted a campaign to increase CD4 testing which resulted in a 100% increase in the targeted sites.

Accomplishments: New partner

.Activities: The purpose of this funding is to implement Laboratory Quality Management Systems at BMC referral laboratory and attain international accreditation. With USG support, Bugando Medical Center will be strengthened to support the regions within the Lake Zone. With FY 09 funds AIDS Relief will support BMC laboratory become an effective tertiary laboratory for Lake Zone covering the six regions of Mwanza, Mara, Kigoma, Tabora, Shinyanga and Kagera. AR will train 20 laboratory personnel at BMC on quality management systems, laboratory management, equipment usage and maintenance, supply chain management and specific testing procedures. Laboratory personnel will be trained onsite with individual interaction with AIDS Relief laboratory specialist. Trainings will include the provision of general standard operating procedures, bench aids, documentation logs, and reference materials. Laboratory technicians and technologists will be trained on planned preventive maintenance and equipment maintenance logs to ensure that all equipment at the center are functional at all times to reduce down time. AR will utilize standardized MOHSW training materials and documents such as laboratory registers, request forms, temperature charts, equipment monitoring logs, analytical charts, and Standard Operational Procedures. AR will conduct a hospital wide training for laboratory and non laboratory staff who handle laboratory specimen on specimen management. This will include specimen collection, transportation, safety and post exposure prophylaxis.

AR Laboratory specialists will provide quarterly supportive supervisory visits to monitor progress and meet capacity building needs. All quality laboratory assessments will be performed using MOHSW standard laboratory assessment and evaluation tools. A site action list will be developed at the end of each visit listing the tasks to be accomplished before the next quarterly visit and will be provided to the laboratory manager, BMC management and MOHSW.

BMC will continuously improve and monitor improvement of the laboratory services and customer satisfaction by meeting with laboratory and clinical staff on a regular basis.

Linkages: AR will link with MOHSW, African Medical Research Foundation, and the other USG laboratory implementing partners Clinical and Laboratory Standards Institute, American Society for Clinical Pathologists, Association of Public Health Laboratories, American Institute for Health Alliance, American Society for Microbiology. The BMC laboratory component is closely linked with the ART services in BMC and the lake zone, the National TB Reference Laboratory, MOHSW diagnostic services, the National Health Laboratory Quality Assurance and Training Center and Columbia University.

M&E: Monitoring forms for HIV/AIDS services at BMC currently do not have a representative laboratory component. AR will collaborate with MOHSW CDC and CLSI to develop quality indicators to guide and monitor implementation of the quality system utilizing the checklist developed by MOHSW.

Sustainability: The BMC management was involved at the inception of the accreditation process and are supportive of the activity. All of the activities are implemented by BMC personnel with financial and technical assistance from AR, CDC Tanzania and USG laboratory partners. The staff meetings between the hospital management, clinicians and laboratory personnel as part of customer satisfaction and continuous improvement will promote laboratory integration in the day to day hospital management activities and thereby sustain the quality initiatives. Management support is crucial to the success of quality systems implementation. . .

---

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 1027.09

**Prime Partner:** Mbeya Referral Hospital

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 3491.23253.09

**Activity System ID:** 23253

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Laboratory Infrastructure

**Program Budget Code:** 16

**Planned Funds:** \$200,000

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

TITLE: Management and Staffing for DoD

**NEED and COMPARATIVE ADVANTAGE:** Presently in Mbeya, Rukwa and Ruvuma there are 25,455 patients under care and 13,638 patients on ART served in over 28 hospitals. DOD through the Mbeya Referral Hospital is working with all levels of health facilities in these regions to develop laboratory capacity through training and supervision and ensure laboratory samples are being analyzed and results reported accurately through the establishment of a laboratory quality system that monitors district, regional and zonal hospital lab performance. The Department of Defense's (DOD's) management and staffing costs for laboratory will support one laboratory engineer and five 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.

FY 09 activity will focus on strengthening the Mbeya referral hospital laboratory instead of all laboratories in the Southern highlands to implement a Quality Management System and develop Quality assurance center for the Southern highlands laboratories closely linked to and in collaboration with the National Quality Assurance and training center (NHLQATC). The FY09 funding will be used to ensure that the Mbeya referral laboratory becomes accredited

**ACCOMPLISHMENTS:** In FY 2006 and FY 2007 DOD and the MRH have made tremendous strides in lab infrastructure in Mbeya, Rukwa and Ruvuma. This includes the two laboratory trainings of over 64 laboratory personnel at a total of 16 district and regional hospitals in these regions in equipment use, maintenance and Quality Assurance procedures. A total of 13 labs have been renovated and equipped. In addition, the MRH has established both an internal and zonal Quality Assurance system, a supportive supervisory team for direct monitoring and assistance to sites as well as the "Quality District by District" program using a team approach with regional lab managers to determine zonal training, maintenance and ordering needs.

**ACTIVITIES:** The Ministry of Health and social welfare (MOHSW) plans to expand antiretroviral treatment services to 700 sites. In order to expand HIV/AIDS lab capacity and benefit from the network model for continuum of prevention, care, and treatment services, the MOHSW has decentralized HIV/AIDS-related trainings to zonal referral hospitals. MOHSW lab activities will be decentralized to zonal referral laboratories at Muhimbili National Hospital (MNH), Bugando Medical Centre (BMC), Kilimanjaro Christian Medical Centre (KCMC) and Mbeya Referral Hospital (MRH). In Zanzibar, the Ministry of Health and Social Welfare (MOHSW) will decentralize laboratory capacity building activities to the Mnazi Mmoja hospital. These five zonal reference laboratories in Mainland and Zanzibar will support a network of regional, district, faith-based and private laboratories supporting HIV/AIDS prevention, care and treatment in their catchment areas. In order to perform this task, the zonal referral hospitals will equip staff at zonal laboratories to perform laboratory testing for HIV diagnosis, disease staging, and treatment monitoring in order to optimize HIV/AIDS prevention, care and treatment services. The zonal referral hospitals will also train laboratory and non-laboratory staff in other facilities on site to provide similar services, and support and help monitor performance of HIV/AIDS related laboratory testing services.

In COP 09 DOD will be continued to be funded to support Mbeya Referral Hospitals (MRH) laboratory's efforts to become a center for Quality Assurance for the Southern Highland Zone covering 4 regions: Mbeya, Ruvuma, Rukwa, Iringa. The QA activities at Mbeya center will be closely linked with those of the National Quality assurance and training center (NHLQATC) so that there is one national quality assurance coordination as proposed in the national laboratory services strategic plan.

The overall goal is to fully implement laboratory Quality System in the Southern Highland Zone laboratories using Mbeya zonal laboratory as a nucleus.

In COP 2007 DOD initiated and implemented lab quality system at the MRH Laboratory and in all hospital laboratories in Mbeya, Ruvuma and Rukwa. All lab technicians/ technologists were trained on basic lab improvement processes such as documentation, maintaining temperature charts and basic preventive instrument maintenance and bio-safety. In COP 2008 these trainings were expanded to include zonal regional, district, health center laboratories. Again in 2008 Clinical and Laboratory Standard Institute (CLSI) assessed all the five referral hospital labs for international accreditation by using ISO 15189 in which a gap analysis was presented to the participating labs MRH lab being among them. CLSI mentors assisted MRH referral lab by strengthening systems that were in place for internal and external QA/QC systems for: HIV diagnosis and monitoring, opportunistic infection diagnosis tests.

In COP 09 DOD and MRH plan to continue strengthening quality systems in MRH and the whole zone in a two prong approach. The first approach is by creating a Zonal Quality Assurance/Quality Control department that will be staffed with a QA/QC manager, QA/QC technician and a zonal biomedical engineer. This department primarily role will be calibration of pipettes, provide training to laboratory staff in sample management, proper operation of the equipments, reagents/control preparation and storage, process control, QA/QC documentation, daily user maintenance of the equipments and simple troubleshooting of the equipment with the ultimate goal of spearheading the MRH laboratory accreditation.

The second approach will be by continuing to hold the quarterly zonal meeting with zonal laboratory with regional lab technologist and lab managers from Mbeya, Rukwa, and Ruvuma, for the express purpose of working together to improve the quality of services. These meetings support discussions centered on site monitoring reports/ feedback from supportive supervision. This allows the zone to monitor not only laboratory services through the supportive supervisory teams but also track infrastructure and equipment maintenance requirements. It also includes identification of ongoing, in-service training needs of all levels of health facilities, and execution of these trainings ensuring that skills are maintained and good practices reinforced.

**LINKAGES:** This program is linked directly to ART, PMTCT and CT services at these same hospitals through out the zone. The development of lab capacity is integrated into the zonal expansion plan for the strengthening of the quality of the overall HIV services of these hospitals. The in-service and Center of excellence (COE) training activities are coordinated with and implemented as part of a national roll out with

**Activity Narrative:** the MOHSW, Muhimbili National Referral Hospital and other USG lab efforts.

**CHECK BOXES:** The areas of emphasis will include local organization capacity building, pre-service and in service training, infrastructure improvement to support care and treatment in the Southern Highlands of Tanzania.

**MONITORING AND EVALUATION:** Through supportive supervision the Laboratory team travels to sites to provide technical support. As part of the QA/QC activity, developing capacity of the labs in the zone, the Zonal QA/QC team and Zonal Engineer monitor control documentation, sample processing and reporting, corrective and preventive actions taken, and reagent accounting sheets of each lab during supportive supervisory visits. This information is used as a site-monitoring tool with immediate feed back from the supervisory team provided.

**SUSTAINABILITY:** All aspects of management and implementation are conducted by MOHSW staff at the MRH, and regional and district hospitals. The Zonal QA/QC, the Zonal engineer, lab staff and, regional lab technologists are MOHSW staff or local contract hires based on existing open MOHSW positions. The "Quality District by District" program provides a locally developed mechanism within the MOHSW supported framework to disseminate best practices to ensure the capacity for quality monitoring and services, forecasting and equipment maintenance is transferred and constantly reinforced. This program strengthens not only the national role of the MRH but the local level facility participation in ensuring overall service development and delivery.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13516

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13516	3491.08	Department of Defense	Mbeya Referral Hospital	6535	1027.08		\$300,000
7746	3491.07	Department of Defense	Mbeya Referral Hospital	4556	1027.07		\$142,500
3491	3491.06	Department of Defense	Mbeya Referral Hospital	2833	1027.06		\$100,000

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 1130.09

**Mechanism:** N/A

**Prime Partner:** Ministry of Health and Social Welfare, Tanzania

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 3499.23254.09

**Planned Funds:** \$1,275,000

**Activity System ID:** 23254

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

TITLE: MOHSW Laboratory Infrastructure and Capacity Building

NEED and COMPARATIVE ADVANTAGE : Research conducted by NIMR in 1995 found laboratory services in the country to be the weakest link to provision of quality HIV/AIDS Prevention, Care and Treatment. Through PEPFAR funding, MOHSW has developed an operational plan to improve the quality of laboratory services in collaboration with CDC and other Development Partners. With FY 2008 funds, MOHSW will continue to implement the plan of strengthening Laboratory capacity for HIV diagnosis, disease staging, treatment monitoring, and strategic information. It will also continue to coordinate the planning and execution of laboratory infrastructure activities implemented by all partners.

ACHIEVEMENTS: Coordinated and collaborated in the training of 197 lab staff on CD4, Hematology, Chemistry, and 200 lab staff on Rapid HIV testing, three Development Partners meetings, and two meetings on the establishment of the Infant HIV Diagnosis Program which came up with infant diagnosis capacity assessment report and an implementation plan. Collaborated with USG lab partners to develop and implement the Standard Lab Investigation Form, 73 Lab Standard Operating Procedures, Planned Preventive Maintenance Guidelines for lab equipment, the National lab Quality Assurance Framework, and paper based lab information tools.

ACTIVITIES: MOHSW will continue with the National roll out of implementation of early infant diagnosis. The FY 09 activity will include ensuring national coverage geographically as well as to all HIV/AIDS care, treatment and prevention programs. Manage sample transportation and. Implementation of Quality Assurance Program through the National Quality Assurance Training Center (NHLQATC), and the National and Zonal Subcommittees on Lab Quality Systems, recruit two facility management staff an administrator and facility management officer; procure office supplies and for Quality assurance activities; facility maintenance utility like power, water telephone bills and cleaning; procurement of service contracts for equipment. Hold meetings and workshops to operationalize the NHLQATC. Strengthen the paper-based and electronic laboratory information systems in all zonal and regional labs to reach national coverage. Facilitate the implementation of the reviewed curriculum for the five pre-service training schools by collaborating with ASCP Consultants mentoring the schools. Strengthen the capacity of zonal equipment workshops to provide first and second line maintenance of laboratory equipment. Improve the capacity of regional and district laboratory to diagnose opportunistic infections including TB, STI, etc. Strengthen the capacity of MOHSW to coordinate lab partner's efforts.

The Ministry of Health and Social Welfare (MOHSW) will extend Early Infant HIV Diagnosis using DBS samples to three Zonal Referral Hospitals to ensure that early infant HIV diagnostic services are available in each zone through coordinating the establishment of an efficient DBS sample collection and transportation system by treatment partners in all four zones on Tanzania mainland and coordinating the training of healthcare workers on DBS sample collection and transportation. MOHSW will Conduct supportive supervision to zonal labs to monitor and evaluate performance.

MOHSW will implement the Quality Assurance Program through the National HIV Quality Assurance Laboratory and Training Center (NHQALTC). Ensure participation of all four zonal laboratories in the mainland and Mnazi Mmoja in Zanzibar, 23 regional hospital laboratories in mainland as well as one in Pemba participate on External Quality Assurance (EQA) Program for CD4 count, Rapid HIV Testing, HIV Serology, Chemistry, Hematology, and DNA PCR. MOHSW will provide EQA panels to zonal and regional hospital laboratories, refresher Training on laboratory quality systems to 69 laboratory staff in Public and Private Health Laboratories. Through FY 2008, MOHSW will hire personnel to run the NHQALTC and maintain running cost, including salaries and wages. MOHSW will start the process of providing funding for the NHQATC through government mechanisms ideally as an executive agency of the MOHSW. MOHSW will provide subsidy to the National and Zonal Advisory Committees on Diagnostic Services and their Lab Quality System Subcommittees to enable them to implement, monitor and evaluate QA activities in all labs in the country.

MOHSW will also coordinate strengthening of the paper-based and electronic laboratory information systems in 23 regional hospital laboratories in the mainland. Up-to-date daily, monthly, quarterly, and annual laboratory statistics available in all targeted facilities and provide computer hardware and software to the 12 remaining phase two regional hospital laboratories. Training of 184 laboratory staff in regional laboratories in basic computer skills and laboratory information system. will be undertaken as well as the development of and implementation of relevant laboratory worksheets and other tools.

MOHSW will ensure the Incorporation of the HIV/AIDS in-service training modules in the pre-service laboratory training curriculum. This will result in Pre-service graduates being equipped with laboratory skills necessary to support HIV/AIDS care and treatment program. In order to accomplish this the pre-service laboratory training modules will be reviewed in collaboration with the American Society for Clinical Pathologists.

Equipment maintenance is a key element to success of laboratory programs. MOHSW will strengthen the capacity of zonal workshops to provide first and second line maintenance of laboratory equipment. 75% reduction in Laboratory equipment downtime. MOHSW will train 15 Laboratory Equipment Engineers/Technicians on the first line maintenance of laboratory equipment and provide essential workshop tools to six zonal equipment workshops and subsidy to cover running cost of servicing equipment within the zone.

MOHSW will strengthen the capacity of the Diagnostic Services Section of the MOHSW to coordinate the implementation of Laboratory Operational Plan to support HIV/AIDS Prevention, Care and Treatment Program by ensuring the availability of adequate staff and necessary tools. MOHSW will hire program officers and project support staff. The activities of QA and administrative activities will necessitate MOHSW to procure a vehicle and provide for communication, fuel and vehicle maintenance.

LINKAGES - Diagnostic Services Section of MOHSW coordinates improvement of all HIV testing sites to

**Activity Narrative:** support various national programs including NACP and PMTC, and work with CDC and various implementing partners including U.S. Department of Defense (DOD), National Institute For Medical Research (NIMR), African Medical Research Foundation (AMREF), Association of Public Health Laboratories (APHL), Clinical and Laboratory Standards Institute (CLSI), American Society for Clinical Pathologists (ASCP), Japanese International Cooperation Agency (JICA), AXIOS, Abbot Fund, Clinton foundation, Track 1 ART Partners in improving laboratory infrastructure and capacity building to support HIV/AIDS Prevention, Care and Treatment Program.

**CHECK BOXES:** - On Human Capacity Development, in-service training will be conducted in all testing facility to fill the gap of the current pre-service laboratory training curriculum. At the same time, MOHSW will work with laboratory training schools to review the current pre-service modules so as to incorporate the inservice training modules to support HIV/AIDS care and treatment program.

**M&E:** MOHSW has developed tools to be used to evaluate laboratory performance and they will be used during supportive supervision. Laboratory performance will also be evaluated by sending out Proficiency Testing panels and evaluating the results centrally. All training modules include pre- and post test evaluation to measure the knowledge gain of participants. A random of HIV test samples from a testing site will be sent to a higher level laboratory for retesting on regular basis. Approximately 10% of the budget will be used for M&E.

**SUSTAINABILITY:** MOHSW will train Trainer-of-Trainees (TOT) from various programs including PMTCT, VCT, NACP, etc. who will be tasked with rolling out trainings in their program areas. Zonal TOT will also be trained to roll out HIV disease monitoring trainings in their respective zones. The TOT approach is designed to provide sustainability of training activities by empowering the programs/zones with capacity to conduct frequent trainings and hence, increasing the number of trainees.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13527

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13527	3499.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	6541	1130.08		\$1,275,000
7758	3499.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4562	1130.07		\$832,500
3499	3499.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	2892	1130.06		\$96,376

**Table 3.3.16: Activities by Funding Mechansim**

**Mechanism ID:** 1217.09

**Mechanism:** N/A

**Prime Partner:** African Medical and Research Foundation

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 3455.23255.09

**Planned Funds:** \$475,000

**Activity System ID:** 23255



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS.

In FY 09 AMREF will continue to provide oversight and trainings in rapid HIV test , CD4, Chemistry and Hematology training for the new care and treatment sites as well as facility level laboratory management trainings. AMREF will work with laboratory focal persons of the care and treatment partners in their respective regions and trainers from PMTCT, CT, TB/HIV programs to ensure that the on going HIV rapid tests training for laboratory and non laboratory health care workers meets the required standards. With the increase in the accessibility for HIV testing through the TB/HIV, Counseling and Testing, PMTCT programs and the new Provider Initiated Testing and Counseling Strategy, the number of health workers involved in performing rapid test is going to increase tremendously. To ensure confidence in the results generated from all these testers, there is a need to provide a very rigorous quality assurance protocol for all testing sites as proposed in the WHO/CDC guidelines for rapid HIV testing. AMREF will conduct supportive supervisory visits of laboratories and testing sites and build a network of supervisors at all levels of HIV testing. AMREF will assist MOHSW define and implement an HIV serology quality assurance scheme that will focus on quality of training, onsite monitoring, proficiency panel administration and limited retesting of samples at the regional hospital laboratories and the National Health Laboratory Quality Assurance and Training Centre. AMREF will collaborate with the MOHSW and National Medical Laboratory Technologists Council to ensure certification of all non laboratory health care workers performing rapid HIV testing. AMREF will continue to support care and treatment partners in training health workers for early infant diagnosis. END ACTIVITY MODIFICATION

**TITLE:** Strengthening Laboratory Capacity to Support HIV/AIDS Prevention, Care and Treatment

**NEED and COMPARATIVE ADVANTAGE:** The National HIV/AIDS Care and Treatment Plan for 2003–2008 targets expansion of care and treatment centers to 200 sites located in public, private, and faith-based organization health facilities countrywide. The plan set to provide ART to approximately 440,000 people by 2008. With a 7% HIV prevalence in the general population, and assuming 20% would be treatment-ready, five million people will need to be tested to find 100,000 ARV treatment-ready individuals. At many of these entry points, HIV rapid testing will be performed by non-laboratory health workers to scale up identification of HIV positive individuals. Laboratory personnel will supervise testing at key ART entry sites. AMREF, winner of the 1999 Conrad N. Hilton Humanitarian Award and the 2005 Gates Award for Global Health, has technical expertise in HIV/AIDS and health training. AMREF, through the ANGAZA Voluntary Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) programs, took the lead in the training of non-laboratory health workers for HIV rapid testing, a model now scaled up nationwide, and an integral component of the recent National Testing Campaign launched by The President on July 14, 2007. AMREF will use their experience in training laboratory personnel to support the Ministry of Health with logistics in the roll out to lower level facilities for training on CD4, Chemistry and Hematology testing.

**ACCOMPLISHMENTS:** AMREF facilitated the zonal-level training of 746 health workers - 336 (45%) laboratory staff and 410 (55%) non-laboratory staff - in HIV rapid testing and the new National HIV rapid testing algorithms, with the assistance of trained trainers, and support from the MOHSW and the National Training Team .

**ACTIVITIES :** The activities for FY 2008 will focus on continued training and quality assurance on the HIV rapid test, collaboration with MOHSW, laboratory partners and the National Laboratory Training Team to facilitate training of laboratory and non-laboratory health workers in HIV rapid testing to meet the set target of 1000. AMREF will undertake retraining of laboratory and non-laboratory health care workers, including additional requirements at National level training using trained zonal trainers for rapid HIV testing and will procure test kits and supplies needed to support the on-going laboratory-training program in HIV rapid testing, and CD4, Chemistry and Hematology testing to cater for expansion to additional care and treatment sites.

AMREF will support HIV rapid testing quality assurance activities to monitor performance of trainees at their places of work to ensure compliance to programme and MOHSW set standards. Existing supervision matrix and tools will be applied to two selected laboratories and Counseling and Testing (CT) sites per region. The activities include quality assurance of sample testing and competency assessment of those performing the tests. This will involve on-site retesting of the first 50-100 samples performed by the testers, conducting remedial and/or corrective actions, and performing continuous site quality assessments. At these visits proficiency panel testing will also be conducted. AMREF will support on-site support supervision and training at testing sites to assess competency and to certify that trainees are using the standard operational procedures according to the MOHSW training curriculum and CDC/WHO criteria; convene program review meetings, and support attendances for laboratory personnel to conferences and study tours, as appropriate. Lesson learned will be shared with MOHSW, the sites and stakeholders and will be used to modify project implementation. Rapid testing training and monitoring of trained staff will be a continued activity. AMREF will work with the MOHSW to continue to ensure that these activities remain effective in responding to their goals. These activities are geared to ensure accessible, accurate and reliable diagnosis of HIV by rapid testing and availability of reliable monitoring testing for HIV/ AIDS care and treatment

**LINKAGES:** AMREF works closely with the MOHSW and Care and Treatment, other non USG development partners. To ensure development of sustainable laboratory services, avoid duplication of activities, and maximize resources, AMREF attends the MOHSW quarterly meetings in which laboratory partners present their progress, achievements, challenges, and a way forward. Regular meetings convened by CDC for the PEPFAR laboratory partners are another link to ensure that efforts are coordinated and not duplicated in supporting MOHSW to implement activities. The project links its activities with the National Care and Treatment programmes, such as PMTCT, VCT, TB, STI, Home-based care and palliative care programme through training of in-services providers. AMREF will work under the national guidelines and plans for implementation.

**Activity Narrative:** CHECK BOXES: The overall strategy of the project is to train both laboratory and non-laboratory personnel to improve the quality of HIV rapid diagnostics laboratory tests; train the health management team in a supervisory system for effective monitoring and strengthening of rapid HIV testing services, and increase identification of HIV positive individuals in order to meet the national targets for ART. These will be achieved through training, quality assurance and supportive supervision. About 1000 laboratory and non – laboratory health care workers will be trained to perform tests according to standards will be trained to perform rapid HIV testing.

M&E: A project monitoring and evaluation framework will be used to monitor the project's outputs and expected outcomes during the project lifetime.

The M&E tool to capture data on whether the project is achieving desired goal for training as the number trained, percentage sites demonstrating quality indicators, number and category of service providers trained, competent testers certified, types of supplies procured; number of laboratorians trained on CD4, chemistry and hematology testing, external quality assessment results for sites trained, number of supervisions conducted.

SUSTAINABILITY: AMREF works with the Diagnostic Services section of the MOHSW and is a member of the National training team which implements the in-service training strategy. Training of trainers and supervisors ensures local capacity and roll out plans and will enable quick adoption of best practices. Inclusion of PMTCT, CT, TB/HIV and other programs will ensure comprehensive planning, standardization of training and inclusion of laboratory training in program specific training. To enable replication of the model elsewhere, AMREF will work with MOHSW and partners on agreed criteria for identification of best practices.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13427

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13427	3455.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6490	1217.08		\$475,000
7672	3455.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4513	1217.07		\$460,919
3455	3455.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	2863	1217.06		\$463,366

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1221.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Columbia University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 12483.23256.09	<b>Planned Funds:</b> \$660,000
<b>Activity System ID:</b> 23256	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 09 Columbia University (CU) will continue to support the national early infant HIV diagnosis program. This support will include the National EID PCR technician and the National EID coordinator at the NHLQATC who oversee the Quality Assurance and implementation of the early infant diagnosis program in Tanzania on behalf of the Ministry of Health and Social Welfare. CU will continue to support and strengthen the Implementation of Quality Management System at Mnazi Mmoja referral hospital laboratory in Zanzibar.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Establishment of systems to support National Infant HIV diagnosis program, National Laboratory HIV Quality Assurance and Training Center and Mnazi Mmoja Hospital in Zanzibar

**NEED and COMPARATIVE ADVANTAGE:** 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 now possible in limited resource settings through use of dried blood spot (DBS) sampling and DNA PCR testing. This intervention feasibly and effectively allows for case finding of HIV-infected children early and engaging them in life-saving HIV care and ART services. CU has supported the establishment of a first DNA PCR laboratory at Bugando Medical Center that provides HIV diagnosis services for infants for the Lake Zone and rest of Tanzania. CU will continue to support the systems for expansion of Early Infant Diagnosis services in partnership with CDC, MOHSW, African Medical Research Foundation (AMREF) and others to the rest of Tanzania. These include support of staff at the national level, trainings, technical assistance, guideline and training curriculum development. QA/QC will be established for DNA PCR to ensure the quality of the results delivered.

**ACCOMPLISHMENTS:** In FY 2007 the only center in the country providing PCR-DNA using DBS was set up and is functioning at Bugando Medical Center in Mwanza. Early Infant Diagnosis (EID) program results included procurement of lab equipment and consumables, development of standard operating procedures, training of 186 health care workers in DBS collection; clinicians in pediatric care and treatment; pediatric patient referral mechanisms to the clinics in 21 centers. Through this intervention, 750 HIV exposed infants have been identified, 679 tested and 117 (17%) identified as positive and referred for care and treatment. CU also helped support MOHSW to develop the Early Infant Diagnosis guidelines that were finalized and adapted by MOHSW September 2008.

**ACTIVITIES:** Columbia University (CU) will support the national early infant HIV diagnosis program through provision of Technical Assistance to the MOHSW on implementation of EID services; training and retraining of health care workers on EID services in four zones and Zanzibar; building the capacity of the Regional Health Management Team (RHMT) and Council Health Management Team (CHMT) on supportive supervision on EID activities including QA/QC; CU will hire additional staff to manage scaled up EID national program including one staff seconded to the MOHSW and one CU staff.

CU will support the establishment of EID capability at the (NHLQALTC). This will include the hiring of a PCR technician to oversee the services both at the NHLQALTC and nationally being responsible for EID Quality assurance. CU will work with MOHSW to strengthen systems for forecasting and procuring related consumables by providing technical assistance on methods of forecasting. CU will provide TA on a quarterly basis by an external Advisor on EID

CU will support the implementation of quality systems (QS) at Mnazi Mmoja Referral Hospital Laboratory (MMH). MMH lab is a referral lab for Zanzibar lab services, and currently does not have capacity to support the laboratory services network as a referral center for HIV/AIDS in Zanzibar. The laboratory recently conducted SWOT analysis towards implementation of the twelve elements of quality system and came up with a list of strengths and weaknesses checklist. In a yet another activity by Clinical and laboratory standard institute (CLSI) the referral hospital labs were assessed for international accreditation by using ISO 15189 in which a gap analysis was presented to the participating labs MMH lab being among them. With FY 2008 funding, the gaps as identified in the QS and accreditation gap analysis will be addressed. MMH will be assisted to establish and strengthen internal and external QA/QC systems for HIV diagnosis, HIV monitoring tests and opportunistic infection diagnosis tests, establish schedules and support systems for QA/QC site visits for all laboratories in Unguja and Pemba, provide training to all Laboratory staff and non lab on specimen management, document and record, laboratory management tools for pre-analytical, analytical and post analytical. Perform Continuous improvement and laboratory safety

**LINKAGES:** CU-ICAP will partner with the MOHSW – Diagnostic unit and NACP, US Government partners (FHI, Harvard, AIDS Relief, DoD, EGPAF), the RHMT and CHMT, MOHSW health facilities, faith based hospitals to scale up the early infant HIV diagnosis, QA/QC activities in the region and a networking among the regional labs. Close linkages will grow with USG partners in every region to roll out the Early Infant Diagnosis Program and also with the Clinton HIV/AIDS Foundation who provide technical assistance for forecasting and quantification and who will assist MOHSW with the procurement of reagents and supplies for the EID program. With CHAI CU is collaborating with EID on Zanzibar and planning to partner closely as the national program scale up with hopes that CHAI will support the national reagents supply and DBS logistics, CU will support the programmatic training, Bugando Medical Center PCR laboratory and national QA/QC; Other partners with the National Quality Assurance and Reference lab set up by CDC will be key partners in the coming year to fully staff and capacitate this important center. CU will partner with the MOHSW and ZACP in Zanzibar and strengthen regional HIV and OI diagnosis and monitoring QA/QC systems and TA.

**CHECK BOXES:** Health systems will be improved through a regional network of laboratories that will ensure a large menu of tests are provided and services are close to the clinics thus improving the local health system capacity and elevate the overall quality of clinical laboratories in-country. Services will include



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Laboratory Infrastructure and Capacity Building Management and Staffing  
NEED and COMPARATIVE ADVANTAGE: This activity is funded through country held funds and complements the centrally funded activities.

HHS/CDC laboratory infrastructure program has the necessary expertise to support care and treatment partners and the MOHSW in the provision of well-equipped laboratories staffed by qualified personnel applying good laboratory practices which 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. Emergency Plan funds were allocated to support the network of zonal, regional, and district laboratories and provide capacity to diagnose HIV infection, disease staging of HIV/AIDS, and treatment monitoring. The HHS/CDC laboratory infrastructure program draws resources and support from the Global AIDS Program International Laboratory branch which has a wealth of expertise and human resources, and International Laboratory partners. HHS/ CDC is a renowned institution for its laboratory expertise and is therefore best placed to support the laboratory Infrastructure Program

ACHIEVEMENTS: HHS/CDC provided technical assistance to the MOHSW and coordinated technical assistance by international and in country laboratory partners in order to meet the needs for HIV diagnosis, and monitoring of care and treatment. HHS/CDC has provided technical assistance at all levels of the National Laboratory Network to ensure a comprehensive infrastructure and capacity building. HHS/CDC provided technical assistance in the revision of the national rapid testing algorithm and the subsequent training and roll out. Technical assistance and coordination was provided in the training for CD4, Chemistry and Hematology undertaken by Association of Clinical Pathologists (ASCP) and the African Medical Research Foundation (AMREF), technical assistance in the development of standard operational procedures and quality systems implementation by the Clinical and Laboratory Standards Instituted and in the revision of data collection and reporting tools and further implementation of Laboratory Information Systems by The Association of Public Health Laboratories (APHL). HHS/CDC also coordinates the laboratory support provided by the USG care and treatment partners in order to ensure a cohesive implementation without duplication of efforts but also to meet the increasing demand for laboratory support to care and treatment sites.

HHS/CDC works to build laboratory capacity in the country. This has been achieved through its participation in national laboratory activities and attending coordination meetings. The training of trainers with teach back methodology has been adapted from CDC and is now the modus operandi for all in-service training. This has ensured that training capacity is left in the country.

HHS CDC undertook renovation and equipping of the National Quality Assurance Laboratory and Training Center which is now complete. This center will be responsible for the quality assurance activities of the country through the implementation of the National Quality Framework as well as training to achieve the quality.

HHS/ CDC has provided leadership and guidance to the implementation of the Early Infant Diagnosis Program and has been involved in the preparation policies and guidelines.,

HHS/CDC has procured high through put equipment for three zonal hospitals and one military referral hospital. This effort was complementary to the global fund which procured medium and low through put Equipment for the regional and district laboratories while the AXIOS procured equipment for the fourth Zonal Hospital.

**ACTIVITIES:**

The HHS/CDC Laboratory Infrastructure Program works in collaboration with MOHSW and partners to implement National Laboratory Plan in support of HIV/AIDS Care and Treatment Plan. The program supports the laboratory network at all levels in infrastructure and capacity building.

FY09 funds will be used to maintain the existing staff consisting of a senior laboratory advisor and a senior laboratory technologist and hire additional two members of staff approved in FY 2007. These will be the Infant Diagnosis Program officer and an additional senior laboratory technologist whose positions are currently vacant.

HHS CDC will financially support the procurement of reagents, equipment and supplies in the first year of operations of the NHQALTC as the MOHSW plans to take over not only the building but also works on making the NHQALTC into an executive agency which will make it autonomous. This process is anticipated to take a year. In FY 08 HHS/ CDC will assist MOHSW to coordinate Technical Assistance to the National HIV Quality Assurance Laboratory and Training Centre from USG partners. The NHQALTC will provide leadership and serve as a focal point for HIV/AIDS-related laboratory training, quality systems implementation and will support and promote operational research into various aspects of HIV including its, treatment, control and prevention and related opportunistic infections. The NHQALTC will serve as a referral laboratory for specimens that present unusual or unique testing problems and facilitate referral for specialized testing not available in the country, such as genetic sub-typing, HIV drug resistance testing, HIV -1 incidence, and other specialized microbiological assays. In the long term the NHQALTC will undertake greater Public Health Laboratory Functions such as the surveillance of new and emerging infections such as Avian Influenza.

HHS/CDC will continue to coordinate and provide technical Assistance to the Track 1.0 ART awardees (Columbia University, Harvard University, EGPAF, Family Health International, AIDSRelief), who provide support to the laboratory network at the regional level, provide support and Technical assistance to the MOHSW and coordinate the implementation of the Infant diagnosis program in the country by the care and treatment partners. The target is to build early infant diagnosis capability at KCMC Moshi, Muhimbili National Hospital, Mbeya referral hospital and develop capacity to manage specimen transportation and results back to the patients. This activity will be undertaken in collaboration with the PMTCT, RCHP, HBC, OVC and other community based intervention programs. The activities will include the finalisation of the national infant diagnosis guidelines, customisation of training modules for Tanzania from existing national and international documents, training on Dried blood Spot (DBS) collection transportation system; provide

**Activity Narrative:** technical assistance for the renovation of three referral laboratory facilities to implement DNA PCR; support the training of three technologist per site on DNA PCR

HHS/CDC will support MOHSW efforts to establish a national HIV laboratory quality assurance system to meet international standards of Good Laboratory Practices (GLP) and will provide and coordinate technical assistance to MOHSW and US based partners CLSI, APHL, ASCP and in country based partners NIMR, AMREF Bugando Medical center Track 1 and non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA and the Clinton HIV/AIDS foundation.. The areas of technical assistance include laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems, training, quality assurance framework development and implementation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services

**LINKAGES:** The HHS/CDC staff work with all USG partners in collaboration with MOHSW and its non-USG partners such as German technical assistance (GTZ) Clinton Foundation (CHAI), WHO in the planning and implementation of the HIV/AIDS laboratory activities. The activities are in line with the National HIV/AIDS multisectorial Framework, the National Laboratory Operational Plan in support of HIV/AIDS care and treatment for Tanzania and PEPFAR goals. The activities are undertaken in consultation with the National AIDS Control Program and the PMTCT,VCT, PITC programs

CHECK BOXES: N/A

M&E: N/A

**SUSTAINAIBILITY:** HHS/CDC works to build capacity nationally for the sustainability of quality laboratory services. This is in the areas or training trainers, standardization of information and data collection in line with country requirements, implementation of quality systems with a long term goal towards accreditation and establishment of implementation, oversight and management structures within the network in line with the MOHSW operational framework.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13633

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13633	9475.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$164,398
9475	9475.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$167,501

**Table 3.3.16: Activities by Funding Mechansim**

**Mechanism ID:** 2244.09 **Mechanism:** RPSO  
**Prime Partner:** Regional Procurement Support Office/Frankfurt **USG Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 3478.23258.09 **Planned Funds:** \$450,000  
**Activity System ID:** 23258

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

**TITLE:** Renovation, Procurement of laboratory equipment reagents and supplies for the National HIV Quality Assurance Laboratory and Training Center in support of HIV/AIDS Care and treatment.

**NEED and COMPARATIVE ADVANTAGE:** The renovation of the National quality assurance and training center is completed and will serve as the National coordination center for quality assurance in the country. The Regional Procurement Support Office facilitated the renovation and procurement of reagents and equipment for the center in FY 2007 and has the necessary infrastructure developed to continue this activity in FY 2008.

**ACCOMPLISHMENTS:** Since 2004 RPSO has handled several key contractual and procurement contracts. These have included the renovation of the National quality assurance and training center; procurement of the high volume zonal laboratory equipment and procurement of reagents and other lab commodities for the National quality assurance and training center. With the FY 2006 funding USG through RPSO purchased high volume throughput equipment for CD4, Chemistry and Haematology and bulk reagents purchased for the zonal referral hospitals; equipment, supplies and commodities for blood transfusion centres and the quality assurance and training centre. RPSO was able to negotiate sustainable maintenance contracts purchase for laboratory services equipment for the laboratory services.

**ACTIVITIES:**

RPSO will procure equipment, reagents and supplies for the Quality Assurance and Training Laboratory and facilitate contractual activities for the quality assurance and training laboratory. To help support the establishment of Tanzania Field Epidemiology and Laboratory Training Program, funds will go to purchase training supplies for participating laboratories, emergency response rapid response kits and personal protective equipment

**LINKAGES:** This activity links to activities under lab (MOH, CLSI, APHL, AIHA, ASCP, BMC, ART - TRACK 1 PARTNERS, DoD, FHI, SCMS, Global Funds. RPSO activities link to the prevention, care and treatment by procuring equipment, reagents and supplies commodities required by different HIV/AIDS interventions. The PMTCT, CT, CTC TB/HIV and the zonal, regional, districts and HIV testing sites

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13579

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13579	3478.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6553	2244.08		\$921,287
7792	3478.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$1,485,746
3478	3478.06	HHS/Centers for Disease Control & Prevention	Regional Procurement Support Office/Frankfurt	2880	2244.06		\$1,157,624

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 2290.09

**Mechanism:** N/A

**Prime Partner:** Bugando Medical Centre

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 16870.23259.09

**Planned Funds:** \$0

**Activity System ID:** 23259

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

TITLE: Laboratory infrastructure and capacity building at Bugando Medical Center (BMC)

NEED and COMPERATIVE ADVANTAGE. Bugando Medical Centre (BMC) laboratory is a referral center for six lake zone regions: Mwanza, Shinyanga, Mara, Kagera, Tabora and Kigoma. The catchment's area for Bugando referral center comprises of six regional labs and 35 district hospital laboratories with about 150 laboratory personnel. BMC Laboratory is a referral laboratory for HIV diagnostic, and ART monitoring testing, Tuberculosis, and also the first lab offering infant diagnosis services. The BMC laboratory is in the process of establishing and fully implementing quality system from FY 2007 funding. The BMC lab is also on the route to accreditation and will use the FY 2008 funding to address the gaps identified during the gap analysis exercise conducted by the Clinical and Laboratory Standards Institute using the ISO 15189 standards and Tanzanian Health laboratory Standards documents.

ACCOMPLISHMENTS: BMC laboratory was funded in FY 2007 to implement a Quality System at the center and become center of excellence model for the lake zone. The BMC lab has conducted Strengths, weaknesses opportunities and treats (SWOT) analysis against the twelve elements of Quality System identified gaps, and proposed priority areas for improvements. The priority areas are organization, personnel, equipments, process control, specimen management, documents and records and laboratory safety issues.

ACTIVITIES: To fully implement the 12 elements of Quality system at Bugando laboratory; will implement the Quality system activities proposed by the gap analysis team conducted by MOHSW and CLSI against the ISO 15189. BMC will produce a laboratory quality manual, and a laboratory safety manual which are requirements for laboratory Quality systems as well as for Accreditation. BMC laboratory will disseminate these manuals to all laboratory staff and make copies available for ease of reference. BMC will train 15 laboratory personnel on equipment preventive maintenance. Laboratory technicians and technologists will be trained on planned preventive maintenance and equipment maintenance logs to ensure that all equipment at the center are functional at all times to reduce down time. BMC will develop and maintain laboratory management documentation with MOHSW, put in place laboratory management tools like laboratory registers, request forms, temperature charts, equipment monitoring logs, analytical charts, and Standard Operational Procedures.. BMC will conduct training on specimen management to lab staff and all hospital workers handling lab specimen. Specimen management is an important function of laboratory quality management. Laboratory personnel will be trained on proper specimen management and since in most case in inpatient specimen collection is done by non-laboratorians, all people who collect or handle specimen will be trained on proper collection, transportation to the laboratory so that a quality sample is always available for testing. The zonal laboratory has a role to support the lower level regional, district and testing sites to this end BMC laboratory will facilitate specimen referral mechanism from the lower level. BMC will develop and implement QC/IQC protocol at BMC laboratory. As part of QS implementation BMC will have in place a documented process to validate all laboratory process from pre-analytical, analytical, and post analytical phases and will train all laboratory personnel on QA practices and good laboratory practices (GLP). BMC will conduct continuous improvement activities to continuously seek quality improvement of the laboratory services and customer satisfaction by meeting with laboratory and clinical staff

LINKAGES: BMC Laboratory links with MOHSW, AMREF and other USG laboratory Implementing partners like CLSI, working on the laboratory standards and zonal labs accreditation, ASCP training of in-service for laboratory standard of care tests like CD4, Chemistry and hematology, APHL assisting with lab information system. AIHA a twinning organization which has arranged partnership between regional hospital laboratories and Boulder Colorado Community hospital in US. The laboratory component is closely linked with the ART services in BMC and at national level. National TB Reference Laboratory, MOHSW diagnostic services for Laboratory and zonal training center. AMREF for laboratory training. Columbia University for infant diagnosis support and AIDS Relief..

CHECK BOXES: Target is to equip BMC Lab. Staff with adequate knowledge and skills on laboratory quality assurance to enable the BMC to be able to support the lower level and become Centre of Excellence for the Lake Zonal ( 6 regions 35 districts, with 41 hospitals for both laboratory and non Lab services

M&E: Monitoring forms for HIV/AIDS services at BMC currently do not have a representative laboratory component. BMC Laboratory will collaborate with CDC and USG partners working in the site to develop good quality indicators to guide and monitor implementation of quality system and road to accreditation for BMC laboratory. BMC will utilize the checklist developed by MOHSW to monitor its progress.

SUSTAINAIBILITY: All of the program activities are implemented by BMC personnel with technical assistance from CDC Tanzania and USG laboratory partners for capacity building purposes. This ensures promotes program and staff integration in the day to day hospital management committees. Involving top management level at the facility creates ownership and recognizes value of the quality laboratory services. This in turn will stimulate interest and attract support as well as strengthening the Quality agenda during planning.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16870



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16870	16870.08	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	6500	2290.08		\$100,000

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3555.09	<b>Mechanism:</b> Twinning
<b>Prime Partner:</b> American International Health Alliance	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 4946.23260.09	<b>Planned Funds:</b> \$450,000
<b>Activity System ID:</b> 23260	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In 09 AIHA will create a pool of in-country laboratory mentors by training 25 Tanzanian laboratory personnel using a standardized training curriculum developed by MOHSW in collaboration with AIHA international laboratory professional partners. The program in country mentors will work in the 23 regional laboratories. AIHA will sponsor 20 students to the 18 months certificate level training, 20 students to the 3 year diploma level training, and 10 students to the 4 year Bachelor of Science degree until they complete their courses. AIHA will arrange a twinning for the National Health Laboratory Council of Tanzania with a US based partner

END ACTIVITY MODIFICATION

TITLE: Laboratory Mentorship Program

**NEED and COMPARATIVE ADVANTAGE:** There has been a marked expansion in diagnostic services to support HIV/AIDS care and treatment. The introduction of newer automated technologies accompanied by an increased volume of laboratory testing and the requirements for quality laboratory services has challenged the few available skilled human resources trained in the traditional manual techniques. AIHA's twinning partners seek to strengthen the capacity of laboratories to provide quality HIV/AIDS diagnostic services in support of HIV/AIDS diagnosis and treatment monitoring. In FY 2008, AIHA, in collaboration with Bolder community hospital (BCH) and a second partner, still to be named, will focus on building capacity for regional laboratories. This activity will be complemented by other USG lab partners - Clinical and Laboratory Standards Institute's (CLSI) implementing quality systems at the five zonal laboratories and the American Society of Clinical Pathologists' (ASCP) working on curriculum review and development with the schools for laboratory training. AIHA's partners, will provide ongoing mentorship in the application of HIV/AIDS trainings and standard operational procedures developed for the country's laboratories. AIHA will also work with laboratory assistants and build their capacity beyond the laboratory procedures hands-on training which they undergo during their basic training to a level where they can assume technical competency and thereby increase the pool of competent laboratory personnel.

**ACCOMPLISHMENTS:** The twinning partnership was formed in October 2006 between BCH and the five zonal medical laboratory schools. In FY 2006, as part of that partnership, there was detailed planning, needs assessments, lectures and mentorship activities. In addition, some educational materials, IT equipment and internet connectivity were provided. In FY 2007, the partnership provided mentorship to laboratory personnel and students on rotation in zonal and regional laboratories.

**ACTIVITIES:** The overall goal of the twinning partnerships with Tanzania's laboratories is to strengthen the in-service training. The partnership between BCH and the laboratories will provide support to ensure that laboratory personnel are confident in delivering HIV/AIDS diagnostic services via continued mentorship, peer exchanges and exposure to best practices through a mentorship program for laboratory personnel to ensure the application of HIV/AIDS training, use of standard operational procedures (SOPs) and implementation of quality assurance systems. AIHA will deploy experienced and expert volunteer laboratory mentors to the regional labs to help strengthen and expand HIV/AIDS knowledge, particularly in specialist shortfall areas.

AIHA will provide professional development opportunities in shortfall areas through international training. Opportunities for laboratory personnel to undertake further education are limited, unless they are able to finance their own studies. The twinning partnership will enable laboratory personnel and tutors to upgrade and develop specialist skills through participation in tailored short-term courses in the region and the United States and organized study tours with other twinning laboratory partners in Africa.

AIHA will support the laboratory-related training institutions to retain current students and increase the enrollment in training courses in Tanzania through professional development and financial support. The lack of financial support for students is a serious obstacle to the training of sufficient laboratory personnel to meet the country's needs. AIHA will provide sponsorship for students enrolled in diploma and advanced diploma courses in laboratory schools, students enrolled in lab-related disciplines in universities and link students with existing trained laboratory staff for mentorship and hands-on training to enhance coursework.

An additional US partner will be identified to train laboratory assistants to perform HIV/AIDS diagnostic services. Laboratory assistants were identified as an important cadre of semi-skilled professionals with potential to take on increased responsibilities if appropriately trained and supported. The partnership will support the MOHSW's plans to support a laboratory assistant's school in Singida to expand and offer a course to upgrade laboratory assistants to laboratory technicians. AIHA partners will review of currently implemented laboratory assistants' pre-service curriculum to identify gaps to be addressed through training and will design and provide training for laboratory assistants at regional laboratories.

To ensure the sustainability of AIHA efforts, twinning opportunities will be explored between the national health laboratory council of Tanzania and a US-based partner with experience in monitoring and regulating laboratory professionals practices, and on reinforcing professional code of conducts as health laboratory scientists.

**LINKAGES:** AIHA has established excellent working relations with MOHSW's departments of Diagnostic Services and Human Resources & Training for the development of program plans, provide regular updates on program activities and attend MOHSW organized stakeholder meetings. In FY 2008, the twinning partnership will also work closely with other USG partners to coordinate effective and comprehensive support for laboratory services. Key relationships are with: ASCP, to ensure that laboratory personnel are mentored based on the pre-service training and revised curriculum under development as well as ongoing in-service training, CLSI, which has developed SOPs with MOHSW and is supporting the accreditation of laboratories across the country, the Association of Public Health Laboratories (APHL), which is working on laboratory information systems and ART partners working in the care and treatment sites.

**Activity Narrative:** CHECK BOXES: The areas of emphasis were chosen because the laboratory mentoring program is building the capacity and sustainability of the regional laboratories and schools to provide up-to-date quality HIV/AIDS diagnostic services.

M&E: In collaboration with USG stakeholders, AIHA and partners will continue to ensure that the laboratories effectively submit laboratory data and reports to MOHSW and on PEPFAR indicators which include the number of tests performed with USG support, number of laboratories whose capacity has been built and the number of laboratory personnel trained AIHA will specifically assist partners to collect baseline data on the knowledge and abilities of laboratory personnel and to develop tools to monitor improvements in their skills, capacity, and confidence in delivering high quality laboratory services. AIHA reports these data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period. This will assist the care and treatment partners in achieving comprehensive care for HIV/ AIDS patients.

SUSTAINABILITY: The twinning partnership is building the capacity of the country's regional laboratories to provide quality HIV/AIDS diagnostic services to patients. Through this mentorship program, laboratory personnel and students will increase their knowledge, practical skills and confidence to provide quality up-to-date HIV/AIDS diagnostic services. It is important to note that the twinning partnerships will fully incorporate the revised curriculum being developed by MOHSW and ASCP into its mentorship activities and for its in-service curriculum for laboratory assistants. This will result in a larger pool of competent laboratory technicians to sustain the country's laboratory services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13435

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13435	4946.08	HHS/Health Resources Services Administration	American International Health Alliance	6495	3555.08	Twinning	\$650,000
7676	4946.07	HHS/Health Resources Services Administration	American International Health Alliance	4517	3555.07	AIHA	\$268,521
4946	4946.06	HHS/Health Resources Services Administration	American International Health Alliance	3555	3555.06		\$400,000

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3572.09 **Mechanism:** N/A  
**Prime Partner:** Association of Public Health Laboratories **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 4962.23261.09 **Planned Funds:** \$700,000  
**Activity System ID:** 23261

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09 APHL will develop a version of its Laboratory Management Workshop for medical laboratory technicians and technologists to complement the current senior professional curriculum. APHL will develop appropriate curricula, and has identified the Muhimbili University of Health and Allied Sciences (MUHAS) continuing education department as an appropriate partner for the development of the Laboratory Management Workshops for technologists. APHL will assist in installation of a computer network and the appropriate internet connectivity at the National Quality Assurance and Training Center to support the training and National Health Laboratory Information System. APHL will collaborate with the Supply Chain Management System and Custom Software to customize the inventory management module and train for its application in the National Health Laboratory Quality Assurance and Training Center and the other four laboratories where the Electronic System has been installed. APHL will collaborate with MOHSW and CDC Tanzania representatives to customize its equipment maintenance training to Tanzania's needs. APHL will then deliver hands on technical trainings on equipment preventive maintenance in Tanzania. APHL will support 3 members of Tanzania's laboratory equipment maintenance team to receive extensive training ranging from 3 weeks in country training to 4 months outside the country. The shorter term training will cover general equipment maintenance while the longer term will include specific equipment maintenance.

\*END ACTIVITY MODIFICATION\*

TITLE: Improving Quality and Information Systems at Ministry of Health Laboratories

NEED and COMPARATIVE ADVANTAGE: There is a need for robust Laboratory Information Systems (LIS) at Ministry of Health and Social Welfare (MOHSW)-Tanzania administered laboratories throughout Tanzania. Demand for timely 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 partners. Currently laboratory managers collect and tally data manually from multiple handwritten laboratory ledger books. USG has assisted MOHSW with the renovation of a National HIV Quality Assurance Laboratory and Training Center (NHQALTC) and as quality systems development will continue to be a requirement for ensuring reliable laboratory testing. As a leader on quality laboratory systems and an LIS expert in the international public health arena, and as the lead partner for LIS implementation in Vietnam, Mozambique, and Tanzania, APHL is well suited to provide technical assistance in these areas.

ACCOMPLISHMENTS: Paper based strengthening training materials and laboratory tools were developed and printed. Paper based strengthening trainings were delivered at field sites. Computer hardware for the LIS pilot was purchased and installed. LIS pilot launched in 4 sites - the Shinyanga Regional Hospital Laboratory, the Songea Regional Hospital Laboratory, Mbeya Referral Hospital Laboratory, and the Bugando Medical Center Laboratory

ACTIVITIES:

In FY 2008, APHL will use its experience in developing a five-year strategy and implementation plan for the NHQALTC. This will complement activities by the Clinical and laboratory standards institute (CLSI) who will focus on the development of standards and document development and the American Society for Clinical Pathologist (ASCP) whose focus is on the development of quality assurance for Chemistry, Hematology and CD4 count tests. The American Society for Microbiology (ASM) will focus on quality assurance for opportunistic infections and TB. APHL will begin plans to working with care and treatment partners to link the information from the laboratory to care and treatment clinics. APHL will expand paper based information tools for implementation to the rest of the regions beyond the four pilot sites. The specimen identification system that was drafted in FY 2007 will be finalized thereby enabling the procurement of labels for the four pilot sites. Quarterly reporting forms registers will be printed while pending laboratory registers for histopathology, general laboratory management and general laboratory LIS management tools will be reviewed and printed. APHL will provide technical assistance on the training of 150 participants

on the use of the reviewed tools. A package of finalized tools will then be sent to sites where training on the use of the tools has been conducted for implementation. APHL will monitor and evaluate the implementation process.

To ensure standardized quality training is delivered, APHL will use lessons learned from the pilot sites to refine existing training materials (power points, users' manual, facilitators' guide, etc.) and develop job aids. The remaining implementation of the paper passed tools at the remaining seven sites is completed by end of FY 2007. APHL has trained trainers in Tanzania who will train the additional regions and district hospital laboratories. APHL will provide the necessary technical assistance in FY 2008.

APHL will launch the expanded electronic LIS in FY 2008. LIS Working & Management Group meetings will be held to review phase one electronic LIS pilot with MOHSW, USG and other stakeholders, continue basic computer training for 100 pilot site users, with the assistance of the University of Dar es Salaam, which has assisted MOHSW and APHL with LIS implementation. With MOHSW, APHL will identify 11 regional laboratory sites for expanded electronic LIS implementation and determine a schedule for installation and implementation. The Mkapa Foundation in Tanzania has undertaken solar power installation for all regional laboratories. APHL will liaise with the Mkapa Foundation in order to complement the solar power installation for the electronic LIS where necessary.

APHL will assist the MOHSW with the development of a five-year strategic implementation plan for the NHQALTC. The five-year plan will be in collaboration with in country and USG laboratory partners. The five-year plan will detail initial program capacity building and highlight program needs to ensure sustainability through 2012. Components of the plan will include: organizational structure, human resources, capital equipment requirements, training, pilot programs, scale up, expansion of services, and proficiency testing implementation with timelines for implementation of each component. Each of the USG laboratory partners

**Activity Narrative:** will use their expertise and focus on specific areas such as implementation of standards and document development (CLSI); Quality assurance in chemistry, hematology and CD4 testing (ASCP), Quality assurance for opportunistic infections and TB (ASM) and LIS implementation for the center by APHL. APHL will avail its expertise and resources to support the preparation of CD4, HIV serology, chemistry and hematology panels including training and training materials. APHL will assist MOHSW in the development of standardized assessment tools and feedback forms for monitoring the implementation of the five-year strategy.

**LINKAGES:** APHL is committed to supporting strong linkages with: the Ministry of Health and Social Welfare to continue providing technical resources and guidance for the implementation of the projects throughout the country; MOHSW laboratories, especially the Muhimbili Laboratories, to continue to serve as resources for LIS and Laboratory management, planning and reporting; The University of Dar-Es-Salaam to continue to provide basic computer training for LIS users; APHL to collaborate with ASCP, ASM and CLSI to assist the MOHSW with the development of a National HIV Quality Assurance Laboratory and Training Center; APHL to work with MOHSW, and ART care and treatment partners to facilitate flow of information from the laboratories to their clinics.

**CHECK BOXES:** This activity focuses on in-service training and capacity building of laboratory staff and infrastructure support, and Strategic Information with the electronic LIS and data monitoring activities. **M&E:** Both paper based tools, as revised with APHL assistance, and electronic tools will be used to capture patient data. Pre and post tests as well as training evaluation forms will be shared with all participants from the Laboratory Management Workshops. The results from these surveys will serve as the tools to capture the effectiveness of the training. The effectiveness of the LIS implementation will be monitored through feedback from laboratory personnel on the ease of data entry, the ability to generate management and aggregate reports, and the receipt of data by the MOHSW and care and treatment sites. Quarterly reviews of the NHQALTC strategic implementation plans will be conducted. Seven percent of the APHL budget is dedicated to monitoring and evaluating the effectiveness of this program and its activities.

**SUSTAINABILITY:** APHL will work with the Ministry of Health and Social Welfare and with the pilot sites to ensure capacity is built within the Ministry to sustain the ongoing initiatives. This will be through the training of trainers for both the paper based systems and the electronic LIS system. The roll-out of training beyond the regional levels will be supported by the MOHSW and regional level trainers. APHL will continue to offer technical assistance to the trainers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13439

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13439	4962.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6498	3572.08		\$700,000
7682	4962.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	4520	3572.07		\$363,521
4962	4962.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3572	3572.06		\$200,000

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3578.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> American Society of Clinical Pathology	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 4966.23262.09	<b>Planned Funds:</b> \$700,000
<b>Activity System ID:</b> 23262	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 09 activities will be a continuation of work begun in FY 08. ASCP will continue to support the diploma-level and certificate-level Schools of Medical Technology. ASCP in collaboration with MOHSW and CDC will develop a curriculum for a one-year Auxiliary staff training program which will assist produce more certificate level technicians to meet the growing demand for health-center level workforce as the care and treatment program expands into 500 new sites including health centers and dispensaries. ASCP will provide mentorship at the diploma-level and certificate-level schools. Technical Assistance will be provided as requested for up to 3-months per site. ASCP mentors will provide seminars to students and teachers will be available to serve as tutors for designated subjects and can provide administrative support. ASCP will also support schools by procuring teaching equipment such as laptops, projectors, screens and reference materials. ASCP will continue monitoring and evaluating past activities. The ASCP monitoring and evaluation (M&E) plan will include observation and checklists based on training materials, interviews and laboratory assessments. ASCP will also build national capacity for monitoring and evaluation of training by training the National Training Team, implementing partners, quality officers and laboratory managers. It will focus on how to monitor and evaluate staff training, previous training activities and the knowledge-level and training needs of new personnel. ASCP will introduce Basic Laboratory Operations Training of Trainers for 30 Bench level technician and technologist. This will be a six day training workshop based on the new CDC task-based guidelines for best laboratory practices. The basic laboratory operations training targets bench level laboratorians, who manage themselves under the direction of an on-site medical officer.

**END ACTIVITY MODIFICATION**

**TITLE:** Increasing Laboratory Capacity to Support HIV/AIDS Care and Treatment

**NEED and COMPARATIVE ADVANTAGE:** The ASCP has been working with MOHSW in the strengthening of in-service training since 2005. In 2007 ASCP started working with the schools of laboratory pre-service training to review the curriculum and incorporate HIV standard of care tests, new technology, quality assurance and laboratory management in order to ensure that trainees from the schools were well equipped to work in the national laboratory network upon graduation. In FY 2008 ASCP will provide mentorship and technical assistance to the school trainers for the reviewed curriculum by pairing faculty from US Universities with each of the five zonal schools. As a national center for quality assurance, the National HIV Quality Assurance Laboratory and Training Center (NHLQATC) will need to be accredited. In FY 2008 ASCP will work with the MOHSW to prepare the NHLQATC for international accreditation. ASCP will draw expertise and resources from its partners in the Joint Commission International (JCI) and the ASCP Institute Pre-Service Training Work Group. ASCP will complement the work with USG laboratory partners Clinical and Laboratory Standards Institute (CLSI), the Association of Public Health Laboratories, and the American Association of Microbiology (ASM) who will be assisting the NHLQATC with standards and document preparation (CLSI), Laboratory information systems and strategic planning (APHL) and quality assurance for opportunistic infections (ASM)

**ACCOMPLISHMENTS:** ASCP's accomplishments include: Training of Trainers for Chemistry, Hematology and CD4; technical assistance for regional roll-out trainings; simplification of Chemistry, hematology and CD4 modules to facilitate continued lower level trainings; curriculum gap analysis and workshop with laboratory school faculty; development of supplemental materials to be presented to school tutors through partnerships with US based Universities; Review and modification of facility-level Laboratory Management modules and training of trainers for facility level management training.

**ACTIVITIES:** An ASCP consultant will provide two separate Technical Assistance trips (one month each trip), focused on assisting with preparing National HIV Laboratory and Quality Assurance Training Centre laboratory for accreditation. JCI will make an assessment of the NHLQATC to identify gaps. Based on this assessment ASCP will make recommendations to MOHSW. ASCP will then develop a plan with MOHSW for the accreditation of the NHLQATC

ASCP will collaborate with CLSI, ASM and APHL in mentoring and training laboratory personnel on the implementation of minimum quality standards following which a re assessment of laboratories will be done to assess accreditation readiness. JCI accreditation can help international health care organizations, public health agencies, health ministries and laboratory users (clinicians and the public) to evaluate, improve and demonstrate the quality of patient care in Tanzania. JCI accreditation standards are based on international consensus standards and set to uniform, achievable expectations for structures, processes and outcomes for laboratories.

ASCP will develop and institute continuing education and training programs for management, CD4, Chemistry and Haematology targeting the NHLQATC managers and technical staff in preparing the training center for national training programs to be conducted out of the NHLQATC as part of its quality assurance activities.

Two ASCP consultants will provide six month Technical assistance (TA) to the schools for Laboratory training (TBD). The consultants will be educators and each will work in a different school providing mentorship to the tutors as well as teaching in subjects of their specialty. The purpose of the long-term TA is to build human-resource capacity within zonal schools, give ASCP an opportunity to gain first-hand knowledge regarding the implementation of standardized curriculum developed in collaboration with the ASCP Institute Pre-Service Work Group, and Build sustainable relationships with in country faculty for future twinning projects with US based universities. The technical assistance will also allow ASCP to assist with developing a work plan to address faculty shortages in Tanzania Laboratory training Schools

**LINKAGES:** ASCP activities are closely linked with MOHSW, AMREF and other USG laboratory consortium partners (CLSI, APHL,ASM) in implementing laboratory strengthening for HIV/AIDS. ASCP will work with the Joint Commission International (JCI) for activities involving accreditation. ASCP will link with the Care and Treatment partners through the coordination of MOHSW and CDC for insight into the needs of the care and treatment partners in CD4, Chemistry and Hematology training.

**CHECK BOXES:** Human Capacity Development in Pre-Service training: This area is addressed by the Pre-

**Activity Narrative:** Service Technical Assistance within the Laboratory Schools and the Pre-Service Monitoring and Evaluation activity, The Chemistry, Hematology, and CD4 training that will be conducted to Quality Managers and NALQATC staff addresses this area.

Local Organization Capacity Building: Through the accreditation activities outlined above, ASCP will strengthen the NHLQATC's capacity for quality testing, training and QA/QC.

M&E: With assistance from MOHSW, ASCP will develop specific tools that will assist with monitoring and evaluating the implementation of the curriculum deliverables within the five zonal Laboratory Schools. The M&E tools will include comprehensive surveys of faculty and students, face-to-face interviews with faculty and principals, checklists reflecting new materials and equipment. ASCP will also develop a specific M&E tool with indicators sufficiently specific to evaluate the effect of in-service trainings at point of service. Approximately 12% of the budget is dedicated to monitoring and evaluating the effectiveness of this program and its activities. Four consultants from the ASCP Pre-Service Work Group will monitor and evaluate the pilot curriculum programs, visiting all 5 schools of Laboratory Sciences. This will be a 2-week activity, complete formative assessment using checklists that address the use of previously developed curriculum and survey in-country faculty regarding the effectiveness and practicality of the new curriculum. ASCP will Review 24-month goals set by Pre-Service Work Group and discuss with faculty if additional materials, lectures, etc. are needed.

SUSTAINABILITY: The use of the Training of Trainers model for training builds training capacity within Tanzania. The TOT model has been used for Hematology, Chemistry, CD4, and Laboratory Management training. Additionally, the long-term Technical Assistance provided at the pre-service level will allow ASCP to make realistic suggestions regarding strengthening the human resources within the schools. NHQALTC accreditation will also contribute to sustainability by providing a national quality assurance laboratory capacity to carry out quality assurance activities in the country which will serve to assure the Ministry of Health, the Government, and licensing bodies and clinicians that laboratories are performing at a recognized and required level of performance.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13438

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13438	4966.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	6497	3578.08		\$655,551
7681	4966.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	4519	3578.07		\$384,992
4966	4966.06	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	3578	3578.06		\$269,710

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3582.09

**Mechanism:** N/A

**Prime Partner:** Clinical and Laboratory Standards Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 4974.23263.09

**Planned Funds:** \$700,000

**Activity System ID:** 23263

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP 09 CLSI will continue with resident mentorship program in the 5 referral hospital laboratories ( Muhimbili National Hospital, Bugando Medical Centre, Mbeya Referral Hospital, Kilimanjaro Christian Medical Centre and Mnazi Moja Hospital to guide these laboratories for accreditation. Mentors are expected to spend two weeks four times annually per sites with specific tasks and instructions at each visit. CLSI will continue to provide technical assistance to the NHLQATC as it takes on the national quality systems implementation role. The center started by coordinating the CD4 quality assurance scheme, the training for DNA PCR quality assurance, in-service training for CD4, Chemistry and Hematology and is expected to become fully operational in FYO 09. CLSI in collaboration with MOH and other laboratory partners will provide guidance on the implementation of laboratory quality system at the National Health Laboratory Quality Assurance and Training Center and prepare it for accreditation and to execute its national health laboratory functions key of which is the country wide implementation and monitoring of a National Quality Assurance Scheme.

\*END ACTIVITY MODIFICATION \*

Title: Laboratory Quality Management Systems (QMS) Implementation in support of HIV/AIDS prevention Care and treatment

NEED and COMPARATIVE ADVANTAGE: The diagnosis of HIV and other major infectious diseases all start with an accurate lab test. There are significant needs in order to implement, coordinate, and sustain essential quality systems in Tanzania medical laboratories in order to enhance the effectiveness of each laboratory and strengthen the overall diagnostic HIV/AIDS prevention and treatment plan. To do so, Clinical and laboratory standards institute (CLSI) plans to initiate a resident mentorship program that will prepare five major Zonal medical laboratories in Tanzania to achieve accreditation to internationally recognized standards. CLSI's expertise in quality management and laboratory standards practice will provide solid foundation in the implementation of quality systems in each laboratory facilities ultimately achieving standards practice that will be an integral aspect of laboratory accreditation. This set of activities will build upon the solid foundations, training and relationships built in FY 2007 activities. The focus will be on achieving the 12 Laboratory Quality System essentials necessary to assure accurate and timely clinical lab test performance.

Operationalization of the National HIV Laboratory and Quality Assurance Training Center (NHLQATC) will need experts that can provide assistance in building a strong foundation for the training program. CLSI plans to provide this technical expertise and focus on sustainability of the center's specific activities.

ACCOMPLISHMENTS: 1.) Quality management and document workshop and related activities successfully completed in February 2007 for the TZ national lab team. Thirty nine national standards operating procedure (SOP) documents were presented to the CLSI team for technical review and further standardization. To increase effectiveness of each document, Sixty two standardized SOPs were created. 2.) A Gap analysis assessment trip was conducted in August 2007. CLSI team visited six zonal laboratories in seven days using internationally-accepted requirements, particularly ISO 15189 as basis for assessment.

ACTIVITIES:

Two primary scopes of work are planned to continue the QMS implementation; including resident mentorship program in Five Zonal Laboratory in Tanzania and providing Technical assistance to support the National HIV Laboratory and Quality Assurance Training Center.

An implementation plan based on gap analysis and national laboratory plan and QA roadmap for five zonal laboratories. The CLSI team performed an assessment utilizing checklists "crosswalking" internationally-accepted requirements for quality and competence in the medical laboratory. Following gap analysis, strengths, and deficiencies of the laboratories will be reported, and strategies to move laboratory capacity forward will be established.

CLSI will set up extended resident mentorship program where five CLSI Volunteers will be placed in five zonal hospital laboratories. Resident mentors will stay in Tanzania for a period of approximately three months to help zonal laboratories implement the "gaps" identified by the gap analysis team in August 2007. The NHLQATC will be a training center for laboratory HIV/AIDS and Quality Assurance related areas for the whole of Tanzania. Will develop national laboratory operating standards for laboratory services; Provision of External Quality Assurance and Proficiency testing technical assistance and coordination for all of Tanzania. Become Tanzania's central resource for new technology assessment, dissemination, and consultation for the medical laboratory

CLSI will provide technical assistance to the National HIV Laboratory and Quality Assurance Training Center. CLSI will work in partnership to develop a series of interpretive and illustrative guidelines in a variety of formats and structures to assist understanding and implementation of Quality System model. In coordination with CDC partners, Tanzania MOHSW, CLSI will assist in the scaling or restructuring or laboratory quality systems to the range and complexity of the particular lab environment (e.g., Zonal, Referral, Regional, District settings).

CLSI offers technical assistance to MOHSW and others to rebuild a full cycle External Quality Assessment (EQA) program as they revamp the existing Tanzanian external quality system. CLSI will eventually work with MOHSW, and other Coalition partners in selection of assessors with broad knowledge and expertise with international laboratory standards. The focus of the continuous assessment is to follow the development of quality management system in each laboratory to ensure that a strong foundation of external quality management program.

CLSI provides partnership with MOH and CDC Tanzania by providing CLSI organization membership giving both immediate access to all CLSI document standards, guidelines, job aides and tool kits, and other



**Activity Narrative:** products that can contribute to ensuring a quality managed laboratory. These CLSI documents can cover all aspects of laboratory including Chemistry, Hematology, Microbiology, Point of Care, and laboratory method evaluation

**LINKAGES:** CLSI will coordinate laboratory management training with coalition partners (i.e., ASCP, APHL and APHL) in close cooperation with the MOHSW, CDC-Tanzania and other appropriate implementing partners. CLSI continue to work under the directives of MOHSW and continue to support the MOHSW approved laboratory systems model.

**CHECK BOXES:** This activity addresses laboratory infrastructure for the diagnosis, monitoring and treatment of HIV/AIDS and related laboratory requirements for pre- and post-analytical phases of testing. Both in-service and pre-service training on quality management is performed through SOP development workshop, gap analysis workshop and assessment, and mentorship program that will facilitate regular monitoring and training session to various aspects of maintaining and running a quality system in a laboratory.

**M&E:** Data gathering tool for monitoring the success of the extended mentorship program will be developed. Resident mentors will stay in Tanzania for a period of approximately 3 months to help zonal laboratories implement "gaps" as identified by the gap analysis in August 2007. During the mentorship program, residents will monitor and review the currently existing quality system in the laboratory including specimen processing that ranges from pre-analytic, analytic, and post-analytic procedures that affect patient specimen testing.

Proper use of standardized SOPs and guidelines will be assessed by ensuring that each laboratory staff are well trained to use each SOP document, and follow necessary steps in updating an effective standardized guideline.

**SUSTAINABILITY:** The extended resident mentorship program will be conducted by CLSI with the zonal laboratories in conjunction with MOHSW Tanzania, and support from CDC Tanzania. The activities of the National HIV Laboratory Training and Quality Assurance center will be coordinated by MOHSW Tanzania, with continued support from CLSI.

Sustainability will be achieved through the post service training of existing laboratory staff (Medical, Technical and Support) in all key areas of quality laboratory services provision.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13455

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13455	4974.08	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	6507	3582.08		\$485,000
7696	4974.07	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	4528	3582.07		\$337,602
4974	4974.06	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	3582	3582.06		\$195,776

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 3520.23264.09

**Planned Funds:** \$638,764

**Activity System ID:** 23264

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Laboratory Infrastructure and Capacity Building Management and Staffing

NEED and COMPARATIVE ADVANTAGE: HHS/CDC laboratory infrastructure program has the necessary expertise to support care and treatment partners and the MOHSW in the provision of well-equipped laboratories staffed by qualified personnel applying good laboratory practices which 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. Emergency Plan funds were allocated to support the network of zonal, regional, and district laboratories and provide capacity to diagnose HIV infection, disease staging of HIV/AIDS, and treatment monitoring. The HHS/CDC laboratory infrastructure program draws resources and support from the Global AIDS Program International Laboratory branch which has a wealth of expertise and human resources, and International Laboratory partners. HHS/ CDC is a renowned institution for its laboratory expertise and is therefore best placed to support the laboratory Infrastructure Program

ACHIEVEMENTS: HHS/CDC provided technical assistance to the MOHSW and coordinated technical assistance by international and in country laboratory partners in order to meet the needs for HIV diagnosis, and monitoring of care and treatment. HHS/CDC has provided technical assistance at all levels of the National Laboratory Network to ensure a comprehensive infrastructure and capacity building. HHS/CDC provided technical assistance in the revision of the national rapid testing algorithm and the subsequent training and roll out. Technical assistance and coordination was provided in the training for CD4, Chemistry and Hematology undertaken by Association of Clinical Pathologists (ASCP) and the African Medical Research Foundation (AMREF), technical assistance in the development of standard operational procedures and quality systems implementation by the Clinical and Laboratory Standards Instituted and in the revision of data collection and reporting tools and further implementation of Laboratory Information Systems by The Association of Public Health Laboratories (APHL). HHS/CDC also coordinates the laboratory support provided by the USG care and treatment partners in order to ensure a cohesive implementation without duplication of efforts but also to meet the increasing demand for laboratory support to care and treatment sites.

HHS/CDC works to build laboratory capacity in the country. This has been achieved through its participation in national laboratory activities and attending coordination meetings. The training of trainers with teach back methodology has been adapted from CDC and is now the modus operandi for all in-service training. This has ensured that training capacity is left in the country.

HHS CDC undertook renovation and equipping of the National Quality Assurance Laboratory and Training Center (NHLQATC) which is now complete. This center will be responsible for the quality assurance activities of the country through the implementation of the National Quality Framework as well as training to achieve the quality.

HHS/ CDC has provided leadership and guidance to the implementation of the Early HIV Infant Diagnosis Program and has been involved in the preparation of policies and guidelines.

HHS/CDC has procured high through put equipment for three zonal hospitals and one military referral hospital. This effort was complementary to the global fund which procured medium and low through put Equipment for the regional and district laboratories while the AXIOS procured equipment for the fourth Zonal Hospital.

ACTIVITIES: In COP 09 USG Lab team will continue to providee Technical assistance to MOHSW , care and treatment partners and non USG- partners. The USG lab team in FY 09 emphasis is to work more closely with the ART partners and program at the point of care level. ART partners are all regionalized in Tanzania covering most or all regions and districts. Eac has also recruited a lab focal person responsible for lab capacity building. The USG lab team, Atlanta and MOHSW will provide technical assistance from national, zonal regional districts and to all care and treatment centers following national and ART partners network. Operationalisation and accreditation of the National Quality Assurance Laboratory and Training center. The USG lab team will pull resources to make sure that the NHLQATC becomes a national quality assurance center, a training center, referral laboratory for public functions as well as a resource center for national laboratory services. National roll out of National Early infant diagnosis including quality assurance program. In FY 09 it is anticipated that all four centers Bugando, KCMC, Mbeya and Muhimbili labs will have become fully operational and receiving EID samples from all over Tanzania from care and treatment, prevention and all programs. The lab team role is to provide technical assistance in all matters related to quality assurance, specimen management and transportation, proficient testing sample production, training and re-training of health care workers

The HHS/CDC Laboratory Infrastructure Program works in collaboration with MOHSW and partners to impliment National Laboratory Plan in support of HIV/AIDS Care and Treatment Plan. The program supports the laboratory network at all levels in infrastructure and capacity building.

FY 2008 funds will be used to maintain the existing staff consisting of a senior laboratory advisor and a senior laboratory technologist and hire additional two members of staff approved in FY07. These will be the Infant Diagnosis Program officer and an additional senior laboratory technologist whose positions are currently vacant.

HHS CDC will financially support the procurement of reagents, equipment and supplies in the first year of operations of the NHLQALTC as the MOHSW plans to take over not only the building but also works on making the NHQALTC into an executive agency which will make it autonomous. This process is anticipated to take a year. In FY 2008 HHS/ CDC will assist MOHSW to coordinate Technical Assistance to the National HIV Quality Assurance Laboratory and Training Centre from USG partners. The NHLQALTC will provide leadership and serve as a focal point for HIV/AIDS-related laboratory training, quality systems implementation and will support and promote operational research into various aspects of HIV including its, treatment, control and prevention and related opportunistic infections. The NHLQALTC will serve as a referral laboratory for specimens that present unusual or unique testing problems and facilitate referral for specialized testing not available in the country, such as genetic sub-typing, HIV drug resistance testing, HIV

**Activity Narrative:** -1 incidence, and other specialized microbiological assays. In the long term the NHLQALTC will undertake greater Public Health Laboratory Functions such as the surveillance of new and emerging infections such as Avian Influenza.

HHS/CDC will continue to coordinate and provide technical Assistance to the Track 1.0 ART awardees (Columbia University, Harvard University, Elizerbeth Glazer paediatric foundation (EGPAF), Family Health International, AIDSRelief), who provide support to the laboratory network at the regional level, provide support and Technical assistance to the MOHSW and coordinate the implementation of the Early HIV Infant diagnosis program in the country by the care and treatment partners. The target is to build early infant diagnosis capability at KCMC Moshi, Muhimbili National Hospital, Mbeya referral hospital and develop capacity to manage specimen transportation and results back to the patients. This activity will be undertaken in collaboration with the PMTCT, RCHP, HBC, OVC and other community based intervention programs. The activities will include the finalisation of the national infant diagnosis guidelines, customisation of training modules for Tanzania from existing national and international documents, training on Dried blood Spot (DBS) collection transportation system; provide technical assistance for the renovation of three referral laboratory facilities to implement DNA PCR; support the training of three technologist per site on DNA PCR

HHS/ CDC will support MOHSW efforts to establish a national HIV laboratory quality assurance system to meet international standards of Good Laboratory Practices (GLP) and will provide and coordinate technical assistance to MOHSW and US based partners CLSI, APHL, ASCP and in country based partners NIMR, AMREF Bugando Medical center Track 1 and non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA and the Clinton HIV/AIDS foundation.. The areas of technical assistance include laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems, training, quality assurance framework development and implementation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services

**LINKAGES:** The HHS/CDC staff work with all USG partners in collaboration with MOHSW and its non-USG partners such as GTZ, Clinton Foundation (CHAI), WHO in the planning and implementation of the HIV/AIDS laboratory activities. The activities are in line with the National HIV/AIDS multisectorial Framework, the National Laboratory Operational Plan in support of HIV/AIDS care and treatment for Tanzania and PEPFAR goals. The activities are undertaken in consultation with the National AIDS Control Program and the PMTCT, VCT, PITC programs

CHECK BOXES: N/A

M&E: N/A

**SUSTAINABILITY:** HHS/CDC works to build capacity nationally for the sustainability of quality laboratory services. This is in the areas of training trainers, standardization of information and data collection in line with country requirements, implementation of quality systems with a long term goal towards accreditation and establishment of implementation, oversight and management structures within the network in line with the MOHSW operational framework.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13658

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13658	3520.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$638,764
7834	3520.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$229,368
3520	3520.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$380,224

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 7878.09 **Mechanism:** N/A  
**Prime Partner:** The American Society for Microbiology **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 16873.23265.09

**Planned Funds:** \$425,000

**Activity System ID:** 23265

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, ASM will continue to work with the Ministry of Health and CDC-Tanzania to strengthen clinical microbiology services at the National Quality Assurance (QA) and Training Center, zonal, and regional laboratories. Ongoing activities include building the capacity for identification of bacterial isolates at the National QA and Training Center and establishing international and national quality assurance schemes for clinical microbiology (bacteriology, parasitology, mycology) services. Additional activities include the development and implementation of basic clinical microbiology workshops targeting bacteriology, mycology, and parasitology for the laboratory network. Monitoring and evaluation plans will be developed to assess the impact of new training. ASM will also provide technical expertise for areas of expansion which could include automation and molecular capabilities at the national and zonal levels. ASM technical experts will provide on-site consultation, training, and supervision of these activities. Activities are targeted at laboratory technologists/technicians of local Tanzanian laboratories who render HIV testing and testing for opportunistic infections. END ACTIVITY MODIFICATION

**TITLE:** Quality assurance for HIV Opportunistic Infection Diagnosis and Clinical Microbiology Laboratory Services in Tanzania

**NEED and COMPARATIVE ADVANTAGE:** Opportunistic infections (OI) are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis as well as during care and treatment programs. Global efforts toward detection of tuberculosis are currently in place. However, basic microbiology laboratory services for blood stream and other infections which have high morbidity in the HIV infected patients are limited and lack quality assurance schemes. American Society of Microbiology (ASM), with a membership of over 40,000 microbiologists, is a lead organization for technical expertise in clinical microbiology diagnostics. ASM continues to offer support through its volunteers for the diagnosis of opportunistic infections in more than five countries.  
**ACCOMPLISHMENTS:** N/A

**ACTIVITIES:** ASM will work with the Ministry of Health and Social Welfare to strengthen clinical microbiology services at the National HIV Quality Assurance Laboratory and Training Center (NHQALTC), zonal, and regional laboratories. Activities will include building the capacity for identification of bacterial isolates at the NHQALTC; establishing international and national quality assurance schemes for clinical microbiology (bacteriology, parasitology, mycology) services; and providing technical expertise for molecular capabilities and malaria diagnostics. ASM technical experts will provide on-site consultation, training, and supervision of these activities. Activities are targeted at laboratory technologists/technicians of local Tanzanian laboratories who render HIV testing and testing for opportunistic infections. Two consultants and a Program Manager will conduct an initial site visit to assess the progress of clinical microbiology diagnostics in Tanzania. Activities will include visits to the NHQALTC zonal and regional laboratories for an initial assessment. Following this assessment and with recommendations made, two consultants will provide onsite training and supervision to lab supervisor/technologists to build the capacity for identification of bacterial isolates at the NHQALTC, build the capacity for OI diagnostics at zonal and regional laboratories;

ASM will work with MOHSW and the NHQALTC to establish national and international QA schemes microbiology and opportunistic infections.

ASM will provide technical expertise for possible areas of expansion which could include molecular capabilities and malaria diagnostics.

**LINKAGES:** Technical experts will continue to provide support to MOHSW laboratory staff for strengthening microbiology services and treatment of opportunistic infections working in collaboration with interdisciplinary health care teams and, USG laboratory partners Clinical and laboratory institute (CLSI) American society for clinical pathology( ASCP) , American public health laboratories (APHL) who are providing technical assistance to the schools of laboratory training in curriculum review, the zonal labs with standard and document preparation and implementation of a laboratory information system. ASM will liaise with other local organizations who provide reference services to the MOHSW such as the Muhimbili University for Health and Allied Sciences.

**CHECK BOXES:** Emphasis area is human capacity development with a major emphasis on in-service training.

**M&E:** ASM's will work with other partners to monitor the effectiveness of the trainings conducted, QA activities implemented and will work closely with the MOHSW through on-site supportive supervision.

**SUSTAINABILITY:** Technical experts will provide support to local laboratory staff by building the capacity of the NHQALTC for diagnosis of opportunistic infections. The proficiency level of the laboratory staff will be maintained as a result if the implementation of the quality assurance scheme.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16873

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16873	16873.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7878	7878.08		\$425,000

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 4790.09 **Mechanism:** N/A  
**Prime Partner:** Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 8233.25159.09 **Planned Funds:** \$0  
**Activity System ID:** 25159  
**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

**TITLE:** Supporting Laboratory Infrastructure Development

**NEED and COMPARATIVE ADVANTAGE:** Laboratory support for a comprehensive HIV care program cannot be overemphasized. A National HIV Quality Assurance Laboratory and Training Center is being developed to address parts of this need. There is need for the provision of uninterrupted supplies of reagents and other supplies needed for the smooth running of the laboratory. SCMS is positioned to undertake these procurements and to assist in the quantification and re-supply of reagents and supplies.

**ACCOMPLISHMENTS:** In 2007 USG provided for support for the procurement of various reagents and test kits for HIV surveillance. These include the HIV Rapid test Kits and ELISA kits, PCR, CD4 count, Chemistry and Hematology as well as tests for Syphilis, Hepatitis and opportunistic infections. Funds intended for this activity will be used in FY 2008 since the quality assurance and training centre laboratory was not yet ready in FY 2007.

**ACTIVITIES:** Under guidance of the USG team SCMS will undertake technical capacity building in Supply Chain Management and provide procurement support to the National Quality Assurance and Training Center. Commodity groups will include various laboratory supplies, reagents and kits for HIV rapid testing, ELISA kits, PCR, CD4 count, Chemistry, Hematology, Hepatitis, Syphilis and other opportunistic infections will be procured. In FY 2008 As the NQA&TC becomes fully functional, it is envisaged that emergent needs relating to the laboratory platforms and testing technologies will arise. SCMS will collaborate with information sharing in respect of the logistics implications, such as cold chain, open or closed systems, etc of selecting particular platforms and technologies, to inform choices made. SCMS will build capacity in the implementation of an appropriate logistics management information system for the management of commodities used in the lab, such as reagents, test kits and supplies

**LINKAGES:** Work in this area will be coordinated mainly through CDC, the Laboratory and Diagnostics unit of the MOHSW and the NHQALTC. The national laboratory network will be served through a referral system of testing providing unusual reactions such as indeterminate reactions for HIV.

**CHECK BOXES:** SCMS work in this area is mainly for procurement and system strengthening in nature. Performance will be measured and reported in overall procurement values. However indicators in the area of Lab infrastructure will be reported by service providing partners.

**SUSTAINABILITY:** Sustainability will be achieved through capacity building and transfer of skills in supply chain activities to the management and staff of the NHQATC. The envisaged close technical cooperation with the personnel of the lab will assure all activities are done in a collaborative manner and skills in forecasting and quantification are transferred.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13560

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13560	8233.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6548	4790.08		\$0
8233	8233.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$190,000

Program Budget Code: 17 - HVSI Strategic Information

**Total Planned Funding for Program Budget Code: \$8,631,021**

### Program Area Narrative:

Program Area Context: HVSI – Strategic Information: COP 2009: Table 3.3: Program Planning Table of Contents: Program Area: Strategic Information: Budget Code: HVSI: Program Area Code: 13: Program Area Context: SI OVERVIEW

To ensure quality and sustainable HIV/AIDS programs, PEPFAR Tanzania collects and uses strategic information for program planning and decision making. The USG supports the “Third One” in Tanzania’s national response to the HIV/AIDS epidemic. The USG’s SI strategy is incorporated in to and guided by the National Multi-Strategic Framework (NMSF) for M&E: supporting human and infrastructural capacity strengthening to conduct SI activities at the national and sub-national levels including: harmonization of indicators and data systems; collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation of HIV interventions, and to inform policy. Strengthened systems with quality data and sufficient human capacity are cornerstones of improved health interventions and ultimately a reduction in HIV-related morbidity and mortality.

Achievements in FY 2008 included: conducting HIV surveillance activities that provided information for intervention and resource planning; strengthening national health information systems (HIS) in selected program areas; initiating a PEPFAR reporting system; improving quality of PEPFAR data and reporting; building a network of M&E professionals from the GoT and implementing partner organizations; enhancing the analysis of PEPFAR data to estimate coverage of services; evaluating ART services and their related costs through both PHE and basic program evaluation; and triangulating data from multiple sources to answer key questions about the epidemic. Challenges anticipated for FY 2009 include: training of new SI staff; integration, quality, utilization and feasibility of reporting systems across GoT and PEPFAR Tanzania; supporting a culture of data utilization and enhanced data quality in GoT and PEPFAR Tanzania; and enhancing SI infrastructure in GoT. Activities below are designed to respond to these challenges.

STRATEGIC INFORMATION TEAM: Under the Staffing for Results structure, the USG SI team includes an SI Liaison, the lead for the Program Strengthening Strategic Unit, an HIS advisor, two surveillance/survey officers, and four M&E staff. In addition, the USG is supported by a PHE coordinator who coordinates program evaluation and public health evaluation projects. In FY 2009, one M&E staff will be added at USAID. SI technical assistance (TA) is provided through the in-country team, the M&E Resident Technical Advisor (formerly MEASURE Evaluation), and through USG agencies headquarters. During FY 2008, the SI team underwent several staff changes. Currently, all previously vacant positions have been filled, and the team will be complete and fully functioning by the end of 2008. The role of the USG SI team is to support the USG and build the capacity of GoT and local partners through the following activities: provide TA in the implementation of activities funded under SI; support program-area specific HIS and M&E; provide resources and TA for ongoing survey and surveillance activities, including implementation of drug resistance surveillance among ART patients, and new Respondent-Driven Sampling (RDS) and Behavioral Surveillance Survey (BSS) activities for most at risk populations. In addition, the role of the USG SI team is to: participate and provide SI expertise to each of the Inter-agency Technical Teams (ITTs); provide oversight for internal USG activities related to indicators, target setting, reporting, partner performance, and management of the COP process; and support the development and implementation of appropriate evaluation activities. ITTs set targets based on input of partners, program officers, and SI staff. ITTs review cost-per-target, previous achievements, and budget levels. PEPFAR-Tanzania has shifted to setting targets for the performance period to enable direct comparison of results against targets. With the increased focus on public health evaluations (PHEs) in FY 2009, the PHE coordinator in collaboration with the SI team will provide additional analytical expertise to ITTs in planning and implementing PHEs with partners and GoT. In addition, the SI team will coordinate and provide technical expertise for basic program evaluations to support program improvement and enhance evidence-based decision-making. The basic program evaluation (BPE) activity narrative describes the process for selecting and prioritizing BPEs.

DATA QUALITY, RESULTS REPORTING, and DATA UTILIZATION : Improving the quality of data and enhancing data utilization nationally and sub-nationally and within the USG continues to be a priority for SI in FY 2009. Ongoing and planned activities include: collaboration with the M&E Resident Technical Advisor to implement use of data quality (DQ) tools; capacity building in DQ through a USG Partner M&E group; and DQ assessments with selected partners, including the HMIS Unit of the Ministry of Health and Social Welfare (MOHSW). During FY 2008, data quality assessments (DQA) were conducted with ten USAID implementing partners (IPs) and selected sub-grantees. These activities will be expanded in FY 2009, and closely coordinated with ongoing DQA activities to be undertaken by other USG agencies with their implementing partners. Support will continue to the SI Units of the National and Zanzibar AIDS Control Programmes (NACP and ZACP respectively) for capacity

building, coordination of programs, training in data collection tools, and use of data. With support from the USG, the World Health Organization (WHO) has hired a Resident Advisor to provide TA across all M&E activities at NACP. The USG anticipates expansion of its support of NACP and other GoT ministries in the coming year to bolster the systematic collection, analysis, and dissemination of data for decision making. To further enhance data utilization, a first round of triangulation of data from multiple sources including routine program and survey data took place during FY 2008. During FY 2009, a second round will take place with incorporation of newly available survey data from the Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) and additional program data on ARV services. In FY 2009, new triangulation activities will also focus on regional level epidemics and programs. The effort is coordinated through NACP and the Tanzania Commission for AIDS (TACAIDS) and links with the Global Fund five-year impact evaluation for which Tanzania is a primary data collection country. Also, see OPSS for a description of GIS/mapping activities to be carried out through NIMR, as these will be incorporated into and closely coordinated with all data utilization activities for SI. To further improve data quality, results reporting, and use of PEPFAR data for planning, the USG will implement the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) partner reporting system during 2008. With a long-term view, the USG Tanzania team will work with OGAC to consider a field-based extension of COPRSII with a goal for it to be fully functional for reporting for APR 2009. The USG will share results and maps generated from MEEPP with GoT and Development Partners. PEPFAR ARV services data will also be submitted to NACP through an electronic transfer developed by the University of Dar es Salaam Computing Centre (UCC) with USG funds. INFORMATION SYSTEMS: Standardized national monitoring and reporting systems exist for ART, PMTCT, TB/HIV, CT, OVC, blood safety, and laboratory programs. The PMTCT system is being modified to accommodate new guidelines while the HBC system is in development stages with GoT and USG partners. The USG is working with prevention partners to refine operational definitions and to develop standardized data collection tools. During the coming year, the USG, on behalf of the GoT, will support the convening of a stakeholder meeting to initiate development of a strategy for harmonizing data collection across implementing partners and linking national monitoring and reporting systems across program areas. The USG provides support to NACP and ZACP to promote ownership and use of data from these national systems. Data from MEEPP, developed with USG funds, will be transmitted to the national system through the MOHSW reporting stream or electronically to national databases. Facilities are responsible for reporting to NACP or ZACP, and MOHSW through the districts and regional teams. Partners report to the USG at least semi-annually. Centrally-funded ART and blood safety partners report to the USG quarterly. Community-level M&E systems will harmonize with the Tanzania Output Monitoring System for HIV/AIDS (TOMSHA), which collects non-health sector HIV service statistics data in a national HIV database. A national monitoring system for community-based support programs has been developed, with the paper-based tools ready for field testing in two districts. Development of a computerized national data system based on the experience with the paper-based system is also underway with USG support and rollout to all regions is planned for FY 2009. The Phones for Health (P4H) Public-Private Partnership (PPP) initiative will improve timeliness and quality of reporting by enabling use of computer and cell phone technology to transmit data from local to central levels. More than 4,000 health facilities have been geo-coded and are included in the database. To ensure continued local ownership and build sustainability, the University of Dar es Salaam Computing Centre (UCC), collaborates in this initiative and ensures that the national electronic databases will interface. Support for the maintenance of the wide area network (WAN) in eight regions will transfer to MOHSW during

#### 2009.SURVEILLANCE AND SURVEYS:

Surveys: The results from the USG-supported Tanzania HIV and Malaria Indicator Survey (THMIS, 2007/2008) will be further analyzed and utilized for program planning in 2009, with a focus on regional applications. In 2009, the USG will continue support to the Ifakara Health Institute for mortality surveillance using Sample Vital Registration with Verbal Autopsy (SAVVY). This was conducted in FY 2008 through four existing demographic sentinel sites, and expansion to additional sites is planned for FY 2009. During 2009, planning for implementation of the next round of the Demographic and Health Survey (DHS) using bio-markers will occur. Also, program monitoring for HIV drug resistance (HIVDR) among ART patients, co-funded by WHO, will be continued at selected sentinel sites. Surveillance: The USG will continue to support NACP to conduct antenatal surveillance in all 21 regions on mainland Tanzania. NACP will also conduct a HIVDR threshold survey among ANC attendees in Dar es Salaam region and two additional regions in 2009. During 2008, planning was initiated for BSS with biological markers among commercial sex workers (CSWs) in Dar es Salaam. This survey, which will take place in early 2009, will provide an opportunity to build capacity in Mainland Tanzania to undertake BSS using RDS among most at risk populations (MARPS) and inform prevention activities. During 2009, planning will take place for additional BSSs among select high risk populations in other urban sites. The USG will continue to support ZACP for ANC surveillance in ten districts. During 2009, ANC surveillance in Zanzibar will continue to be integrated within PMTCT activities in order to link all HIV-infected pregnant women with interventions. As Zanzibar has a concentrated epidemic, there has been an increased focus on behavioral surveillance among most at-risk populations (MARPs) and overlapping populations. In FY 2007, the ZACP, with USG support and TA from Tulane University, conducted surveys among men who have sex with men (MSM), Intravenous Drug Users (IDUs), and CSWs using RDS. Other surveys among prison inmates and additional MARPS are planned for 2009. During 2009, selected surveys will begin using personal data assistants (PDAs) to enhance data collection. Additional commodities for surveillance and surveys will be purchased through RPSO. EVALUATION: During 2009, USG SI will implement a process by which programmatic ITTs can identify and prioritize key questions that can be answered through basic program evaluation projects. USG will also work with GoT counterparts to prioritize questions. Projects will be coordinated through the SI ITT, and will include four to five small scale projects during FY 2009. In addition, several PHEs are being proposed for FY 2009 including the following: cost effectiveness of HIV treatment; effectiveness of infant diagnosis; models of condom distribution; PHAs as change agents; impact of drug resistance on regimen failure; use of counseling and testing to increase patient enrollment; impact of task shifting for ART delivery; interventions to reduce early mortality; ART patient retention; PMTCT effectiveness; and prevention effectiveness in a counseling and testing context. As per OGAC guidelines, regulations pertaining to human subjects for all participating USG agencies will be followed for all SI activities, and SI will ensure that the entire USG team has the ability to support these activities. LINKAGES WITH GoT AND DONORS: In addition to funding for GoT as described above, USG's SI activities support the TACAIDS National M&E Roadmap, an integrated and costed work plan. USG SI staff serve on the TACAIDS and NACP M&E Technical Working Groups (TWGs). The USG communicates regularly with WHO, UNAIDS, PharmAccess International, and the World Bank, in addition to participating in the Development Partners M&E Group. SUMMARY: In summary, PEPFAR-Tanzania has 24 narratives in SI as well as narratives in program areas to support specific HIS and M&E activities, including capacity building of M&E officers to increase demand for data. Two narratives in OPSS support pre-service training in epidemiology and M&E training of Tanzanians. Capacity building in Tanzania for public health evaluations is further described in OPSS narratives under NIMR and the MUHAS School of Public

Health entries. HIS-focused narratives in the SI section include: P4H, MoHSW-HMIS, UCC, MEEPP, and WAN. Narratives describing surveillance and survey activities include ANC, BSS for MARPs in Zanzibar and Dar es Salaam, SAVVY, HVDR, and RPSO for commodities. Measure Evaluation will continue to provide support for data quality. M&E narratives include SI strengthening (TBD, formerly MEASURE Evaluation), and triangulation. Capacity-building efforts will be implemented through the following narratives: NACP, ZACP, and WHO Advisor support to NACP. In addition, all treatment partners fund M&E activities and support capacity building at the sub-national levels.

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10672.09	<b>Mechanism:</b> IP Reporting System
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 25468.09	<b>Planned Funds:</b> ■
<b>Activity System ID:</b> 25468	



**Activity Narrative:** THIS IS A NEW ACTIVITY. THIS ACTIVITY WILL BE FUNDED AS PER PENDING AS IN-COUNTRY AND HEADQUARTER DISCUSSIONS.

Title: M&E Systems Development and Implementation and DQA Support

PEPFAR Tanzania is implementing a comprehensive performance management, monitoring, and reporting system for PEPFAR partner activities. The goal of this activity is to provide high quality data to program managers at the partner, USG and GoT level needed to allow them to use better data to drive strategic decisions. Sustained support in these areas is expected to lead to generation of quality data that USG and the country can use for improved decision making and for reporting program plans and accomplishment.

This activity is designed to build and strengthen skills in the integrated programming cycle (assessment, planning, design, implementation, monitoring, and evaluation), and more specifically, for the use of comprehensive performance management, monitoring, and reporting systems for decision support.

Need and comparative advantage: The ability of PEPFAR partners to collect, utilize, and report on required program measurement indicators varies widely, but the process is neither as systematic nor as standardized as it should be to promote the efficient collection of high quality data. Given the central implementation role PEPFAR partners play in program implementation, the process is neither as routine nor as automated as required to provide both USG and partner program managers with the timely and accurate strategic information resource they require to ensure the accomplishment of critical program goals.

Accomplishments: To date, PEPFAR Tanzania has made great strides in the quality and level of detail of the data collected by partners. This data is currently being used to report program accomplishments and to guide strategic decision making. The looming need now is to fully automate the collection, dissemination, and utilization of that data.

Under this activity the contractor implements, maintains, and supports a partner reporting system (PRS). The system is used to collect, store, aggregate, and share data for the Emergency Plan Team and other USG-funded partners. This system is designed to meet OGAC requirements for mandatory PEPFAR indicators as well as additional information deemed necessary to manage the programs in Tanzania. It will assist in reporting to both the Emergency Plan Team and the Government of Tanzania. Data from this system will be able to be easily tracked and used by partners, as well as by USG PEPFAR and the government of Tanzania. The system will enable these key stakeholders to better collect, validate and ultimately use the data. The new system will also connect targets to results for the information being collected in a manner that is real time and useful for partners and USG.

The system be based upon a data-drive design extensible enough to allow for easy inclusion of PEPFAR II indicators as well as country-specific indicators. In 2009, the system will be expanded from the core APR/SAPR collection and reporting modules to include a range of additional services including budgeting interface, reprogramming interface, and a narrative interface – all for USG use. Additional features will include a link to project management tools.

#### Main Activities

- o Coordinate closely with USG SI inter-agency team on SI activities
- o Build M&E capacity among USG partners and GoT to improve the quality of data collection, analysis and use.
- o Train USG partners on the new system and on using OGAC for the system (including results to targets, regional and district comparisons and overall mapping)
- o Generate specific program results documents and reports as identified by the Interagency Technical Teams.
- o Identify partners in need of special monitoring help, including the sharing of effective practices among the diverse array of Emergency Plan partners.
- o Collect data required for OGAC reporting and for additional information deemed important for PEPFAR Tanzania.

The contractor will also develop and maintain a comprehensive understanding of related national systems being developed and used by the Ministry of Health, TACAIDS, and other key players in the national AIDS response. While it is anticipated that the Partner Reporting System initially will be somewhat duplicative of some of these in-place systems, every reasonable effort shall be made to minimize this duplication and to achieve the ultimate goal of one unified system supporting USG and GoT programmatic information needs.

Primary emphasis will be on delivering high quality and fully validated information regarding partner PEPFAR activities that can be used for any and all of the following purposes:

- Report targets and accomplishments to OGAC
- Determine the extent of PEPFAR program coverage vs. projected need by program activity, geographic location, prevalence, etc.
- Integrate indicator information with narrative data to fully describe program activities
- Extend narrative and financial data collection to include incorporation of regular status updates (i.e. partner quarterly reports)
- Allow for 'early warning' of partner performance and support necessary interventions to ensure achievement of programmatic results.

**Activity Narrative:** Linkages: This activity is tightly linked the Measure DQA activity (3512.08) as well as to all of the national systems activities (3379, 16540, 16379, 4910) and phones for health (8221)

**Target Population:** Key target populations include Implementing Partners M&E specialists as well as USG/GoT project and program managers.

**M&E:** The contractor will maintain a detailed record of the numbers and types of contacts they have with the partners they support sufficient to – but not limited to – enable the reporting of the required PEPFAR indicators.

**Sustainability:** The long-term sustainability of this project is directly related to the contractor's ability to meet the ultimate goal of one unified system supporting USG and GoT programmatic information needs. Progress towards this criterion will be a key factor in determination of award fee.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 10757.09	<b>Mechanism:</b> DQ/DU
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 25469.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 25469	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: Technical Support for Strengthening Data Quality and Data Utilization in Tanzania

NEED and COMPARATIVE ADVANTAGE: Weak data quality and utilization are among the challenges that continue to face strategic information in several countries including Tanzania. For USAID partners, technical assistance for data quality and utilization is currently being implemented through the MEASURE Evaluation Resident Advisor; likewise DOD State and Peace Corps are also implementing DQ and utilization activities. The proposed activities below will provide complementary and coordinated support for strengthening data quality and utilization among CDC implementing partners and GOT through: improving data quality; technical support for data utilization; and building of human capacities. Sustained support in these areas is expected to lead to generation of quality data that USG and the country can use for decision making, implementing planning and reporting for accountability.

ACCOMPLISHMENTS: This is a new activity, and the partner is TBD. The concept would be for CDC to provide resources for technical assistance to implement data quality and data utilization activities in a way that is closely coordinated with and complementary to activities being supported through other USG agencies.

ACTIVITIES: Technical assistance will be provided to support: a) USG partners and sub-partners for M&E capacity-building, focused on data quality and use; c) CDC partners for more intensive M&E technical assistance on data quality and utilization; and d) Government of Tanzania at the national and sub-national levels for M&E capacity-building, focusing on data utilization. All activities will be carried out in collaboration with other USG agency efforts in this area.

Activities include: 1. Coordinate and Support USG PEPFAR SI through technical assistance in the following areas: 1a) strengthening M&E systems and capacity for USG partners and sub grantees through technical assistance and mentoring on data collection, data quality, analysis, and use; 1b) provide intensive M&E capacity building support in these areas to CDC partners; and 1c) coordinate closely with USG SI inter-agency team on SI activities

2. Build M&E capacity among USG partners and GoT to improve the quality of data collection, analysis and use. 2a) Hire and train a local M&E trainer/technical assistance (TA) provider to provide training and on-site technical assistance to USG partners on M&E concepts of data collection, analysis and use, and data quality 2b) implement a M&E capacity building workshop for GoT officials highlighting data collection, quality, analysis, and use of national systems; 2c) collaborate with the SI inter-agency team on data quality assessment and capacity building activities.

3. Technical assistance to support MEEP data quality and utilization functions and ensure integration of data from the Tanzania narrative database into that system as well as integration of data quality and utilization activities into the Phones for Health platform

4. Promote Data Utilization. Provide support for data utilization at the national and sub-national levels. 4a) support the national HIV/AIDS M&E system to improve packaging of information to support local decision making; 4b) in collaboration with MEASURE Resident Advisor, conduct workshops with the MOHSW, National AIDS Control Program (NACP) and Tanzania Commission for AIDS (TACAIDS) to implement a strategy for coordinated data-utilization aimed at improving local level planning and programming; 4d) collaborate with Phones for Health to enhance data quality and data feedback loop. Collaborate with other data utilization efforts, including those of PharmAccess International, MEASURE Evaluation, TMAP, and WHO.

LINKAGES: As a cross-cutting issue, the strategic information interventions proposed here are expected to lead to much needed rapid scale-up and program improvement in areas of prevention, treatment and care. For example, accountability and improvements in all three program areas depend on collection, analysis, reporting and use of good quality data, and provides the opportunity for measurement and management of scale-up by providing evidence of service distribution.

CHECK BOXES: The target populations for this series of activities include program managers and SI staff of PEPFAR Implementing Partners, as well as those of key host country government institutions such as TACAIDS, NACP, ZAC, NBS, and NIMR.

M&E: A robust internal system will enable management of inputs/budgets tracking; activities/outputs tracking; and outcomes tracking. In addition, CDC will use measures of capacity building in USG partner and Tanzanian organizations.

Targets for the number to be trained in SI are approximately the number of organizations participating in the implementing partner M&E Working Group. Targets for the number of organizations provided technical assistance (TA) include those trained through capacity building efforts (120), DDIU efforts (60), and GIS (20).

SUSTAINABILITY: Overall, strengthening of in-country human capacity in strategic information is expected to increase potential for quality and sustainable programs. Other crucial efforts that will lead to sustainability include working in partnership with GoT agencies such as TACAIDS, NACP, NBS, NIMR, and ZAC, as well as local governments. Every effort will be made to work within the national agenda including support to strengthening of national information systems.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 10758.09	<b>Mechanism:</b> IQC BPE
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 25470.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 25470	

**Activity Narrative:** THIS IS A NEW ACTIVITY.

**NEED**

Throughout the last four years of PEPFAR, the emphasis of M&E has largely been on “M” – monitoring - through the collection of routine data. In Tanzania the USG team has identified a need to focus on basic evaluation of programs to generate information that can be immediately applied to improve program implementation. To date, there has been no mechanism to assist interagency technical teams (ITT) in Tanzania to rapidly develop and implement Basic Program Evaluations (BPEs). While implementing partners may individually assess their own programs, simple yet well-developed BPE have not been undertaken at the ITT level.

This activity proposes to fund rapid, well-defined and locally focused BPEs. Program evaluations would be developed and coordinated by the Tanzania ITTs with assistance from the IQC funding mechanism. Findings from these evaluations will not be generalizable beyond the program but will be immediately available to programs to improve activities. BPE is considered necessary to help guide PEPFAR programming and to inform policy development.

**ACCOMPLISHMENTS**

Capacity development in BPE was initiated at the USG level in October 2007 when a team of six PEPFAR staff (USAID and CDC) attended a two-week USAID-sponsored certificate program in Evaluation. Following that course, the Community Services Strategic Results Unit conducted an assessment of home-based care services (HBC) provided by PEPFAR Tanzania partners and related monitoring systems. This assessment was designed and implemented over a short period of time; the proposal was developed at the ITT level and the assessment was completed in March and April of 2008.

The assessment included a self-administered questionnaire completed by 20 PEPFAR-funded regional HBC partner programs, group interviews with 125 HBC volunteers, and a review of 11 field monitoring systems. Results were provided to partners and the Government of Tanzania to inform efforts to improve the national M&E system and advocate for guideline changes in home-based care. The process and outcomes of the BPE enhanced understanding within the ITT of HBC services and related challenges in service-delivery, and also provided valuable information for the COP 09 planning cycle.

The assessment was carried out using USG staff in collaboration with selected partners. While this BPE proved a successful and valuable undertaking, staffing and logistics for the assessment were a significant challenge to be addressed with FY09 funding.

**ACITIVITES**

FY09 funding will support 4-5 basic program evaluations to be developed by the eight ITTs and implemented with the assistance of the IQC mechanism. These will be rapid evaluations completed within a limited period of time and dissemination of results to key stakeholders will be an integral part of the evaluation process. BPEs are not Public Health Evaluations, but short targeted assessments producing findings and recommendations that can be immediately applied to improve programs.

Each ITT, with the help of agency M&E officers, will identify basic evaluation questions they deem important to their program area. Questions will be submitted to the PEPFAR Management and Operations Unit which will prioritize 4-5 projects. ITTs with priority projects will develop a proposal detailing the purpose, objectives, main questions, methodology, use of results, budget and timeline of their evaluation. Each proposal will also include a special section addressing capacity development.

The IQC mechanism will be used to support data collection, interviewers, logistics, and travel. The needs of each BPE will depend on scope of the BPE and other time commitments of USG and partner staff. All BPE will include a strong capacity development component for the local partners involved.

Examples of BPE that this activity will fund include;

- o Process evaluations to measure performance in terms of input, process and or outputs among the populations enrolled in the program or receiving the services
- o Descriptive process assessments
- o Periodic system evaluations
- o Baseline needs assessments
- o Utilization of existing data for program improvement

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 1056.09

**Mechanism:** N/A

**Prime Partner:** National AIDS Control Program Tanzania

**USG Agency:** HHS/Centers for Disease Control & Prevention

---

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 3379.23231.09

**Activity System ID:** 23231

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$500,000

**Activity Narrative:** THIS NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Surveillance: NACP completed the 2007-2008 round of ANC sentinel surveillance in all 21 regions and ANC drug resistance threshold survey in 2 regions, Mwanza and Mbeya. In addition, planning and protocol development for a behavioral surveillance survey (BSS+) took place in FY 2008. A protocol for HIV drug resistance monitoring in 4 sites in Mwanza, Mbeya, Kilimanjaro and Dodoma was finalized and planning for implementation began.

To continue efforts to track the HIV epidemic among all populations in Tanzania, FY 2009 funds will support behavioral surveillance survey with biological markers (BSS+) among commercial sex workers (CSW) in Dar es Salaam. A formative assessment will be performed to develop tools and estimate the size of the CSW population to be sampled through respondent driven sampling (RDS). Technical oversight will be provided through the Most At-Risk Population (MARPS) Technical Working Group of which NACP is the Secretariat. NACP staff and MARPs TWG members will participate in the survey and ensure local capacity is developed for future MARPs surveillance. Activities will include a) training of trainers, b) data collection, c) laboratory support, d) data management and analyses, e) preparing and disseminating reports, and f) planning for BSS among additional MARPs groups elsewhere in Tanzania.

FY 2009 funds will also be used to support a position within NACP to coordinate the Dar es Salaam survey, ensure use and dissemination of results and sustainability of ongoing behavioral surveillance among MARPs. Funds will also be used to support planning for BSS among additional MARPs groups outside of Dar es Salaam.

In FY 2009, data analysis of the 2007-2008 round of ANC sentinel surveillance and threshold survey will continue and a report of each activity will be finalized. In addition, planning for the 2009-2010 ANC sentinel surveillance round in all regions will commence including another round of HIV drug resistance threshold survey at 10 ANC sites in Dar es Salaam and another region.

HIV drug resistance monitoring in 4 sites will be implemented and data analysis and dissemination will be completed in FY 2009.

Strengthening SI Capacity: During FY 2009, funds will be used to maintain infrastructure and human capacity to carry out the above surveillance activities, build M&E capacity, and provide information to TACAIDS on HIV interventions. Staff have been hired or recruited for the positions listed below, and FY 2009 funds will be used to maintain these positions. The revision of the Health Sector M&E framework is underway, and during FY 2009, funds will be used to operationalize the framework with government and implementing partners. A continued focus for FY 2009 will be support for data utilization and mapping activities, in collaboration with NIMR.

TITLE: Support for SI capacity, surveillance and program area monitoring systems within NACP

NEED AND COMPARATIVE ADVANTAGE: The National AIDS Control Program (NACP) in Tanzania coordinates the Health Sector response to HIV/AIDS Epidemic. The Unit has primary responsibility for all strategic information for NACP, including: a) surveillance and surveys including Ante-Natal Clinic (ANC) based sentinel surveillance for HIV, HIV drug resistance threshold surveys and participation in national population-based surveys such as the Tanzania HIV Indicator Survey (THIS); b) monitoring HIV/AIDS interventions, including the development/adaptation and maintenance of electronic data-collection-tools systems; training on paper-based tools and synthesis to move from data collection to reports; supportive supervision to ensure data quality and timeliness of reports and data and report flow, c) capacity-building on M&E to other units within NACP and d) compiling health sector response data for HIV/AIDS and reporting these to the Tanzania Commission for AIDS (TACAIDS). This unit also links with TACAIDS to provide information on the "Third One" for the Health Sector Response to the HIV/AIDS epidemic in Tanzania.

ACCOMPLISHMENTS: In the five years of collaboration between the NACP and the USG, there has been substantial progress in the implementation of national HIV surveillance activities. Coverage for antenatal clinic (ANC) surveillance has grown from 24 sites in six regions (2001/2002) to 128 sites in all 21 regions (2007/2008) of mainland. The methodology of ANC surveillance has also improved substantially. For instance, the use of dried blood spots (DBS), which are easily transportable, has enabled coverage to remote sites with no lab capacity. During FY 2006, NACP piloted HIVDR threshold survey in six sites in Dar es Salaam region, and in FY 2007, NACP carried out HIVDR threshold survey in Mwanza and Mbeya regions.

ACTIVITIES: FY 2008 funding will support surveillance activities and capacity building for strategic information.

1. Surveillance: ANC, HIVDR Monitoring

a. ANC Sentinel Surveillance

For the 2008-2009 round of ANC surveillance, NACP will maintain full coverage of all 21 regions in mainland Tanzania, covering six sites per region. A total of 128 ANCs will participate in data collection 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 on protocols, procedures and quality assurance; distribution of supplies; data collection; periodic supportive supervisory visits; HIV testing of collected dried blood spots (DBS); data management, analyses, report preparation and dissemination. During supportive supervisory visits, sites will be provided with funds for 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 done in four referral hospital labs namely, Muhimbili University College of Health Sciences-HIV Reference laboratory, Bugando Referral Hospital, Mbeya Referral Hospital and Kilimanjaro Christian Medical Center (KCMC). For quality assurance, 10% of all

**Activity Narrative:** specimens will be retested at the National Quality assurance laboratory in Dar es Salaam. The surveillance advisory group will analyze data, and prepare and disseminate reports.

b. HIV drug resistance monitoring

With the rapid scale-up of the National Care and Treatment program and increased access to ARVs, the prevalence of acquired resistance should be examined. The emergence of some degree of HIV drug resistance in ART programs is inevitable, but can be exacerbated by failure to optimize support for continuing access, adherence, and continuous drug supply, by inadequate prescribing practices, and by baseline (pre-ART) drug resistance. Routine ART program evaluation to monitor these factors and their relationship with drug resistance should be instituted early in ART roll-out, utilizing standard minimum resource methods.

With FY 2008 funding, NACP expects to pilot HIVDR monitoring in four sites (private, faith-based/NGO referral, regional) in four regions: Mtwara, Mbeya, Iringa, and Kilimanjaro. A cohort of 400 treatment-naïve individuals (100 persons per site) will be monitored for a 12 to 15-month period to assess development of acquired (primary) drug resistance. A national protocol for HIVDR monitoring will be developed and site assessment will be conducted, to determine readiness and identify any gaps to be strengthened prior to data collection. Data collection forms will be developed and will be revised based on pre-testing of tools. Data will be evaluated for important lessons which can be generalized to other clinical sites, as HIVDR monitoring is expanded to other ART sites.

2. Strengthening SI Capacity at NACP

a) Strengthening capacity in the M&E Unit

In FY 2008, 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 carry out surveillance activities, build M&E capacity, and provide information to TACAIDS on HIV interventions.

Funds will cover maintenance and/or recruitment of new staff and logistical support to enable personnel to perform their duties as required. For staffing in the unit, six cadres of staff have been identified: 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 2008 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 program monitoring).

b) Revision of the Health Sector M&E framework and coordination of reporting to TACAIDS

The USG will continue to 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 plans to develop and/or strengthen existing linkages between the different interventions, provide a comprehensive set of indicators, standardize the 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 will provide oversight for the development of the framework including collaborating with the World Health Organization (WHO) Resident M&E Advisor in the development and implementation of the framework. The NACP and WHO M&E Advisors will coordinate packaging, dissemination, and training on the framework. The M&E officer will also coordinate the health sector information reporting to TACAIDS.

c) Building capacity of use of Personal Digital Assistants (PDAs) for data collection

Supervision is one of the keys to the success of a quality program. Supportive supervision at the regional and district levels to health facilities are one of the integral components of program monitoring within NACP. Currently, most regional supervision programs keep paper management records. They report their findings to the national level. The introduction of new data collection methodologies will assist in ensuring that quality data are collected and used in real time. PDAs will be used for data collection and dissemination of findings and feedback.

**LINKAGES:** NACP works with other government organizations in the implementation of M&E activities, including Tanzania Commission on AIDS (TACAIDS), National Bureau of Statistics (NBS), National Institute for Medical Research (NIMR) and other Ministry of Health and Social Welfare departments. NACP also works with Japan International Cooperation Agency (JICA), PharmAccess International (PAI), Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and WHO.

**SUSTAINABILITY:** This activity builds capacity of national, regional, district and facility-level staff. It supports the NACP M&E unit, programmatic units of NACP, local organizations, and laboratories. Supports of SI capacity of the M&E unit will strengthen capacity of activity monitoring within program areas in NACP including Counseling and Testing, Home Based Care, ART.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13541



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13541	3379.08	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	6543	1056.08		\$500,000
7772	3379.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$0
3379	3379.06	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	2835	1056.06		\$170,148

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1130.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ministry of Health and Social Welfare, Tanzania	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 16379.23232.09	<b>Planned Funds:</b> \$170,000
<b>Activity System ID:</b> 23232	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from 2008, and the activities below will be ongoing for 2009. In addition, increased funding is requested for the position of a database administrator who will work closely with the Health Information and Reporting Unit (HIR) at the MOHSW to ensure adequate coverage and support for routine health systems, including the Phones for Health system.

TITLE: Strengthening HIV Reporting within Routine Health Systems

NEED and COMPARATIVE ADVANTAGE: The Health Information and Research Section (HIR), Health Management Information Systems (HMIS) Unit of the Ministry of Health and Social Welfare (MOHSW) is the overall coordinator of routine health data system in the country, the custodians of routine health data system from government, parastatals, non-governmental organizations (NGOs) and private health facilities, and is responsible for generating indicators that track Millennium Development Goals (MDG) and the national strategy for poverty reduction, MKUKUTA in Kiswahili. The need for quality monitoring of the health data collected and reported at health facilities is important in ensuring that policy makers and stakeholders can effectively monitor and evaluate health activities.

HIR is responsible for ensuring the reporting of accurate data. With the integration of HIV/AIDS into routine health care, data quality becomes increasingly critical. There is a need for accurate dissemination of health systems from facilities as programs including Prevention of Mother-to-Child Transmission (PMTCT) and Care and Treatment (C&T) are scaled up to meet the expanding needs of the country.

ACCOMPLISHMENTS: 1.) To manage the data collected from health facilities, HIR/HMIS has regional and district Health Management Information System (HMIS) focal persons at each district. This person is already a member of the Regional or District Health Management Team, and is now tasked with reviewing data collected from routine health activities. 2.) The current Health Statistics Abstract Report (HSAR), produced in April 2006, provides a comprehensive health statistics summary for the health sector. It includes health facility and resource information, morbidity and mortality statistics, disease reporting for malaria, tuberculosis and leprosy, HIV/AIDS and Sexually Transmitted Infections (STIs), blood safety, EPI and reproductive and health services, which includes vaccinations, antenatal care, deliveries and family planning.

ACTIVITIES: 1.) Supportive supervision: HIR/HMIS will continue to build capacity of regional and district HMIS focal persons on health data collection, analysis, dissemination, feedback, and use. 1a.) Conduct orientation and retraining for regional and district Health Management Teams on new/updated data collection tools 1b.) Conduct routine supportive supervision to regions and districts to address issues found through visits, and to affect policy change to effectively strengthen the overall implementation and continuation of health activities. 1c.) Conduct HMIS annual monitoring and evaluation meeting to discuss strengths, constraints, and gaps and to build consensus on actions for policy and programmatic changes.

2.) Strengthening data quality and dissemination: HIR/HMIS will continue to strengthen its essential responsibilities for providing key data and support for MOHSW activities to policy makers, donors and other stakeholders, health workers, NGOs and the general population. 2a.) To process and produce an annual Health Statistics Abstract Report 2b.) To conduct data communication and dissemination workshop for the HSAR. 2c.) To attend short courses on monitoring and evaluation to continue to build the national capacity to provide technical assistance for health information. 2d.) To provide technical assistance in the creation and modification of data collection tools for routine health and to improve the comprehensiveness of collection and reporting.

3.) Data quality assessment: In addition to routine supportive supervision, we propose as part of program monitoring and evaluation, an annual data quality assessment and review. With the government components with which we work – the National TB and Leprosy Program (NTLP), the National AIDS Control Program (NACP), the National Malaria Control Program (NMCP), Reproductive Child Health Services, Expanded Program for Immunizations (EPI), Integrated Diseases Surveillance and Response (IDSR), EHS Unit, Vital Registration, it becomes imperative to review how data from each system have impacted the overall health of Tanzanians. The outcomes of such an activity will be to better identify, analyze, use and disseminate data for decision-making. 3a.) Hold a stakeholder workshop to outline the data collection and reporting efforts of each of the units, and coordinate the activities that we expect to review and address as part of this activity. 3b.) Conduct facility data capacity assessments, with a focus on quality of data collection and reporting, gaps and challenges to collection and reporting, current practice of use and dissemination, and the effects of supportive supervision activities, all to determine profound factors for quality data.

LINKAGES: The key HMIS linkages include: the Prime Ministers Office – Regional Authority and Local Government (PMO-RALG) as the primary owners of health facilities and governance of employed staff. Other linkages include: IDSR, which tracks disease outbreaks in the country; Vital Registration provides data on birth and death and migration; RCHS and EPI, provides data on mother and child services; NMCP provides data on malaria efforts; NTLP provides data on tuberculosis and leprosy; NACP programs focus on HIV/AIDS programs; the National Bureau of Statistics produces data on health denominators; and TACAIDS governs Tanzania's multisectoral response for health. HMIS also links to national and referral hospitals; and unilateral and multilateral partners.

CHECK BOXES: HIR/HMIS activities build the capacity of local health facilities to collect, report, and use health data collected within the routine system of health. HMIS works with government entities on data collection, tool creation and modification, and assists with the dissemination of health statistics for the country.

M&E: HIR/HMIS works closely with other ministry counterparts, donors and stakeholders on the collection and reporting of accurate data. HMIS will continue to promote the synthesis and use of data by district and regional staff, which, in turn, strengthens the facilities with the skills to validate and use their data. To

**Activity Narrative:** strengthen the districts and regions, HIR/HMIS closely monitors the data collection at districts and regional levels with supportive supervision visits to assess quality reports, and to be the changers of effective policy to improve data efforts. The support reaches all 133 districts and 21 regions in mainland Tanzania, the HMIS focal persons, and the district and regional health management teams. To that end, we see the need for annual data quality assessments to again drive policy and infrastructure changes with, and for the collective government of Tanzania and Tanzanians.

**SUSTAINABILITY:** HIR/HMIS is the source for health data, and has the mandate for reporting quality data that affects how policy makers implement and coordinate program activities and make decisions. The focus on accurate reporting impacts those who report program data, and gives the ownership of accurate data back to the programs that report. HIR/HMIS empower the districts and regions with the ability to conduct quality data visits to facilities, as well as empowering the districts and regions with the responsibility to report to the national level. The reciprocal reinforcing of data quality makes for stronger programs within the routine health system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16379

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16379	16379.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	6541	1130.08		\$120,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 1143.09

**Mechanism:** N/A

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 8683.23233.09

**Planned Funds:** \$30,000

**Activity System ID:** 23233

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

This narrative for FY 2008 has no modifications, but much emphasis will be put on scaling up electronic sites.

TITLE: SI Management and Staffing for DoD

NEED and COMPARATIVE ADVANTAGE: The DOD manages several large treatment and community based partners in the Southern Highlands of Tanzania as part of its civilian-based PEPFAR activities. Its main treatment partner is the Mbeya Referral Hospital (MRH). The 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, the DOD developed a partnership with the MRH to assist in providing direct technical assistance in strengthening paper-based patient records and developing and rolling out an electronic medical records system (EMRS) to support facilities throughout the Southern Highlands. In addition, the DOD serves to provide direct monitoring of fiscal management of all direct partners under their funding.

ACCOMPLISHMENTS: To date, DOD has been able to establish a well-functioning SI team that works closely with the MRH providing technical assistance to all three regions (Mbeya, Rukwa and Ruvuma) in the areas of patient and data management. DOD staff provide training, supportive supervision, electronic data upload, and generation of NACP reports. In FY 2007, DOD staff trained 20 additional persons, provided nine computers to new sites, and upgraded the previously-supported six sites so they can now store, retrieve, and analyze data more easily. In addition, the DOD has assisted 16 members from nine NGOs with financial management systems and training to improve recording and reporting.

ACTIVITIES: In FY 2008, a Monitoring and Evaluation (M&E) officer will be hired to further strengthen DOD capacity to monitor and evaluate the progress of partners in meeting PEPFAR targets. This position was included and approved as part of the USG "Staffing for Results" exercise in FY 2007. This M&E officer will provide technical assistance to Referral, Regional, District hospitals in the Southern Highlands of Tanzania.

Specific activities to be undertaken by DOD staff include: 1) Revise existing M&E forms and database to accommodate national modification of systems. 1a) Initiate meeting with USG SI team, partners, NACP, and UCC to review M&E areas where changes are needed. 1b) Make necessary changes to local forms at CTC clinics, revising M&E systems for modifications with University Computing Centre. 1c) Modify electronic record forms. 1d) Update systems at MRH and all sites in the zone.

2) Provide support in implementing electronic records to facility staff at ART sites throughout the Southern Highlands. 2a) Conduct needs assessment on the sites already being supported as well as new sites to be brought on-line in FY 2008. 2b) Develop and conduct refresher-training for staff at existing sites and initial training for new sites. 2c) Purchase and provide computer equipment for new sites, providing technical support for equipment.

3) Provide regular supportive supervision to all the sites providing ART and ensure proper electronic systems are in place for data management. 3a) Implement standard operating procedures (SOP) for data entry, record keeping, proper storage and utilization of medical records. Conduct quarterly visits to sites and collect data for analysis at the program office. 3b) Monitor implementation and quality of data entry, implementing corrective measures as required. Provide feedback to sites for program management.

4) Provide financial management software training and equipment support to partners. 4a) Procure financial software package from vendor. 4b) Install and train sites on use of software package. 4c) Implement use of the system across sub partners.

LINKAGES: This activity is linked to NACP, UCC and USG ART and SI entries, as well as all DOD ART partner entries.

CHECK BOXES: This is an SI activity.

M&E: Through supportive supervision, the M&E officer will provide technical support to ensure implementation of SOP and quality data entry. The electronic medical record system is linked to the National CTC2 and CTC3 databases and is capable of producing national reports and identifier-stripped data for national analyses. DOD staff enter patient records from clinic visits into the CTC upon completion of the patient visit. Data are transferred electronically to the data centre where they are synthesized and fed back to the CTC team for use in patient management.

SUSTAINABILITY: Investing in local human capacity for M&E ensures sustainable management of information for overall program management. MRH will continue to provide local staff to work along side DOD to implement training and supportive supervision to all sites in the three regions of Rukwa Ruvuma and Mbeya.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13670

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13670	8683.08	Department of Defense	US Department of Defense	6569	1143.08	M&S	\$30,000
8683	8683.07	Department of Defense	US Department of Defense	4604	1143.07		\$61,720

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1153.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National Institute for Medical Research	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 4910.23234.09	<b>Planned Funds:</b> \$235,000
<b>Activity System ID:</b> 23234	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS.

For the Wide Area Network, a new focus on sustainability and transfer will be initiated with FY2009 funds. For sustainability of this program the funding should be shared with the regions as well as the MOHSW- IT department; however there is need to help the regions better understand the costs and benefits of a WAN system. The three WAN staff funded under NIMR and seconded to MOHSW- IT Unit will be maintaining the current system and number of sites (12) and completing and disseminating the results of an assessment that will lay the groundwork for future years where USG funding for the WAN will be phased out.

**TITLE:** Strengthening the National and Regional Use of the Wide Area Network (WAN)

**NEED and COMPARATIVE ADVANTAGE:** The fight against pandemic diseases such as HIV/AIDS can be made more effective when complete, accurate and timely data and information is available. Information and Communication Technologies (ICTs), particularly Wide Area Network (WAN), can be used as a tool to enhance the collection, processing, dissemination and availability of such information. This could be through e-mails, file sharing, access to the World Wide Web, publishing information on the web and speedy delivery of data via web-enabled data collection tools from upcountry to the ministry headquarters. This project is therefore a timely initiative to modernize how health workers and policy makers collect, process, communicate, disseminate and share information.

**ACCOMPLISHMENTS:** Implemented Local Area Networks (LAN) in seven regional medical offices/hospitals and 1 referral hospital namely: Mbeya, Iringa, Lindi, Mtwara, Dodoma, Arusha, Mwanza and Mbeya Referral Hospital; provided Internet connectivity for the above regional medical offices; recruited two system administrators to manage the WAN and provide end user support; provided LAN and WAN for two NIMR sites (Mwanza and Tabora); provided training to end users on e-mail use and internet surfing; maintained all LAN and WAN equipment in 6 Dar es salaam sites and seven regional sites in good working condition.

**ACTIVITIES:** Maintain and strengthen the existing LANs and WAN including connectivity, hardware, and software updates through continued technical support to the 16 sites in seven regions

1. Conduct quarterly supportive supervisory visits to the existing 16 sites in seven regions
2. Train Health workers in seven regions on computer applications and training them about email and internet use at the sub-national levels to ensure proper use of the technologies and timely data transfer.
3. Perform maintenance of the WAN system to the existing 16 sites in seven regions to ensure systems are operating and address any issues. The sites under maintenance will include: Headquarters of the Ministry of Health and Social Welfare (MOHSW), National AIDS Control Program (NACP), Prevention of Mother to Child Transmission (PMTCT), Mbeya Referral Hospital, Regional Medical Offices/Regional Hospitals of Mtwara, Lindi, Mbeya, Iringa, Arusha, Mwanza, Dodoma, NIMR Headquarters, Tukuyu, Muhimbili, Mwanza and Tabora.
4. Maintain Annual Internet subscription fee for shared bandwidth for all 16 sites
5. Awareness and dissemination through websites and electronic newsletters

**LINKAGES:** NIMR collaborates closely with MOHSW and particularly with HMIS unit and NACP in implementation and management of LAN/WAN at Dar-es-salaam and upcountry sites. In FY 2005 the assessment of ICT needs for regional connectivities was carried out from July to September 2005. The assessment team was composed of three officials from the MOHSW's Policy and Planning Department, two from CDC, one from NIMR and two from a private company, AFSAT. The MOHSW team was headed by the Head of HMIS Unit. Planning meetings involved stakeholders from CDC, NIMR, MOHSW HQ and NACP who formed a task force that implemented LAN/WAN to Dar-es-salaam and regional sites. The senior ministry officials (Permanent Secretary and Director of Policy and Planning) launched the MOHSW LAN/WAN and website that was developed.

Regionally, the project involved the Regional HMIS Focal persons in implementing and managing the LAN/WAN. This collaboration has always been done when LAN was implemented and VSAT based-Internet was provided for the following regional hospitals (Regional Medical Offices) of Mtwara, Lindi, Mbeya, Iringa, Arusha, Mwanza, Dodoma and Mbeya Referral Hospital. Also, upcountry NIMR's IT officers were also involved during connecting NIMR sites of Mwanza and Tabora which also received LAN and VSAT connectivity.

**CHECK BOXES:** Conduct In-service training to health workers in seven regions on computer applications and train them on email and internet use at the sub-national levels to ensure proper use of the technologies and timely data transfer.

**M&E:** 1. Conduct quarterly supportive supervisory visits to all 16 sites to ensure that the systems are operating and address any issues.  
2. Review the usage of official e-mails on MOH.GO.TZ, NACPTZ.ORG and NIMR.OR.TZ domains. Review will answer question about how many users are properly using the system, what are the gaps/limitations and recommendation on improvements will be outlined.

**SUSTAINABILITY:** 1. The program staff will collaborate with the Ministry's HMIS staff to conduct basic computer training, including basic troubleshooting of the systems to HMIS Focal person of the seven regions where the regional and/or referral hospitals are connected.  
2. Conduct end-users training and follow up for all sites. This will specifically involve conducting training to end-users about email and internet use at the sub-national levels to ensure proper use of the technologies and timely data transfer.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13547	4910.08	HHS/Centers for Disease Control & Prevention	National Institute for Medical Research	6544	1153.08		\$335,000
7761	4910.07	HHS/Centers for Disease Control & Prevention	National Institute for Medical Research	4567	1153.07		\$340,000
4910	4910.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	2892	1130.06		\$250,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1209.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Macro International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 3453.23235.09	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 23235	

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED FROM FY2008 COP.

**TITLE:** Technical Assistance to Tanzania Demographic and Health Survey

**NEED and COMPARATIVE ADVANTAGE:** MEASURE DHS, currently based at Macro International Inc., has a long and outstanding history in Tanzania, in undertaking Demographic and Health Surveys in addition to Tanzania HIV/AIDS Indicator Surveys. The data collected from these surveys is of vital importance to both host government and PEPFAR and/or program implementers.

**ACCOMPLISHMENTS:** MEASURE DHS has accomplished four DHS rounds of assistance i.e. the 1991-92, 1996, 1999, 2004-05 (DHS) and two rounds of THIS (2003/04 and 2007-08). During FY 2009 Macro International will provide technical assistance in conducting the Tanzania Demographic and Indicator Survey (TDHS 2008-09) and facilitate plans for its dissemination and utilization and later on link the THMIS II (2007-08) and TSPA (2006) results with the TDHS 2008-09. Data users will benefit from the expected key findings on HIV/AIDS knowledge, its attitudes and behavior; issues related to fertility level and trend, fertility regulations, infant/child and maternal health, malaria; and adult and maternal mortality.

**ACTIVITIES:** During FY 2009, Macro intends to provide technical assistance on TDHS 2008-09 in terms of questionnaire design, interviewer training, pre-testing, data collection and data entry. It is anticipated that data analysis and dissemination activities shall be carried out centrally (covering both Tanzania Mainland and Zanzibar) and regionally for the 26 regions (21 regions on Mainland and 5 for Zanzibar).

In ensuring that the ongoing Local Government Reforms take onboard data utilization among policy- and decision-makers, Macro shall build and/or improve information/result-based management culture. Macro will collaborate with the National Bureau of Statistics/Office of the Chief Government Statistician (Zanzibar) in carrying out the above task for.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13511

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13511	3453.08	U.S. Agency for International Development	Macro International	6532	1209.08		\$300,000
7741	3453.07	U.S. Agency for International Development	Macro International	4553	1209.07		\$884,000
3453	3453.06	U.S. Agency for International Development	Macro International	2861	1209.06		\$300,000

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1228.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 8685.23236.09	<b>Planned Funds:</b> \$89,000
<b>Activity System ID:</b> 23236	



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

TITLE: Management & Staffing – SI USAID

USAID SI Management and Staffing FY 2009 funds will support 2.5 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 two full-time Monitoring and Evaluation (M&E) specialists supported by a second part-time equivalent senior advisor. The full-time M&E specialists will work directly with implementing partners, both governmental and non-governmental, to improve the quality, timeliness, and utilization of monitoring and evaluation data. Their activities will include site visits, conducting data quality assessments, capacity assessments, mentoring and skills-building, as well as monitoring of implementation progress. The M&E specialists 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 specialists with 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13615

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13615	8685.08	U.S. Agency for International Development	US Agency for International Development	6566	1228.08	M&S	\$50,000
8685	8685.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$225,059

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1470.09	<b>Mechanism:</b> GAP
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 9576.23237.09	<b>Planned Funds:</b> \$440,021
<b>Activity System ID:</b> 23237	

**Activity Narrative:** THIS NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAY:

This is an ongoing activity from FY 2008. Activities listed have been initiated and will proceed during FY 2009 as in the previous year. Accomplishments will be reported in the FY 2008 APR. Please note that the activity narrative remains unchanged from FY 2008, however in FY2009 funds will support three additional positions: 1) SI Liaison, a contractor previously funded under a different budget to support USG/PEPFAR-wide SI activities; 2) Chief of SI and HCD, which was previously funded under CDC general management and staffing; and 3) Program Analyst for Systems Strengthening, an ASPH fellow to support activities in the systems strengthening strategic results unit.

**\*\* END – UPDATE\*\***

**TITLE:** Management & Staffing – SI CDC (GHAI)

**ACTIVITIES:** 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 PEPFAR are met.

The FY 2008 funds will support seven full-time equivalent staff that will coordinate activities in strategic information. The composition of the staffing includes the following: 1) Senior Surveillance Advisor, a contractor, who will oversee all CDC specific activities related to surveillance/surveys and provide biostatistical support for public health evaluations; 2) Health Management Information System (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 ; 3) Monitoring and Evaluation Team Lead, 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; 4) 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 surveys and monitoring, and behavioral and biological surveys among most at-risk populations. S/he will also conduct trainings and participate in technical working groups to build capacity within the ministries of health; 5) M&E Advisor, a contractor, to replace the exiting M&E ASPH fellow. The M&E Advisor will support the M&E senior advisor in implementing M&E activities for CDC and its partners. S/he will work closely with CDC program officers to build their capacity in program monitoring; 6) M&E Officer, a local hire or ASPH fellow, to implement M&E related activities for CDC and its partners; and 7) a Database Administrator, a local hire, who will oversee the planning, maintenance and development of databases, including implementation of a program monitoring system for PEPFAR Tanzania, and who will also coordinate on the US Government side, the implementation and use of data from the Phone for Health Initiative.

All CDC SI personnel will be members of the USG Strategic Information Inter-Agency Technical Team (ITT) and serve as the SI focal person on at least one of the programmatic ITTs.

All of the CDC SI staff described will work directly with the MOHSW on the Mainland and the ZACP on Zanzibar to provide ongoing technical assistance and building capacity in SI among the respective Epidemiology Units. They will work with CDC's implementing partners to establish and maintain health information systems, and monitor and evaluate the activities of CDC's partners. 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. In FY 2008, additional emphasis will be placed on building capacity among local research institutions, including the National Institute of Medical Research and the Muhimbili School of Public Health, for public health evaluations and surveys. With the implementation of the Phones for Health Initiative in Tanzania, building interfaces among existing information systems and ensuring the use of data at local levels will be a major focus. 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 2008 funds will support travel, both international (trainings, meetings, and conferences), and domestic (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.

**LINKAGES:** CDC Tanzania's SI Team links with other USG agencies SI professional staff to provide overall support to the PEPFAR Tanzania team. All SI staff serve on inter-agency technical teams (ITTs). There is also a linkage with the Measure Resident Advisor in SI through the SI ITT.

**CHECK BOXES:** Activities will include training and capacity building of local organizations and Government of Tanzania public health professionals in strategic information, with a primary focus on CDC's partners. CDC SI staff will provide technical support to public health evaluations through PEPFAR Tanzania. Training and capacity building in M&E, HMIS, and surveys/surveillance are the objectives of the SI team in CDC Tanzania.

**SUSTAINABILITY:** CDC Tanzania's approach for sustainability in SI is to ensure that capacity is built in M&E, HMIS, and surveillance/surveys among local organizations and GoT (Ministry of Health and other line ministries). Capacity building includes both pre-service and in-service approaches. In addition to the above-mentioned areas, a particular focus will be placed on work plan development and monitoring of activities. There will be an increased focus on building capacity of local research institutions in public health evaluations in FY 2008.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13635

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13635	9576.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6567	1470.08	Base	\$167,910
9576	9576.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$572,376

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 2244.09

**Mechanism:** RPSO

**Prime Partner:** Regional Procurement Support Office/Frankfurt

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 18288.23238.09

**Planned Funds:** \$400,000

**Activity System ID:** 23238

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funding for FY 2009 for this activity has been reduced. This is primarily due to one time purchase of commodities during FY 2008. The remaining resources will be used to procure supplies and commodities for surveillance activities as outlined below, and in the NACP and ZACP surveillance activities.

TITLE: Procurement of supplies for surveillance activities in Tanzania

ACCOMPLISHMENTS: Since 2004 RPSO has handled several key contractual and procurement contracts. These have included the renovation of the National quality assurance and training center; procurement of the high volume zonal laboratory equipment and procurement of reagents and other lab commodities for the National quality assurance and training center. With the FY 2006 funding through (the Lab program) USG through RPSO purchased high volume throughput equipment for CD4, Chemistry and Haematology and bulk reagents purchased for health facilities; equipment, supplies and commodities for blood transfusion centres and the quality assurance and training centre.

ACTIVITIES: RPSO will procure reagents and supplies for the ANC Surveillance, HIV Drug Resistance threshold survey and HIV Drug Resistance monitoring activities.

LINKAGES: This activity links to activities under SI. The procurement supports activities to be carried out by NACP

SUSTAINABILITY: HHS/CDC Tanzania advocates for strong collaboration between MOHSW and implementation lab partners to strengthen laboratory supplies procurement. Developing technical specifications and reagents projections and forecasting capacity building will be strengthened for the MOHSW

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18288

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18288	18288.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6553	2244.08		\$600,000

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4691.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> World Health Organization	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 5258.23239.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 23239	
<b>Activity Narrative:</b> THIS ACTIVITY IS UNCHANGED FROM FY 2008.	

**TITLE:**

World Health Organization Monitoring and Evaluation Technical Support to NACP

**NEED and COMPARATIVE ADVANTAGE:**

The National AIDS Control Program's (NACP) Surveillance and Monitoring and Evaluation Unit develops and manages information systems for HIV/AIDS programs including Care and Treatment, Counseling and Testing (CT), Prevention of Mother to Child Transmission (PMTCT), and Home Based Care (HBC). NACP also coordinates with other units in the Government of Tanzania on monitoring of crossing cutting HIV issues including the Ministry of Health and Social Welfare (MOHSW) Health Management and Information System (HMIS) Unit, the National Tuberculosis and Leprosy Program (NTLP), and the Department of Social Welfare for monitoring of activities for orphans and vulnerable children.

The Tanzania NACP Surveillance/M&E Unit needs technical assistance and support in the coordination and use of all national HIV/AIDS program monitoring systems. With the increase in the number of people being served by HIV/AIDS program, comes an increase in the need to manage and use the data that are generated by the national reporting systems. Also, NACP is charged with coordinating all the partners who using the national systems that report to NACP.

As an independent technical organization, the World Health Organization (WHO) is well-placed to provide this assistance and support to NACP. The NACP has agreed to this technical assistance and the WHO Resident Advisor will be able to play a key role in NACP work at the national level.

**ACCOMPLISHMENTS:**

This activity builds upon efforts in FY 2006 and FY 2007 to support HIV/AIDS information systems at the NACP/MOHSW by hiring a resident advisor and providing short term technical assistance to work hand-in-hand with NACP/MOHSW Surveillance/M&E unit. MOHSW and WHO have approved the Scope of Work. Previous years' funds have been allocated recently for the Resident Advisor who will begin work in Tanzania by the end of 2007.

**ACTIVITIES:**

With FY 2008 funds, WHO will provide a Resident Advisor for 12 month period and short term technical assistance as specified by NACP. WHO will provide technical assistance (TA) to NACP to coordinate, maintain, and use existing national HIV/AIDS information systems. The Advisor will support NACP in development of the Home Based Care system.

The Resident Advisor and short term technical assistance will;

- a) Assist NACP to update and operationalize the health sector M&E framework and strategy;
- b) Assist NACP to monitor all current systems concerning HIV/AIDS information;
- c) Assist in coordination and training of trainers, and sub-national trainers on the systems and use of data from the systems, particularly when many partners are involved;
- d) Assist NACP in developing supportive supervision protocols for data quality, data use and data feedback;
- e) Assist in setting up systems at the national level that ensure data quality at all levels of the system including data and report flow from sub-national to national levels;
- f) Advocate for the utilization of electronic information to generate and disseminate reports for program improvement;
- g) Assist NACP's efforts to increase demand and use of data for program planning and feedback, including setting up systems to assure timely and useful feedback of the information;
- h) Liaise with representative from USG, the World Bank, the Global Fund, and other donors that have direct and indirect interest in HIV/AIDS monitoring systems.

**LINKAGES:**

The Resident Advisor will liaise with technical staff in NACP HIV/AIDS units and M&E staff, and with donors on national monitoring systems. **CHECK BOXES:**  
This is an SI activity that involves in-service training.

**SUSTAINABILITY:**

The WHO Resident Advisor will develop capacity in national and sub national staff and build sustainable systems for the current and future use in HIV/AIDS monitoring.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13682

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13682	5258.08	HHS/Centers for Disease Control & Prevention	World Health Organization	6572	4691.08		\$100,000
7814	5258.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4691	4691.07		\$18,195
5258	5258.06	HHS/Centers for Disease Control & Prevention	World Health Organization	3655	3655.06	ART MIS	\$481,805

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 4781.09

**Mechanism:** ZACP

**Prime Partner:** Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 3502.23240.09

**Planned Funds:** \$300,000

**Activity System ID:** 23240

**Activity Narrative:** THIS NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Surveillance: Analyzed and disseminated data from behavioral and biological surveys of Most at Risk Populations (MARPS), specifically men who have sex with men (MSM), commercial sex workers (CSWs), and intravenous drug users (IDUs); conducted capacity building workshops in data analysis and manuscript writing for ZACP staff. ANC sentinel surveillance was completed in 2008 and included testing for hepatitis B and C.

2007 BSS of most at risk populations (MARPS) groups took place on Unguja Island, Zanzibar and little is yet known about most at risk populations on the sister island of Pemba. In 2009, ZACP staff will conduct behavioral surveillance surveys with biological markers among MARPS groups on Pemba Island, specifically CSW and MSM. This will include training, laboratory support, data management and analyses, and preparing and dissemination of reports.

In 2009, funds will also be used to conduct qualitative follow-up to explore results and refine data collection tools from 2007 BSS+ among CSW, MSM and IDU on Unguja Island. BSS+ using respondent-driven sampling (RDS) will be repeated in 2009 among those same populations. Other activities will include holding a series of meetings/workshops to ensure use of the results from this and previous surveys and initiate intervention components.

In FY 2009 follow up work on the ANC sentinel surveillance round will include technical assistance for hepatitis B vaccinations and care and hepatitis C care for ANC survey participants and incidence estimation using the BED assay on ANC sentinel surveillance and BSS specimens. Also, to further characterize the epidemic and target prevention efforts, subtyping for HIV and hepatitis will be conducted. In addition, ANC sentinel surveillance data and PMTCT data will be compared for the possibility of using PMTCT program data for surveillance purposes.

Human Capacity Development: During FY 2009, funds will be used to maintain support for positions describe below, all of which will be hired during FY2008. During FY2009, the focus for human capacity development will be on TA and training to build in country capacity for all areas of SI among the full cadre of staff. The development of the Health Sector M&E framework will be completed during 2008, and implemented with partners and stakeholders during FY 2009. Data harmonization will also continue. In the area of M&E, there will be an increased focus data utilization and data quality.

TITLE: ZACP SI capacity, Surveillance, M&E of HIV/AIDS activities

NEED and COMPARATIVE ADVANTAGE: The SI unit of the ZACP is the custodian of health sector HIV data in Zanzibar. The unit is mandated to coordinate, collect, store, retrieve, and analyze various types of data for planning and policy formulation. Simultaneously, the unit has good capacity for data handling, hence, it will complement efforts of the HMIS unit within the MoHSW in the production of health data required by stakeholders. The SI Unit has started to set up data collection tools to include information on Care & Treatment, HIV surveillance, PMTCT, HIV Testing, Home Based Care, Laboratory and STI services.

ACCOMPLISHMENTS: 1) Increased capacity to monitor and evaluate HIV/AIDS interventions, 2) Conducted behavioral and biological surveys for Most At Risks Populations (MARPS) specifically men who have sex with men (MSM), commercial sex workers (CSWs), and intravenous drug users (IDUs), 3) Piloted respondent-driven sampling (RDS) methodology during MARPs surveys, 4) Assessed prevalence of bloodborne infections among populations of interest during MARPs surveys, 5) SI unit has trained HMIS staff on HIV monitoring.

ACTIVITIES: The activities for this year include: Antenatal Clinic (ANC) surveillance, behavioral surveillance (BSS) of MARPs, and strengthening M&E and program monitoring capacity.

1. Surveillance

a.) Antenatal Clinic (ANC) HIV surveillance will be repeated in 2008 with the 20 sites using the PMTCT approach complemented by dried blood spot (DBS) methodology for specimen collection. Additionally, trend analyses will be performed on three data points (2002, 2005, 2007 & 2008) specifically using data for those sites which did participate in all four rounds. ANC surveillance data will be compared to PMTCT counseling & testing data in order to assess the feasibility of replacing ANC surveillance with PMTCT (if PMTCT services coverage is satisfactory) as the main method of tracking the epidemic in the general population in Zanzibar.

b.) ZACP staff will also participate in the behavioral surveillance survey with biological marker(s) (BSS+) among prisoners and uniformed services. This will include training of trainers (TOTs); laboratory support, data management and analyses, and preparing and disseminating reports. With FY 2008 funds, the staff will also participate in the repeat of the BSS+ among IDUs.

2. Human Capacity Development

a) Human capacity needs are substantial across all teams within ZACP. The ZACP SI section is in charge of HIV and STI surveillance, monitoring and evaluation of programs, and information systems activities. As a result, personnel to be recruited will include: a Strategic Information Coordinator (Epidemiologist), a Surveillance Coordinator, a Monitoring and Evaluation (M&E) Officer, a Data Manager and four Data Entry Clerks.

b) Train HCW staff on basic epidemiology, basic computer skills, database management using Epi Info (for Windows), data entry, analysis using other complementary statistical packages, data presentation and report writing.

c) Attend regional and international trainings and conferences.

3. Develop Health sector HIV M&E framework to include a comprehensive set of national and international indicators to track progress against set targets; guidelines for activity planning, monitoring and reporting;

**Activity Narrative:** capacity-building for data use; a more standardized/formalized way of reporting health information up to ZACP; and development/strengthening of existing linkages between the different program activities.  
 4. Harmonize HIV data at ZACP programs. Each unit of ZACP is collecting data related to counseling and testing e.g. PMTCT, PITC. These data need to be harmonized in SI unit for management and analysis.

**LINKAGES:** The Strategic Information Unit is working in collaboration with other units within ZACP. Linking health sector HIV information to the national HIV data set. Data are collected from Public and private health facilities that include, FBO and NGO facilities. ZACP will also continue to collaborate with Tulane University on the MARPs surveys. ZACP works closely with Tulane University, which has technical expertise on respondent driven sampling to collect BSS data on MARPs.

**CHECK BOXES:** The areas of emphasis were chosen because activities will include training of health care workers, approved targeted evaluations and surveillance. The general population will be targeted in our testing activities.

**M&E:**

The SI Unit of ZACP supports the all national HIV monitoring systems, both paper-based and electronic systems HIV monitoring systems, across the program areas, including PMTCT, CT, Treatment, Homebased Care. The unit is also responsible for training staff on the data collection tools and rolling out of the monitoring systems to facilities throughout Unguja and Pemba islands. Supportive supervision is provided to all sites, specifically on data collection, management and reporting of aggregate data to the district/regional and central levels. Data quality assurance protocols will be developed and the Surveillance Officer will conduct periodic supportive supervision at the facility-level.

**SUSTAINABILITY:** Evidence-based planning forms part of the health sector management process. Designed interventions fall in line with the national priority of monitoring health and particularly in monitoring HIV patterns and disease management. The poverty reduction strategy paper which is pivotal in health sector planning acknowledges the need to monitor MDGs inclusive of HIV and AIDS. Inclusion of HIV information in the national data set is critical for evidence-based planning. Training programs are included in the plan for continuing education for HCW and forms part of the human resource retention and development plans.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13534

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13534	3502.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	6542	4781.08	ZACP	\$300,000
7755	3502.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	4781	4781.07	ZACP	\$120,000
3502	3502.06	HHS/Centers for Disease Control & Prevention	Ministry of Health - Zanzibar, Tanzania	2893	1131.06		\$100,000

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$100,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 4790.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 9593.23241.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 23241	
<b>Activity Narrative:</b> ACTIVITY UNCHANGED FROM FY 2008 COP.	

TITLE: SCMS – Personal Digital Assistants (PDAs) for surveillance and surveys

NEED and COMPARATIVE ADVANTAGE: Targeting the response against the HIV pandemic requires a clear understanding of the epidemic and any changes that may be occurring in the rates of infection and distribution with the population. Over the years, USG has provided support to the National AIDS Control Program (NACP) for the surveillance activities. Through funding for the antenatal clinic (ANC), HIV Sentinel annual survey, and the HIV Drug Resistance (HIVDR) monitoring, USG support has fostered a better understanding of HIV in Tanzania and helped guide efforts in the fight against the epidemic. With the expansion of programs and strengthening of monitoring systems, USG is introducing technologies to improve the flow, feedback and dissemination of data through the establishment of the Phones for Health system. SCMS will provide some of the equipment necessary to build the various components of this national system. Commodity requirements to support surveys are crucial to the success of these activities, and SCMS provides novel supply chain solutions for these commodities.

ACCOMPLISHMENTS: Previous funding in this area were used for the procurement and supply of a range of commodities, including Rapid Test Kits, Enzyme-linked immunoassay (EIA) test kits, filter paper, pipettes, dried blood spot (DBS) cards, and gloves, Providing technical support for the supply chain management activities involved in the distribution and use of these commodities was crucial to the success of the ANC surveillance. The funding was also used to purchase personal digital assistants (PDAs) for use of ART site assessments.

ACTIVITIES: SCMS will procure PDAs and supporting equipment for data collection activities in Tanzania. This will be developed from the program or work plan for the implementation of the ANC surveillance and other surveys, such as the HIVDR threshold survey.

LINKAGES: The activity supports planned NACP activities

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13561



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13561	9593.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6548	4790.08		\$100,000
9593	9593.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$550,000

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4922.09	<b>Mechanism:</b> MARPS in DSM - Interventions
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 16539.23242.09	<b>Planned Funds:</b> ■
<b>Activity System ID:</b> 23242	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

This activity has been incorporated into NACP activity narrative.

**TITLE:** Biological and behavioural surveillance among commercial sex workers in Dar es Salaam

**NEED and COMPARATIVE ADVANTAGE:** The CDC/HHS in Tanzania has been collaborating with the World Health Organization (WHO) in providing technical assistance to Tanzania Ministry of Health and Social Welfare (MOHSW) 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.

The increase in heroin use among sex workers has led to an increased HIV prevalence in this population (McCurdy 2006). 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), especially in Dar es Salaam.

**ACCOMPLISHMENTS:** Funds in FY 2007 were given to the National AIDS Control Program (NACP) to convene a consultation meeting of key stakeholders to map the government strategy in the Health Sector Strategic Framework (HSSF). There is currently a draft of the HSSF. Funds were also provided to pilot behavioural and biological surveillance methodologies among bar workers in Morogoro (on the truck routes).

**ACTIVITIES:** NACPs' Behavioral Surveillance Survey (BSS) protocols and tools have been used to develop protocols for surveillance of AIDS cases, STI cases/syndromes, and antimicrobial susceptibility patterns for STI pathogens. These activities were completed in collaboration with national sociological institutions, local universities, the World Health Organization (WHO), the German Technical Corporation (GTZ), the joint U.N. Programme for HIV/AIDS (UNAIDS), Muhimbili National Hospital (MNH), Muhimbili University College of Health Sciences (MUCHS), Kilimanjaro Christian Medical Centre (KCMC), and the Infectious Disease Clinic (IDC) of the Dar es Salaam City Council. These data have been compiled in different publications such as the Tanzania HIV/AIDS Indicator Survey (THIS) and the Demographic and Health Survey (DHS) to provide valuable information for planning, policy analysis and development. Second-generation HIV/AIDS surveillance emphasizes monitoring of behavioral trends through BSS as systematic, repeated, cross-sectional survey of HIV and STI-related behaviors thereby monitoring the level of risk and changes over time in sub-populations such as commercial sex workers.

FY 2008 funds will support a BSS targeted among commercial sex workers (CSW) in Dar es Salaam and the level of risk related to migration of seasonal workers, as well as drug and alcohol use. A presurveillance assessment will be performed to estimate the size of the CSW population to be sampled through respondent driven sampling (RDS). A drug and alcohol survey instrument developed by the Most At-Risk Population (MARPS) Technical Working Group will be used, with training of local staff on its utilization. Data will be collected in the three districts of Dar es Salaam (urban and rural areas) to produce data for selected high risk areas - ports, trucking routes and brothels. Dissemination of data will include printed reports and materials coupled to the implementation of HIV prevention interventions targeting the identified high levels of risk for HIV transmission.

This will be done with a to-be-determined 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, and e) dissemination of study results.

**CHECK BOXES:** This is a strategic information activity which includes a survey and training. Through the trainings and implementation of RDS and capture/recapture size estimation, capacity of local organizations will be built to be able to conduct these surveys.

**SUSTAINABILITY:** Human capacity will be built to conduct these types of surveys in Tanzania. The linkage of the survey results with development of prevention programs for MARPs will ensure that the data are used, and programs are evidence-based.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16539

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16539	16539.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6481	4922.08	MARPS in DSM - Interventions	■

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4950.09	<b>Mechanism:</b> LOCAL
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 3519.23243.09	<b>Planned Funds:</b> \$1,272,000
<b>Activity System ID:</b> 23243	

**Activity Narrative:** THIS NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAY:

This is an ongoing activity from FY 2008. Activities listed have been initiated and will proceed during FY 2009 as in the previous year. Accomplishments will be reported in the FY 2008 APR. Please note that the activity narrative remains unchanged from FY 2008, however in FY2009 funds will support three additional positions: 1) SI Liaison, a contractor previously funded under a different budget to support USG/PEPFAR-wide SI activities; 2) Chief of SI and HCD, which was previously funded under CDC general management and staffing; and 3) Program Analyst for Systems Strengthening, an ASPH fellow to support activities in the systems strengthening strategic results unit.

**\*\* END – UPDATE\*\***

**TITLE:** Management & Staffing – SI CDC (GHAI)

**ACTIVITIES:** 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 PEPFAR are met.

The FY 2008 funds will support seven full-time equivalent staff that will coordinate activities in strategic information. The composition of the staffing includes the following: 1) Senior Surveillance Advisor, a contractor, who will oversee all CDC specific activities related to surveillance/surveys and provide biostatistical support for public health evaluations; 2) Health Management Information System (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 ; 3) Monitoring and Evaluation Team Lead, 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; 4) 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 surveys and monitoring, and behavioral and biological surveys among most at-risk populations. S/he will also conduct trainings and participate in technical working groups to build capacity within the ministries of health; 5) M&E Advisor, a contractor, to replace the exiting M&E ASPH fellow. The M&E Advisor will support the M&E senior advisor in implementing M&E activities for CDC and its partners. S/he will work closely with CDC program officers to build their capacity in program monitoring; 6) M&E Officer, a local hire or ASPH fellow, to implement M&E related activities for CDC and its partners; and 7) a Database Administrator, a local hire, who will oversee the planning, maintenance and development of databases, including implementation of a program monitoring system for PEPFAR Tanzania, and who will also coordinate on the US Government side, the implementation and use of data from the Phone for Health Initiative.

All CDC SI personnel will be members of the USG Strategic Information Inter-Agency Technical Team (ITT) and serve as the SI focal person on at least one of the programmatic ITTs.

All of the CDC SI staff described will work directly with the MOHSW on the Mainland and the ZACP on Zanzibar to provide ongoing technical assistance and building capacity in SI among the respective Epidemiology Units. They will work with CDC's implementing partners to establish and maintain health information systems, and monitor and evaluate the activities of CDC's partners. 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. In FY 2008, additional emphasis will be placed on building capacity among local research institutions, including the National Institute of Medical Research and the Muhimbili School of Public Health, for public health evaluations and surveys. With the implementation of the Phones for Health Initiative in Tanzania, building interfaces among existing information systems and ensuring the use of data at local levels will be a major focus. 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 2008 funds will support travel, both international (trainings, meetings, and conferences), and domestic (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.

**LINKAGES:** CDC Tanzania's SI Team links with other USG agencies SI professional staff to provide overall support to the PEPFAR Tanzania team. All SI staff serve on inter-agency technical teams (ITTs). There is also a linkage with the Measure Resident Advisor in SI through the SI ITT.

**CHECK BOXES:** Activities will include training and capacity building of local organizations and Government of Tanzania public health professionals in strategic information, with a primary focus on CDC's partners. CDC SI staff will provide technical support to public health evaluations through PEPFAR Tanzania. Training and capacity building in M&E, HMIS, and surveys/surveillance are the objectives of the SI team in CDC Tanzania.

**SUSTAINABILITY:** CDC Tanzania's approach for sustainability in SI is to ensure that capacity is built in M&E, HMIS, and surveillance/surveys among local organizations and GoT (Ministry of Health and other line ministries). Capacity building includes both pre-service and in-service approaches. In addition to the above-mentioned areas, a particular focus will be placed on work plan development and monitoring of activities. There will be an increased focus on building capacity of local research institutions in public health evaluations in FY 2008.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13661

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13661	3519.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6568	4950.08	GHAI	\$1,600,100
7833	3519.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$429,615
3519	3519.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2894	1140.06	Country staffing and TA	\$666,013

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 7567.09

**Prime Partner:** Ifakara Research Center

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 16840.23244.09

**Activity System ID:** 23244

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$500,000

**Activity Narrative:** THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

During FY 2009, funds for this activity have been increased. This increase will allow for expansion of mortality surveys into additional DSS sites. The expansion will result in more robust and comprehensive findings from the surveys, and will expand reach and coverage of mortality data. All of which will result in more meaningful data for health policy and planning for the GOT.

TITLE: Estimating Mortality Trends on Mainland Tanzania

NEED and COMPARATIVE ADVANTAGE: Under PEPFAR, the proportion of deaths due to HIV/AIDS among persons aged 18-59 years is an outcome indicator of the impact of PEPFAR on general population health. The importance of community-based data on survival and cause-specific mortality are vital for health policy and planning.

In Tanzania, there are few reliable sources of information on mortality rates and the causes of death. Tanzania has conducted adult morbidity and mortality surveys in 1992-1997 and 1997-2003.

Ifakara Health Research and Development Center is part of the demographic surveillance system (DSS) in Tanzania, and it has the capacity to collect information on total deaths and deaths due to HIV/AIDS to show the impact of PEPFAR investments in the fight against HIV/AIDS in Tanzania. Ifakara is one of eight demographic surveillance sites that make up the National Sentinel Surveillance System (NSS) in Mainland Tanzania. Ifakara Research Centre works closely with the Ministry of Health and Social Welfare (MOHSW) to maintain and oversee the eight sites.

ACCOMPLISHMENTS: NA – This is a new activity.

ACTIVITIES: Ifakara will conduct sample vital registration with verbal autopsy (SAVVY) to estimate mortality related to HIV/AIDS among persons aged 18-59 years using a phased approach. Initially, Ifakara will conduct a survey in Ifakara and Rufiji, with expansion to the other DSS in the following years.

Ifakara will use a validated verbal autopsy tool to determine major causes of death at the DSS. Currently, Ifakara conducts a semi-annual census on births, deaths, and migration in the DSS. Ifakara will follow up all identified deaths with a verbal autopsy. A medical team will be established to code deaths and determine the possible cause of deaths.

In FY 2008, Ifakara Research Center will conduct training in strategic information and further discussion on the design and implementation of the SAVVY system in Ifakara and Rufiji.

PEPFAR-Tanzania will use the results to measure the impact of the PEPFAR investment in Tanzania, and to measure equitable development of the population. The results will be used to make evidence-based decisions on health policy, planning, and monitoring and evaluation of HIV/AIDS related programs at the appropriate national and sub-national levels.

LINKAGES: The results from the SAVVY will be used to measure the impact of PEPFAR funding on morbidity and mortality associated with HIV/AIDS in Tanzania. Ifakara Health Research and Development Centre will liaise with the MOHSW and CDC Tanzania.

CHECK BOXES: The morbidity and mortality survey will be conducted among adults aged 18-59 years. It is a strategic information activity.

SUSTAINABILITY: Ifakara Health Research and Development Centre's mission is to develop and sustain district based health research and resource centre capable of generating new knowledge and relevant information for public health policy and actions. It has been in existence for over 20 years, and can lead the planning and implementation of SAVVY in Tanzania.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16840

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16840	16840.08	HHS/Centers for Disease Control & Prevention	Ifakara Research Center	7567	7567.08		\$250,000

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 8068.09

**Mechanism:** N/A

**Prime Partner:** University of Dar es Salaam, University Computing Center

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 8062.23245.09

**Planned Funds:** \$345,000

**Activity System ID:** 23245

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity below is a continuing activity from FY 2008, and will continue as described below for FY 2009. Increased funding requested for this activity will provide additional support for the continued roll out of the Care and Treatment electronic system to additional facilities, and continued support for development changes as necessary. The partner will work with NACP and Care and Treatment implementing partners to ensure the system meets the needs of its users and to continue to provide training and refresher trainings and the system is revised according to policy direction from GOT.

**TITLE:** Support for Care and Treatment Monitoring System Training and Implementation

**NEED and COMPARATIVE ADVANTAGE:** The Ministry of Health and the National AIDS Control Program (NACP) supports a decentralized approach to management of HIV/AIDS intervention programs. For program monitoring, in part, this involves data collection, synthesis and use at the point of service – at the health facility level. Decentralization of program data management will result in early identification and correction of data errors, as well as synthesis and use of this information to improve service delivery.

With a Global Fund grant, a local organization has developed the care and treatment centers (CTC) database for the National AIDS Control Program and health facilities. This is the standard system for electronic data collection and reporting for the Care and Treatment program. However, funding for training and continued support extends to the four Global Fund-supported CTCs. For some Care and Treatment Centers, to aid in centralized access and to direct appropriate action to patient-level data and aggregate reports, they have adopted the electronic database system. To continue the support these facilities that use the electronic system, and other facilities as care and treatment services expands, it is important to provide appropriate training and support to ensure accurate data entry and data management.

**ACCOMPLISHMENTS:** To date, 38 health facilities providing Care and Treatment services have adopted the electronic version of the national Care and Treatment monitoring tools, and more than 170 health workers have been trained on its use.

**ACTIVITIES:** Training and support for the electronic CTC database: 1a.) Conduct 10 training sessions on the electronic systems for health workers, district and regional staff, and treatment partners. This activity also includes providing logistical support for training sessions. 1b.) Conduct two courses on data analysis of care and treatment data for advanced database users 1c.) Provide ongoing support, maintenance and feedback of the CTC database for its users 1d.) Provide supplemental development modifications for the CTC database, as necessary, based on national guidelines and tool changes, and conduct complete, timely changes to existing functionality, as necessary.

**LINKAGES:** This activity links very closely with Global Fund, the funders of the development of the database; the NACP, which oversees activities for the Care and Treatment program, on policy and guidelines that will impact the paper-based and electronic tools for data collection; treatment partners, who are building the capacity of health facilities in the provision of services and districts and regional staff in program monitoring; as well as the selection of appropriate health workers for training on the electronic system and in coordinating training for this effort.

**CHECK BOXES:** This activity supports Strategic Information in training on electronic databases for collection and use and reporting.

**M&E:** The local partner will report on its activities for training and support for the national electronic database for Care and Treatment. The partner will work with NACP in planning of its training and development activities for this program, which is expected to train 200 persons on the use of the system, and support 60 organizations.

**SUSTAINABILITY:** This system was developed by a locally-based organization that supports the NACP activities for routine reporting for Care and Treatment. It is necessary to continue supporting the local organization, especially as the provision of care and treatment services are expanding to primary health facilities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16540

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16540	8062.08	HHS/Centers for Disease Control & Prevention	University of Dar es Salaam, University Computing Center	8068	8068.08	CTC2 Support	\$250,000
8062	8062.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$130,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$200,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8241.09	<b>Mechanism:</b> IP DQA
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 17724.23246.09	<b>Planned Funds:</b> ■
<b>Activity System ID:</b> 23246	



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

This activity has been rolled into the Measure Activity Narrative.

TITLE: Data Quality Assessments

NEED and COMPARATIVE ADVANTAGE: The quality of achievements on PEPFAR indicators varies widely among USG partners. Given the level of PEPFAR funding, it is critical to assess and improve data quality.

USG will contract with an audit firm to conduct Data Quality Assessments (DQAs) with the goals of both improving data quality and building the capacity of PEPFAR organizations to manage and report data accurately.

ACCOMPLISHMENTS: This model, used in South Africa has led to better quality PEPFAR data and enhanced capacity among organizations participating in assessments.

ACTIVITIES: The proposed Data Quality Assessment model is based on that of PEPFAR South Africa. Tanzania proposes to contract with an audit firm to conduct the DQAs with support from PEPFAR-Tanzania SI staff and TBD for building SI Capacity (formerly MEASURE Evaluation).

USG will select partners to participate in DQAs based on large budgets, large targets, and concerns about performance. USG will strive to obtain some balance by USG agency and program area.

The DQAs are designed as a three-phased approach, using standardized tools based on USAID and other internationally accepted standards. At each phase, the DQA team identifies risks to data quality. This prompts a dialogue between the assessor and the partner regarding approaches to improving systems, and resolving problems and data quality risks. The DQA team reports to findings of each phase, with associated recommendations, in detail to both the USG and the partner. The DQA team prepares a report for each phase. The partner and USG develop a technical assistance plan.

Phase 1: Phase 1 assessments are conducted with a new group of partners as identified by the USG Task Force. In this phase, the partner's data management system (DMS) and associated processes and procedures are examined through a self-evaluation, followed by a review of the DMS by the assessor. The main objective is to prepare the partner for Phase 2 and familiarize them with the DQA process.

Phase 2: Phase 2 involves validation and verification of reported data. The assessor uses two selected indicators (from source) and tracks it through the partner's DMS to evaluate the reported data for validity, reliability, timeliness, precision and integrity. Any identified risks are reported to the partner and the USG with recommendations for corrective action. Partners with high risk scores are issued compliance notes indicating poor data management and quality practices. The compliance notes also provide recommendations for resolving the poor practices.

Phase 3: Phase 3 is the follow-up visit which is only done with those partners who received a compliance note based on a high risk score in Phase 2. The assessor re-examines the data quality issues found during Phase 2 and assesses whether the corrective action taken by the partners reduces the risks that were outlined. If the assessor is satisfied, the compliance note is officially closed. This final visit also serves as an additional opportunity for the partner to receive technical assistance from the assessor on data quality practices.

M&E: A tool will be used to assess the quality and timelines of PEPFAR data submissions. Partner performance will be tracked by partner characteristics including whether they have participated in a DQA.

SUSTAINABILITY: The DQA process builds M&E capacity of partners.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17724

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17724	17724.08	U.S. Agency for International Development	To Be Determined	8241	8241.08	IP DQA	■

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 8244.09

**Mechanism:** M&E DQA

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 3512.23247.09

**Planned Funds:** ██████████

**Activity System ID:** 23247

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The USG PEPFAR Team has decided reduced the Scope of Work for MEASURE Phase III that appears in the FY 2008 COP in order to be able to focus more intensively on implementing partner Data Quality Assessments and M&E capacity building and systems strengthening.

**TITLE:** MEASURE Phase III Monitoring and Assessment for Results (MMAR III)

**Introduction:** Initiatives to fight HIV and AIDS, which have a strong results-and performance-based orientation, require good quality data to measure indicators of success. By conducting data quality assessments, donors are able to pinpoint accuracy in performance data, focus attention and resources to improve the systems and ultimately have better quality data for program management and reporting.

**Accomplishments:** Between June and September 2008, MEASURE Evaluation conducted data quality assessments (DQA) with 10 implementing partners (IPs) and selected sub-grantees for the reporting period October 1, 2007 to March 31, 2008. MEASURE Evaluation subcontracted with Innovex Development Consulting for data collection and preliminary report preparation and adapted parts of two tools developed by bilateral and multilateral organizations to improve data quality, reporting and M&E systems: the M&E Plan checklist from the M&E Systems Strengthening Tool and the Routine Data Quality Assessment Tool. Following the DQAs, MEASURE Evaluation will implement a series of capacity building activities with IPs requiring assistance in the form of one-on-one mentoring, partner-to-partner capacity building, and small targeted trainings. In 2009, MEASURE Phase III will conduct up to an additional 15 DQAs and capacity building activities in line with the methodology used for the first ten assessments.

**Activities:** MEASURE Phase III Monitoring and Assessment for Results will continue in data quality assessments in line with the methodology used to date. Tools and methodologies may be adapted based on lessons learned in the past two rounds of assessments. MEASURE Phase III will perform approximately 10 to 15 DQAs. To complete this activity, MEASURE will first work with USAID to agree upon the partners, the reporting period and indicators to be assessed. MEASURE Phase III will develop a sampling frame to create a statistically representational sample of the data reported during the reporting period. The tools used in the first exercise will be used again to provide USAID with an assessment of the partner's M&E Plan, M&E Unit, and data collection systems at various levels of service delivery sites. Together, these tools provide a qualitative (system assessment) and quantitative (data verification) assessment of the data quality of the IP from multiple data sources, up through intermediate data feeder and aggregation systems, to headquarters' data management systems, as applicable. Field work for each assessment will be completed over a period of two to three weeks. A subcontractor will be hired to assist with the field work. Following completion of the field work, a final report will be prepared for each IP detailing the strengths and weakness of the partner reporting systems.

Tailored capacity building plans will be developed for the IPs to respond to the needs identified in the assessments. MMAR III will provide small group trainings, partner-to-partner training and one-on-one mentoring. In addition, MMAR III will follow up with partners under the first two rounds of DQAs to assess how well proposed action steps have been implemented and improvements in the M&E systems. MMAR III will continue to build the capacity of Innovex Development Consulting to organize, conduct and document the data quality assessments.

\*END OF UPDATE\*

**Targets:**

13.1 Number of local organizations provided with technical assistance for strategic information activities: 15 (FY09); 15 (FY2010)

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 40 (FY09); 40 (FY2010)

**Geographic Coverage Areas:** To Be Determined in consultation with USG PEPFAR Team.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13597

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13597	3512.08	U.S. Agency for International Development	To Be Determined	8244	8244.08	M&E Resident Support	■
7826	3512.07	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	4599	1213.07		\$1,673,736
3512	3512.06	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	2901	1213.06		\$800,000

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8548.09	<b>Mechanism:</b> UTAP
<b>Prime Partner:</b> University of California at San Francisco	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 9578.23249.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 23249	

**Activity Narrative:** APRIL 2009 REPROGRAMMING:  
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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. The increase in heroin use among sex workers has led to an increased HIV prevalence in this population (McCurdy 2006). This core group of potential HIV transmitters could lead to a wave of new infections in the broader population through their casual and steady partners. These developments warrant increased attention to sentinel surveillance of these most at-risk populations (MARPs).

In FY 2009, UCSF will provide technical assistance to the National AIDS Control Program (NACP) to conduct a behavioral surveillance survey with biological markers (BSS+) using respondent-driven sampling (RDS) among commercial sex workers in Dar es Salaam. Other activities will include holding a series of meetings to ensure use of results, initiating formative work to design intervention components and planning of future BSS among additional MARPs populations in Mainland Tanzania.

Activities will include a) training of trainers in behavioral surveillance methods including respondent-driven sampling methods, b) training field data collectors on the survey methods, c) data collection and management, d) training in data analyses and report preparation, and e) dissemination of study results.

In FY 2009, UCSF will scale back technical assistance to the Zanzibar AIDS Control Program (ZACP). As capacity building within ZACP was a significant component of the first round of MARPs BSS, UCSF will provide only limited technical assistance to ZACP to conduct BSS of IDU on Pemba Island using respondent-driven sampling (RDS). In FY 2009, Tulane will also provide scaled-back support during the second round of BSS+ among CSW, MSM, and IDU on Unguja Island.

Note: The current agreement is ending in March 2009. The new partner will be determined once the new agreement has been awarded.

TITLE: Behavioural and biological surveillance among most at-risk populations in Zanzibar

~~~~~  
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 2008 funds, UCSF supported a country-led data synthesis aimed at identifying the drivers of the HIV epidemic and the impact of prevention responses. The process was pushed forward in-country by the Data Synthesis Task Force led by TACAIDS. FY08 funds supported an external consultant and two major stakeholder's workshops which identified research priorities, outlined the triangulation process, and successfully built in-country capacity to carry-out data compilation and analysis.

In FY 2009, data synthesis will continue and will include a shift from a national to a regional focus. Dramatic regional variance in prevalence rates and behaviors indicates that approaching data synthesis by region might produce findings with direct programmatic applications and build capacity at a decentralized level. While national-level activities will continue with TACAIDS leadership, in FY 2009, funds will focus on supporting regional partners in one to two regions to undertake data synthesis activities to answer questions relevant to their local epidemics.

Note: The current agreement is ending in March 2009. The new partner will be determined once the new agreement has been awarded.

TITLE: Rapid multiple-source HIV/AIDS data synthesis for program planning (Triangulation) in Tanzania

NEED and COMPARATIVE ADVANTAGE: This activity is part of the overall SI strategy of Tanzania to build capacity to assemble, analyze, and better utilize existing data to answer key program questions and inform policy decisions and program planning and implementation.

As PEPFAR-funded country programs have expanded and matured, SI systems have also evolved and data collection has become widespread. Countries collect individual and aggregate program monitoring data through routine monitoring systems; HIV biological and behavioral data through surveillance systems; additional knowledge, attitude, behavior, and biomarker data through population based surveys; service availability and provision data through facility surveys; and program evaluation and research information through special studies.

Although countries expend a lot of effort to collect these data, they are seldom synthesized, disseminated or used effectively to inform program planning and implementation or to make policy decisions. Fostering evidence-based decision-making is one of the most important uses of HIV/AIDS data. When stakeholders use this information to make decisions, they help to improve overall health care by increasing the health system's ability to respond to the needs of those affected at all levels. Better use of this information also promotes accountability and transparency in the decision-making process. In order to do this effectively, it is essential to know the users, as well as their required and desired uses of the data. It is critical to identify underutilized data sources and address the reasons why data are not being better used to meet the needs of stakeholders.

Triangulation is synthesis and integrated analysis of data from multiple sources for program decisionmaking, and a powerful tool that is used to demonstrate program impact, identify areas for improvement, direct new programs and enhance existing programs, and help direct policy changes. It strengthens the

**Activity Narrative:** understanding of complex health issues, and provides support for making evidence-based public health decisions.

**ACCOMPLISHMENTS:** Using FY 2007 funds (central & in-country), Tanzania will begin data synthesis activities with assistance from UCSF and CDC HQ. Accomplishments to date include advocacy meetings with Ministry of health (NACP and HMIS), TACAIDS and NIMR, all of which are very enthusiastic about this project. Next steps include initial stakeholders meeting in the fall of 2007 to be facilitated by UCSF, and formation of a task force to begin activities including the identification key questions.

**ACTIVITIES:** The three goals of this activity are a) to analyze single source data from routinely collected data from HIV/AIDS intervention programs such as PMTCT or counseling and testing programs, b) to conduct the country-driven data triangulation process to answer key questions prioritized by the country team, and c) to build in-country capacity (individual and institutional) to synthesize, interpret, disseminate, and use data for program improvement including evidence-based policy-change decisions. This countrydriven approach will enhance ownership and promote sustainability.

This activity will synthesize data from many sources including: a) routinely collected data from HIV/AIDS intervention programs such as PMTCT, CT, TB/HIV, and blood donor services; b) surveillance data, including ANC surveys (with valid data available from 2001) and AIDS case surveillance; c) populationbased surveys such as the THIS (2003/4 and 2007) and Demographic Health Survey; and d) special surveys and impact assessments.

This activity will be done in three phases: a) For each data source, there will be assessment, through stakeholder meetings and discussions to determine the users of the data, and what information they need in order to fully utilize data to inform program planning, implementation and policy modification as necessary. The content and packaging of the synthesized information will be tailored to suit the target audience for each data source. This may include packaging the reports into several levels and formats, e.g. reports to National policy makers versus reports intended for service providers at facility, district or regional level. b) For each data source, the national task force will determine what data have already been collected, the quality of that data, and what additional data need to be collected to meet users' needs. The task force will also develop mechanisms for accessing data from all sources. c) Once the data have been assembled, CDC, in collaboration with UCSF and the task force, will develop an approach to analyses which will include determining which data sources will be analyzed and disseminated individually to target groups, versus those that will be part of the triangulation process to answer key questions. Due to varying/multiple user needs, some data sources will be in both.

Planned funds will be used to continue activities started in FY 2007 to build in-country capacity to regularly conduct triangulation as new data becomes available. Specifically, funds will cover external consultant salary and travel, a local in-country coordinator/analyst to keep the process moving forward and to provide technical assistance, materials adaptation and preparation (including workshop materials, reports, and presentations), and any costs associated with conducting the in-country workshops funds may also be used to conduct follow-up analytic and capacity-building activities upon request of the country team.

There will be five major activities as follows: a) formation of a country task force to guide the identification of existing data sources and to formulate key questions that can be answered by synthesizing these data; b) conduct stakeholder meetings to link program and policy experts with strategic information experts in order to bridge the disconnect between the SI personnel who are charged with collecting and managing the data and the program managers who need the information to make evidence-based decisions and plan programs; c) conduct data compilation, analyses and report packaging workshops facilitated by UCSF data analysts and attended by in-country data analysts from NIMR, NACP, MoHSW, TACAIDS and other USG partners. These workshops will ensure sustainability by building long term capacity for regular data synthesis; d) conduct task force meeting(s) to review findings and organize the report(s) for presentation at the stakeholder meeting; e) conduct stakeholder meetings to disseminate findings, develop strategies for further dissemination, develop recommendations for data use and identify gaps in knowledge that could be filled by future data synthesis work.

**LINKAGES:** This activity will bridge the gap that often exists between the SI personnel who are charged with collecting and managing the data and the program managers who need the information to make evidence-based decisions and plan programs. Stakeholder meetings will see the two groups working closely together with the program managers identifying key program questions that they see as useful in informing their decisions, and SI personnel formulating data analyses to answer these questions. Program managers incorporated into the task force will review the findings, reports and presentations, and provide feedback as to whether data are presented in a format that answers the key questions. Additionally, triangulation of data from different HIV/AIDS program areas and evidence of the inter-relationships between these interventions will provide an opportunity for personnel to share ideas on how to strengthen referral and other linkages between programs.

**CHECK BOXES:** This is an SI activity which will build capacity.

**SUSTAINABILITY:** The approaches used in this activity ensure ownership and promotes sustainability. These include a country-driven data synthesis that brings together SI personnel with program managers and policy makers to: a) jointly understand the functions and needs of data users; b) determine the information that each group needs to perform functions appropriately; c) understand what data have already been collected, the quality of that data, and what additional data need to be collected to meet users needs; d) develop content and packaging information in a format and language suitable for the intended audience; e) make the information available through appropriate channels and as rapidly as possible; and f) build individual and institutional capacity to interpret, disseminate and use information.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13660

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-----------|---------------|
| 13660              | 9578.08     | HHS/Centers for Disease Control & Prevention | University of California at San Francisco     | 8548                | 8548.08      | UTAP      | \$300,000     |
| 9578               | 9578.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4950                | 4950.07      |           | \$30,525      |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 8553.09

**Mechanism:** P4H

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 8221.23250.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 23250

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. THIS ACTIVITY NARRATIVE HAS BEEN SIGNIFICANTLY REVISED TO REFLECT TO WORK COMPLETED IN FY 2008 AND PLANNED ACTIVITIES IN FY 2009. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR.

TITLE: Building a National HIV Facility-based Reporting System

NEED and COMPARATIVE ADVANTAGE: Tanzania is currently supporting HIV care and treatment services at 200 district health facilities and will soon be expanding these services to 500 health centers and dispensaries throughout the country. Assuring the regular and efficient flow of aggregate indicators data from facilities to the district and central levels is a major challenge, not only for ART but for all facility-based HIV services (PMTCT, VCT, lab, blood safety). Due to poor Internet coverage at the peripheral level, facilities are often required to transport their electronic data by road, a process that is both costly and time-consuming. The Phones for Health partnership brings together the mobile phone industry, technology companies, handheld providers and the world's largest HIV/AIDS donor to help countries maximize their existing mobile phone infrastructure to improve the flow of HIV/AIDS data to and from facilities while building the foundation for functional, scalable and sustainable health management information systems.

For the National Blood Transfusion Service, comprehensive safe blood services depend on availability of a blood donor pool of safe donors. In order to maintain this pool an interactive method of communicating with recruited donors and other possible donors is needed. Mobile phones offer this opportunity of regular communication with already recruited donors and other potential ones. Phones for health SMS initiative offers the National blood transfusion program the means of regularly communicating with their donors and recruiting the new ones. With FY 07 and FY08 funds an estimated 150,000 messages are to be sent to donors with mobile phones in Eastern zone. As the program expands more blood donors will be reached in other zones enabling NBTS to build its donor pool for efficient safe blood supply and be able to communicate with donors in emergencies.

ACCOMPLISHMENTS: P4H has accomplished the following:

- 1) Developed and finalized a Terms of Reference between CDC-Tanzania and the Ministry of Health and Social Welfare detailing project priorities, cost, software-as-services model and governance model.
- 2) Collected user requirements for Phase-One priority areas: NBTS Blood Donor Messaging System and IDSR Case Notification & Weekly Reports.
- 3) Conducted infrastructure & services assessment; Conducted rapid assessments in Phase-One regions; Delivered demo (prototype) systems for Phase-One priority areas and delivered the final Phase-One user requirements documents to Voxiva technical team.
- 4) As part of multi-country support, the Phones for-Health replication toolkit was developed to support implementation in additional countries.

ACTIVITIES: In FY 2009, Tanzania will continue to strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage Tanzania's existing telecommunications infrastructure to allow workers at health facilities to transmit monthly reports by phone or Internet. Once in the system, data will be viewable by authorized managers at the district, regional and national levels, as well as to implementing partners, via user-customizable data dashboards and a series of standard reports.

Activities in FY 2009 will also focus on maintaining the existing components of the system: ART monthly and quarterly reporting, Blood Safety, and Integrated Disease Surveillance and Response, and expanding system use through active user support.

Overall system activities in FY 2009 will include: Setting up central infrastructure, short code, gateways and telecom billing structures; Collecting ART user requirements and developing the reporting prototype and delivering the system for both ART and NBTS Blood Donor Messaging system; Developing training curricula and job aids to support introduction of system; Training system administrator(s) in data mining, administrative parameters and basic form configuration via User Interface; Training national, regional, and district-level trainers and users in 2 regions for IDSR and ART modules.

In the area of ART, Phones for Health will continue to support the operation and use of the monthly and quarterly reporting module that was developed in FY 2008. The country team will provide ongoing technical assistance and support to trainers and master users, including the National AIDS Control Programme staff, Regional AIDS Control Coordinators (RACCs), and USG treatment partner staff. Specific activities will include 1) instituting and enforcing standard operating procedures for reporting and resolution of technical issues, 2) inviting regular input from a representative group of "power users," and 3) strengthening capacity and appreciation for data analysis and use through a combination of customized feedback and semi-annual data for decision-making seminars/forums.

Phones for Health data for decision-making forums will bring together key HIV/AIDS stakeholders in Tanzania to review and discuss ART program data with a view to strengthening the demand for good data, building a critical mass of data use "champions" within the Ministry of Health and Social Welfare, and identifying ways that the existing national reporting system can be modified to better support the Ministry's programmatic goals.

In addition, Phones for Health will work with USG treatment partners to expand system coverage to two additional regions in FY 2009 using a training-of-trainers approach. The Phones for Health country team will train USG treatment partners and RACCs in the target regions, and these trainers will be responsible for training DACCs and CTC reporting officers in the use of the ART reporting module. Phones for Health will also replicate and distribute technology-enhanced, role-based training materials (including participant manuals, facilitation guides, and job aids) to target users in the new regions.

Activities for NBTS in FY 2009 will focus on scaling up and expanding the scope of the existing components of the system in the area of blood safety. Phones for Health will add bi-directional messaging functionality to the National Blood Transfusion Centre's Blood Donor Messaging System. The introduction of bi-directional

**Activity Narrative:** messaging between potential and existing blood donors and the Phones for Health database will open the door to new recruitment and retention approaches. Any individual with access to a cell phone will be able to self-register as a blood donor via SMS and take advantage of other Health services, such as self-administered risk assessments or blood donation FAQs.

The system will also be expanded to a second zone (to be determined based on technological readiness), bringing the total number of blood donors covered to approximately 150,000 (assuming 50% of blood donors have cell phones). Program evaluation activities – including automated data collection and supplemental blood donor surveys – will also continue. Twelve-month program results will be measured and compared to baseline data and data collected six months after program initiation.

At a cost of \$50,000 dollars, funded through CDC on behalf of DoD, the USG PEPFAR staff will work in collaboration with the Tanzania People's Defense Force (TPDF) to develop culturally appropriate, relevant HIV prevention text messages building upon existing prevention platforms and programs. These text messages will be sent to remotely-stationed military on a regular schedule (e.g., every Friday afternoon). The text messages will focus on increasing HIV/AIDS knowledge and prevention. This will be a one-way communication and no data would be recorded on individual service members. Rather the pilot will track how many text messages were disseminated.

At least 200 service members will receive weekly prevention messages by SMS during the pilot phase, though this number may be increased if preliminary results from the pilot are positive. Voxiva and other consortium members will work with DoD and the TPDF to configure a web- and SMS-based system for prevention messaging to the military and to set this system up on the existing P4H infrastructure in Tanzania. The system will be launched – and the first prevention message delivered to target service members -- within 10 weeks of receipt of funding.

Through funding under separate entry, DoD and PharmAccess International (PAI) will work with the TPDF to conduct pre and post-pilot surveys to evaluate the acceptability of the service and its messages as well as any impact on knowledge among the 200 targeted members in the pilot project. The results of this evaluation will be used to determine future expansion of this program, to include improvements to the approach, strengthening of messages and possible incorporation of messages regarding other HIV services available.

**LINKAGES:** The Phones for Health partnership will continue to link with the Ministry of Health, who provide oversight for this activity as well as NACP and NBTS, as the system is expanded. New collaborations will begin with TPDF and PAI.

Phones for Health activities will closely link with PDA and the web-based system for Blood to identify safe donors, and temporary and permanent deferrals.

**M&E:** The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Tanzania. All users, including MOHSW, NACP and TACAIDS, and health care workers, will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features. The Blood activities will be monitored throughout the implementation of the program for expected outcome and impact to blood donor management system.

The team will also self-monitor and report on its activities to USG and GoT for continual updates and program implementation flow.

**SUSTAINABILITY:** Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Tanzania. Phones for Health will support a full-time technical advisor (aka system implementation lead) and training coordinator to transfer critical knowledge and skills to the local management unit, which will be located within the HMIS division of the Ministry of Health.

With oversight of the system by the Ministry of Health/ HMIS Unit, the partnership will continue to transfer knowledge on system use and coordination of activities to ensure the system meets the needs of the government and has utility at all levels of government.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13411

#### Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-----------|---------------|
| 13411              | 8221.08     | HHS/Centers for Disease Control & Prevention | Voxiva                                        | 8553                | 8553.08      | P4H       | \$550,000     |
| 8221               | 8221.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4950                | 4950.07      |           | \$389         |



---

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 1143.09

**Prime Partner:** US Department of Defense

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 25080.09

**Activity System ID:** 25080

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$100,000

**Activity Narrative:** THIS IS A NEW ACTIVITY.

TITLE: IMPROVING DATA QUALITY IN THE SOUTHERN HIGHLANDS

NEED and COMPARATIVE ADVANTAGE

Walter Reed HIV Care Program in the Southern Highlands covers three regions of Mbeya, Rukwa and Ruvuma; the program supports prevention care and treatment.

Inadequate human capacity, poor infrastructure and weakness of health information system are the major challenges facing DoD partners in Southern Highlands, including both treatment partners and Community/Outreach partners as well. The program intends to strengthen capacity of the partners in data management and use for decision making in this fiscal year 2009. Technical support will be provided in the entire spectrum related to strategic information to all the partners

ACCOMPLISHMENTS

The past period Walter Reed program together with partners in the Southern Highlands have accomplished a significant assignment and recognizes the achievement that include, implementation of its own database which is capable to accommodate both PEPFAR and NACP needs, conducting regular training and refresher trainings on PEPFAR requirements as part of strengthening reporting system, providing regular supervision as well as Monitoring of Program activities, 8 electronic Sites have been established - however we still have some that are manual. All the Community /outreach partners have data collection tools and are able to report on PEPFAR requirements. An M&E Manager has been hired to complement the SI team.

DoD SI team work hand-on- hand with both treatment and community outreach partners to process and compile monthly, quarterly, semi-annual and annual progress reports. All sites in the southern highlands have staff trained on data collection and computers have been supplied; while in the other regions, only one site per region has had people trained and computer supplied in the past years.

DoD SI team has already completed revising and amending local data collection tools which will help on upgrading the database.

ACTIVITIES:

1. In FY 2009, DoD will harmonize and strengthen data collection tools
2. To introduce Web base application for CTC sites
  - 2a) Installation of the system at each site.
  - 2b) Training data entry staff Web base soft ware
  - 2c) Web program maintenance
2. Link of all CTC sites using V sat in areas where no local internet (network) provider.
  - 2a) Installation of V-sat dishes (4 sites)
  - 2b) Supply of computers
  - 2c) Supply of backup generators
3. Strengthening M&E capacity by hiring a competent data Manager who will be providing technical assistance to implementing partners on reporting and performance requirements.
4. To conduct workshops/ trainings for Implementing Partners on data quality and use.
  - 4a) Orient health care workers on updated data collection tools
  - 4b) To train all partners on data analysis
5. Document, share and disseminate lessons learned and best practices
  - 5a) Identification of promising and evidence based practices
  - 5b) Dissemination and sharing of best practices.

LINKAGES: These program activities will be linked to other reporting system that works in the same areas and sites taking the opportunity to strengthen the existing rather than establishing parallel structures. Management of Monitoring and Evaluation information will be done by the same existing structures in the program areas. Collaboration will occur with treatment, and outreach partners, NACP, other USG ART team, Web Masters (Net work Providers) and DoD M&E Unit.

TARGET POPULATION: The target populations for these activities are DoD implementing partners and specifically CHACs, DACCs, RACCs including treatment and outreach M&E persons.

CHECK BOXES: More emphasis will be put to Data Quality activities.

M&E: DoD SI will ensure they provide technical assistance on implementing of SOPs, data quality entry, link of information from sites to main saver, conducting of regular internal data audit and activities monitoring.

SUSTAINABILTY: This is very crucial in any program and we hope to ensure the same through adoption of innovative ideas on data quality and use. Emphasis and focus will be on involvement of strategic institutions and organizations where appropriate. Adherence to reporting requirements and data management that will be achieved through capacity building and regular technical support to implementing partners.

**New/Continuing Activity:** New Activity

**Continuing Activity:**



## PROGRAM AREA CONTEXT: HEALTH SYSTEM STRENGTHENING

\$23,236,734

14, 947 CHARACTERS

Sustainable systems to support the delivery of effective HIV/AIDS services are critical to the United States Government's (USG) efforts to support Tanzania in the fight against HIV/AIDS, and were highlighted as essential in the Partnership Compact discussions as a fundamental set of investments to ensure that mutual goals be met. In FY 2009, the USG will work to strengthen the capacity of the Government of Tanzania (GOT) and civil society organizations (CSOs) to effectively lead and manage the HIV/AIDS response. The USG will also focus on policy development, advocacy for policy change, and policy implementation. In addition, the USG will redouble efforts to address the issue of HIV/AIDS stigma and discrimination. The USG will work to strengthen the ability of local government authorities to better plan for and manage the delivery of health and social services, increase the number of trained health care and social workers, upgrade health facilities, and strengthen the systems that will ensure sufficient quantities of drugs and other commodities for HIV/AIDS services throughout the country. The GOT has made significant strides in strengthening the health system through the development of policies and strategies that establish a clear framework for addressing HIV/AIDS. The GOT demonstrated strong leadership in the development of the new National Multi-Sectoral Strategic Framework (NMSF) on HIV/AIDS and the Ministry of Health and Social Welfare's (MOHSW) Health Sector Strategic Plan (HSSP). In the USG/Tanzania's Partnership Compact discussions with the GOT, there was general consensus on priorities and critical systems strengthening needs and approaches. The parties agreed to pursue public expenditure tracking systems at all administrative levels in order to promote accountability and transparency in the use of funds in the sector. Overall, leaders in Tanzania have become more open to change and innovation in the management of the HIV/AIDS crisis. These encouraging trends will provide an enabling environment in FY 2009 for the implementation of critical interventions and increased sustainability. While the policy environment is improving, capacity for implementation requires considerable focus. Capacity must be built among government authorities at all levels to ensure accountability, with particular focus on the district level is needed. Also, while the work of CSOs in the area of HIV/AIDS has been impressive, many still face challenges in terms of management and leadership, which hampers the scale-up of their activities. Stigma and discrimination remain a widespread problem preventing many Tanzanians from accessing care and treatment, especially in the rural areas. A 2005 study reported that 63 percent of HIV positive women and 50 percent of HIV positive men had recently experienced stigmatization. Even when people do access HIV/AIDS services, the existing health infrastructure and the number of available health care workers are still inadequate to meet the need. Furthermore, the capacity for timely procurement, storage, and delivery of HIV/AIDS drugs and commodities is weak. In FY 2009, the USG will continue to offer assistance to coordinate and collaborate with other donors to improve the policy environment. The USG chairs the donor partner group for HIV/AIDS, and worked closely with other donors to support the development of the NMSF and the HSSP. The USG has recently joined the donor working group on basket funding under the sector wide approach, which allows the USG to advocate for funding to achieve the GOT goals and to complement USG efforts. The USG has a seat on the Global Fund for HIV/AIDS, Tuberculosis and Malaria's (GFATM) Tanzania National Coordinating Mechanism (TNCM) and has used this position to advocate for more coordinated programs, strengthened management, and greater accountability. The USG will use this position to strengthen the technical committees so the review of priorities and proposals is more rigorous, as well as to improve general oversight, use of resources, and disbursement of funds. USG-supported partners will also continue to work with the TNCM to ensure they embrace their roles and responsibilities, and to ensure systems are in place for them to manage GFATM programs through effective monitoring and management systems (e.g. executive dash boards), and to hold open elections for constituents. These steps are essential for a strengthened TNCM and members who empowered, particularly those who are people living with HIV/AIDS (PLWHAs). Given these strategic levers, the USG is well placed to assist in ensuring the critical interventions laid out in the NMSF and HSSP are appropriately implemented. Also in the policy arena, the USG will work in FY 2009 with influential bodies to build public knowledge, enhance accountability, and build leadership related to HIV/AIDS. A new program will provide support to strengthen the HIV/AIDS Committee of the Tanzanian Parliament so that the committee can better engage with the MOHSW, the Tanzania Commission for AIDS (TACAIDS), and other executive branch agencies. Funds will be provided so that members can conduct small-scale field studies related to the delivery of HIV-related health services in their constituencies, the integrity of GFATM sub-grants, and discrimination against PLWHAs. The USG will also help the members to administer a small grant mechanism (less than \$15,000 per grant) so that members of the Committee may receive, competitively review, and fund selected proposals to strengthen HIV/AIDS interventions. The grant mechanism will link the Committee members more closely to their constituencies and allow them to become champions of PLWHAs and their caregivers. In FY 2009 the USG will continue to build capacity of the GOT to lead and manage. Efforts will be focused on achievements that support the new strategic plans that have been completed in the mainland and Zanzibar. Focus will be on the development and implementation of a human resource management information system (HRMIS) on the mainland that is similar to the HRMIS that has proven useful in Zanzibar. The Department of Social Welfare (DSW) will receive targeted assistance to increase its ability to manage the programs under their auspices which benefit orphans and vulnerable children (OVCs). Training will be provided to the National Institute for Medical Research (NIMR) to improve the oversight of research involving human subjects and to build their capacity to carry out operational research. At least three other key national GOT organizations will also receive institutional capacity building support, and key training institutions will receive support to increase their training throughput. At the district level, the USG will continue to support a wide range of interventions to enhance the management and leadership capabilities of policy makers, planners and implementers. The focus on the district level ensures greater sustainability and accountability for programs. A toolkit for improved recruitment and retention, and a facility management orientation package were developed and applied in 19 districts chosen for the GFATM emergency hiring plan so that they are organized to retain those specially recruited and existing health workers. The expectation is that these districts will budget for plans related to manpower that will enable expansion of HIV/AIDS services into the comprehensive council plans and budgets. In FY 2009, support for this program will be expanded dramatically. Other district strengthening will complement this work to improve to ensure that districts are better able to plan, budget, and implement successful programs. "Model districts" will be created whereby best practices such as pay for performance and other innovations will be piloted. These districts will serve as learning labs for other districts. In addition, a program to have local CSOs undertake public expenditure tracking will be piloted in partnership with district health management teams. The goal of the pilot is to create a mechanism through which leaders will be accountable for income and expenditure on HIV-related services in their districts by interfacing with grassroots-level committees trained in the analysis of budgets.

It is clear that efforts by the GOT alone cannot address the HIV/AIDS crisis in Tanzania; partnerships with CSOs and the private

sector will be nurtured and strengthened. Through USG partners, “just in time” technical assistance is provided to CSOs to increase their ability to manage grants and to achieve their work objectives. This work with CSOs will continue in FY 2009. Based on assessments done with each CSO, a plan will be designed to address key organizational weaknesses that impede the organization’s delivery of HIV/AIDS services and limit results. In the coming year at least 80 CSOs will be provided with technical assistance. The USG will also support two public private partnerships to strengthen systems, for human capacity development in general and specifically to strengthen pediatric AIDS training. Support will also be continued for the Tanzanian and Zanzibar HIV/AIDS Business Coalitions to support private sector involvement in the response to HIV/AIDS. In the effort to address stigma and discrimination, there will be considerable focus on the national HIV/AIDS law, which was passed earlier in 2008. The law commits the MOHSW to formulate public education programs to reduce stigma and discrimination against PLWHAs and caregivers. The law also mandates that every employer establish a workplace program on HIV/AIDS, and mandates that all health care workers and other custodians of medical records observe confidentiality. Criminal penalties are imposed for breach of confidentiality. Additionally, the law prohibits discrimination against PLWHAs, orphans, or their families. Building upon the rights established under the law, the USG has worked closely with the MOHSW’s HIV Workplace Intervention Programme (WIP) to develop programs on HIV/AIDS. The WIP has incorporated training materials that reduce stigma related to HIV-positive health workers, encourage health workers to get tested, and facilitates the formation of support groups for HIV-positive health workers. A film on HIV-positive health workers, which was developed with USG funding in FY 2007, will continue to be incorporated into the WIP training in order to help sensitize health workers. Building on the achievements in FY 2008, the USG will focus on expanding the understanding and reach of the HIV/AIDS law at all levels of government and amongst constituents, and doing a review of other legislation that may conflict with the new law. This is essential to maximize the law’s effectiveness. Additionally, regulations under the law must be developed. The USG will support the aforementioned HIV/AIDS Committee to engage with the MOHSW to address problems in the HIV/AIDS law and to develop proposed amendments. USG activities will also help enable the GOT to enforce the rights set forth in the new law. A partnership with the Commission on Human Rights and Good Governance to focus on how to better address human rights and stigma will be developed. The USG will engage with the media to reduce stigma and discrimination by offering intensive, university-based training to a small, competitively-selected group of Tanzanian journalists. The training will focus on HIV, human rights, and investigative reporting and will help build a small but highly influential national cadre of reporters who regularly investigate and expose stigma and discrimination. In addition, the USG will begin a new initiative to provide legal counseling related to the HIV/AIDS law at HIV/AIDS testing centers to reduce stigma and discrimination. Lastly, the work with the WIP will continue as training is rolled out. To improve access to HIV/AIDS services, the USG has worked to increase the number of quality health care facilities and the number of well-trained health care workers. In the last two years PEPFAR has funded the construction and renovation of 84 buildings, including 21 TB/HIV clinics, two laboratories and 51 care and treatment centers. Due to a change in policy whereby the Regional Procurement Supply Office will only be undertaking larger construction and renovation projects, in FY 2009 the USG-funded partners will directly implement smaller projects. This will allow for more flexibility in the type of infrastructure supported, such as housing for health staff, which can improve worker retention, and renovation of pre-service training institutions so they can admit more students. Seventy construction and renovation projects will be completed in FY 2009.

Tanzania faces an acute shortage of health professionals. To address this HRH crisis, the USG will provide scholarships to increase the number of students in pre-service training; revise in- and pre-service curricula so it includes the latest information on HIV/AIDS; improve the skills of training faculty; and provide equipment and other materials to training institutions. In addition, the USG, in collaboration with the GOT, will strengthen the Tanzanian-based Field Epidemiology Laboratory Training Program (FELTP) to increase the numbers of health care workers with expertise in epidemiology and HIV/AIDS disease response. In FY 2009, the USG will continue to work closely with the National AIDS Control Programme and the Medical Stores Department MSD to monitor drug and commodity needs, as well as stock levels. The USG will place specialized logistics teams to work at zonal level stores to strengthen logistics at the regional level. A major focus in FY 2009 will be to decrease the proportion of emergency versus standard procurements used by government to maintain its commodity supply. This will involve increased supportive supervision at all levels of the procurement process from forecasting through delivery. In addition, work with MSD to improve the storage and delivery capacity of their nine national and regional facilities will continue. Innovative technologies and training approaches will be employed, including the possibility of using a bar coding system to track drugs and commodities. Coupled with better trained staff at facilities this work will have an important impact in improving the delivery of HIV/AIDS services. Investing in health system strengthening lays the foundation upon which HIV/AIDS interventions are delivered and ultimately ensures the achievement of PEPFAR goals. In FY 2009 a total of 202 organizations will be provided with TA in policy development and 323 in capacity building. A total of 1,085 individuals will be trained in policy development, 6,575 in capacity building, 2,100 in stigma reduction, and 1,031 in community mobilization.

**Table 3.3.18: Activities by Funding Mechanism**

|                                                                                       |                                                                 |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 1130.09                                                          | <b>Mechanism:</b> N/A                                           |
| <b>Prime Partner:</b> Ministry of Health and Social Welfare, Tanzania                 | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)                                                   | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                                                              | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 29769.09                                                          | <b>Planned Funds:</b> \$90,000                                  |
| <b>Activity System ID:</b> 29769                                                      |                                                                 |
| <b>Activity Narrative:</b> Please see activity 16365.23133.09 for activity narrative. |                                                                 |
| <b>New/Continuing Activity:</b> New Activity                                          |                                                                 |

**Continuing Activity:**

**Emphasis Areas**

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 12210.09

**Mechanism:** N/A

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 29770.09

**Planned Funds:** ██████████

**Activity System ID:** 29770

**Activity Narrative:** Apr 2009 Reprogramming:

\$525,000 reprogrammed from HXTD mechanism id 4790.09 to support construction of a warehouse in Mwanza to increase storage capacity of the Medical Stores Department. This will be a local solicitation.

Additional \$ 175,000 reprogrammed from unallocated mechanism id 11472.09 to support the construction of the warehouse in Mwanza to increase storage capacity of the Medical Stores Department. This will be a local solicitation.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 12205.09

**Mechanism:** The Futures Group International

**Prime Partner:** The Futures Group International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 29765.09

**Planned Funds:** \$2,275,000

**Activity System ID:** 29765

**Activity Narrative:** Apr 2009 Reprogramming:  
This is a continuing activity and there are no narrative changes. Action re-names TBD to The Futures Group (ITT approved) and establishes COP 09 targets.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

|                                                                   |                                                              |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 7930.09                                      | <b>Mechanism:</b> AIDSTAR II                                 |
| <b>Prime Partner:</b> To Be Determined                            | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)                               | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS                                          | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 29829.09                                      | <b>Planned Funds:</b> ■                                      |
| <b>Activity System ID:</b> 29829                                  |                                                              |
| <b>Activity Narrative:</b> 5/27/09 Deleted due to duplicate entry |                                                              |

-----  
Funds to be reprogrammed to support the construction of a warehouse in Mwanza to increase storage capacity of MSD. Solicitation will be local.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

|                                                                                                                                                                                                                                       |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 12206.09                                                                                                                                                                                                         | <b>Mechanism:</b> University of Maine                        |
| <b>Prime Partner:</b> To Be Determined                                                                                                                                                                                                | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)                                                                                                                                                                                                   | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS                                                                                                                                                                                                              | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 29766.09                                                                                                                                                                                                          | <b>Planned Funds:</b> ■                                      |
| <b>Activity System ID:</b> 29766                                                                                                                                                                                                      |                                                              |
| <b>Activity Narrative:</b> Apr 2009 Reprogramming: Reprogramming will support three HIV/AIDS/Health Sector journalists participation in a six-week professional training program managed by USAID/Tanzania Democracy-Governance team. |                                                              |

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

|                                        |                                                                                     |
|----------------------------------------|-------------------------------------------------------------------------------------|
| <b>Mechanism ID:</b> 8872.09           | <b>Mechanism:</b> New PHEs                                                          |
| <b>Prime Partner:</b> To Be Determined | <b>USG Agency:</b> Department of State / Office of the U.S. Global AIDS Coordinator |
| <b>Funding Source:</b> GHCS (State)    | <b>Program Area:</b> Health Systems Strengthening                                   |
| <b>Budget Code:</b> OHSS               | <b>Program Budget Code:</b> 18                                                      |
| <b>Activity ID:</b> 29226.09           | <b>Planned Funds:</b> ■                                                             |

**Activity System ID:** 29226

**Activity Narrative:** The PHE "Impact of Task-shifting Type II for ART Delivery on Patient and Process Outcomes in Emergency Plan Countries" has been approved for inclusion in the FY 2009 COP. The tracking number is TZ.08.0205.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

**Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation



**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 1442.09

**Prime Partner:** US Department of State

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 28524.09

**Activity System ID:** 28524

**Mechanism:** M&S

**USG Agency:** Department of State / African Affairs

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$50,000



**Activity Narrative:** THIS ACTIVITY IS UNCHANGED FROM FY 2007 (Activity #19848). IT WAS NOT FUNDED IN FY 2008.

Through the Department of State, the Voluntary Visitors Division (VVD) of the Office of International Visitors creates professional programs for important mission contacts that are traveling to and from the United States on their own funding. This program strives to be a catalyst for new professional relationships, stronger international networks, and the advancement of mutual objectives. The Voluntary Visitors Program (VVP) specializes in arranging 10-day exchange programs throughout the U.S. and provides logistical and programmatic support throughout the exchange itself. The VVD has expressed willingness to work with the Mission to arrange a series of HIV/AIDS related visits that are PEPFAR-funded. This is a unique opportunity for PEPFAR to leverage the expertise and extensive network of the Department of State in carrying out cultural and educational exchanges. Unlike the International Visitor Leadership Program (IVLP), the mission is solely responsible for the nomination and selection of candidates which, in this case, directly relate to the HIV/AIDS community of Tanzania. Unfortunately, due to budgetary limitations, the VVD is unable to fund an unlimited number of exchange programs. In addition, the structure of the VVD generally operates on a more haphazard planning basis as it centers around visitors that are already traveling to the U.S. on their own accord. The establishment of the Tanzania HIV/AIDS Volunteer Visitors Program however would circumvent these barriers by allowing for the planned allocation of PEPFAR resources and a planned approach to the said Visitor Program. Through the establishment of the Tanzania HIV/AIDS Volunteer Visitor Program, PEPFAR will create a unique opportunity to enhance and enrich the resources available at the technical and policy level in Tanzania. The PEPFAR team will work together to nominate individuals and small groups to participate in exchanges throughout the year. Depending on the program, specifically the timing and objectives, the Volunteer Visitor Division of the Department of State may also be in a position to co-fund a program. Potential programs could include but are not limited to thematic concepts such as health care accountability, stigma reduction and civil society mobilization.

Apr 2009 Reprogramming: \$50,000 reprogrammed to (University of Maine, mech id 12206.09) support three HIV/AIDS/Health Sector journalists participation in a six-week professional training program managed by USAID/Tanzania Democracy-Governance team.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

|                                                |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 1415.09                   | <b>Mechanism:</b> N/A                                           |
| <b>Prime Partner:</b> Pathfinder International | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)            | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                       | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 28804.09                   | <b>Planned Funds:</b> \$100,000                                 |
| <b>Activity System ID:</b> 28804               |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity began in FY 2007 and did not receive funding in FY 2008 because there were sufficient funds remaining to undertake activities in FY 2008. In FY 2008 Pathfinder conducted training and orientation sessions for both Bugando Medical Centre (BMC) and the Zanzibar AIDS Control Programme (ZACP) staff, aimed at equipping the staff with skills to improve their performance in project planning and management. Pathfinder also completed a thorough management information system (MIS) and financial system review for both organizations to identify areas that need to be strengthened. Following the installation of new accounting software and modules for both MIS and the financial system, staff was trained on: (i) the management information system; (ii) using data for decision-making; and (iii) financial reporting and administration. With FY 2009 funding Pathfinder International will complete their institutional capacity building (ICB) activities with ZACP and BMC. They will undertake the following three activities.

1.) Development of a human resource plan for ZACP. Pathfinder International is supporting ZACP to improve its working systems and to improve the skills of project staff. Pathfinder will undertake an extensive job analysis to identify the nature and distribution of work. The current available human capacities will be assessed and existing gaps identified. Pathfinder will provide technical assistance to ZACP to help develop a plan for better distribution of workload and to strengthen the skills of existing staff to undertake their assigned tasks.

2.) Provide training on resource mobilization to BMC and ZACP. Both BMC and ZACP depend on funds raised from donors. In order to enhance sustainability, these organizations need to be equipped with the necessary skills for mobilization of resources, including proposal writing so that they can diversify their funding sources and effectively write funding proposals. Pathfinder will provide five days of training for project staff involved in fund raising and financial management.

3.) Provide training on management and leadership to BMC and ZACP. The project management teams at both BMC and ZACP are technical people with medical backgrounds. They have not been officially trained in management and leadership, yet these are the skills most needed to effectively manage their programs. Pathfinder will provide training in management and leadership skills with a five day training aimed at senior staff from both organizations.

\*END ACTIVITY MODIFICATION\*

TITLE: Institutional Capacity Building Support to Public Institutions in Tanzania responding to HIV/AIDS

**NEED and COMPARATIVE ADVANTAGE:**

Pathfinder International, a non-profit organization, was originally incorporated as The Pathfinder Fund in 1957. Pathfinder has been active in Tanzania since 1984. The achievements in Tanzania include pioneering community-based distribution of family planning methods, establishing a youth center program, supporting an adolescent fertility survey, education counseling project for young mothers and the institutional capacity of local partners and has unique public-private linkages, including private practitioners to improve reproductive health services in their facilities.

ACCOMPLISHMENTS: This is a new activity for FY 2009.

MAJOR ACTIVITIES: Public sector institutions in Tanzania, such as the National AIDS Control Programme, referral hospitals, National Institute for Medical Research, 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 FY07, Pathfinder will strengthen the institutional capacities of CDC's public sector grantees, including NACP, ZACP, NIMR, Bugando and Mnazi mmoja Hospitals. Pathfinder's 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 7 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, 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 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

**Activity Narrative:** 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.

**LINKAGES:** This program assess the existing systems, in order to provide technical assistance at the institutions so as to address financial management and internal control issues and creating consistent and accurate financial systems and effective internal controls. This helps to strengthen internal linkages. This technical assistance will also increase Tanzanian partner's capacity to effectively and efficiently manage programs which will further strengthen linkages within and outside these institutions. Also well written records and documentation and good flow of process will increase staff efficiency and improve service provision.

**M&E:** Continuous quarterly Monitoring and follow up visits to both BMC and ZACP to assess progress on the implementation of proposed activities and produce periodic reports.

**SUSTAINABILITY:** The initiative's goal is to improve institutions capacity to coordinate, implement, and manage HIV/AIDS programs effectively and efficiently, thus helping to ensure sustainability and local ownership of PEPFAR programs. This project will assist BMC and ZACP in strengthening their financial and control mechanisms in order to safeguard against loss and achieve goals also strengthen institutional capacity to scale up HIV/AIDS initiatives across all program areas including improvement of working environment and data collection tools.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$75,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 1153.09

**Mechanism:** N/A

**Prime Partner:** National Institute for Medical Research

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 3407.23127.09

**Planned Funds:** \$750,000

**Activity System ID:** 23127

**Activity Narrative: REPROGRAMMING APRIL 2009**

Capacity development activity was not approved during the COP approval process, so funding for that part of the activity has been moved to SI.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS.

NIMR will continue working in the area of capacity development for NIMR staff so they will be better able to undertake public health evaluations in the future as needed; this work will be extended to include other research institutions and government officers who also work in research. Training in operational research for immediate action will also extend to involve eight more districts which were not covered with COP 2008 funds. COP 2009 will not feature funding for FELTP as this program will be funded under the MOHSW.

\*END ACTIVITY MODIFICATION\*

TITLE: National Institute of Medical Research (NIMR), Build Capacity and Implement Health Workforce Research and Evaluation for Policy Change in Tanzania

A strong workforce in the health sector is a critical component in meeting the challenges of the HIV/AIDS crisis. In Tanzania there is a need to urgently increase health manpower as well as the performance and productivity of health workers. Improvements in human resources for health (HRH) require policies that are informed by evidence based research about Tanzania's unique problems and issues. There is the need to build the capacity for this research, perform the evaluations and use the results to inform and improve the system and policies relating to human resources for health.

National Institute of Medical Research (NIMR) has played a critical role in supporting the Ministry of Health and Social Welfare (MOHSW) to address human resource crisis through operational research and evaluations related to HRH. NIMR has experience in research in the fields of epidemiology, biomedical, and general public health and began work on the HRH issue in 2004. The presence of NIMR offices throughout the country and the availability of a network of researchers are added advantages. NIMR, which is part of the MOHSW under the Policy and Planning Department, is in a key position to advocate for major policy decisions based on the results of their evaluations. In addition NIMR as a member of the HRH Working Group of the MOHSW is strategically placed to give input, advocate and advise MOHSW on changes in HRH policies and systems.

Since 2004 NIMR has made strides in performing evaluations and assessments in the area of HRH, advocating for policy changes in HRH and building capacity through support of Tanzanians in the Field Epidemiology and Laboratory Training Program (FELTP) in Kenya. More specifically, operational research centered on workload and productivity was conducted. These studies were important in informing policy makers and local/district leaders on productivity and the means to improving it. After analysis, triangulation of data, and through discussions with health care workers root causes and possible solutions that could be applied were identified. As a result, at the national level the MOHSW and NIMR are redefining staffing for health facilities and are developing activity standards and workload indicators. A major finding from the workload study was that retaining health workers in rural areas is a major challenge. Therefore a retention study was undertaken. Analysis and dissemination is ongoing and is expected to inform policy decisions on which cost-effective retention schemes to embark on at the national and district levels.

Another component of NIMR work involves capacity development. In FY 2006-07, through the Kenyan Field Epidemiology and Laboratory Training Program (FELTEP) program, two graduates completed masters' degrees. These two graduates will strengthen both communicable and non-communicable units of the MOHSW. Additional residents have been recruited, one for strengthening the Zanzibar AIDS Control Program of Zanzibar and the other for Laboratory Diagnostic Unit of the MOHSW on Mainland. The FELTEP graduates and students are beginning to play a major role in outbreak investigation (measles, rift valley fever and malaria), in studying the epidemiology of HIV/AIDS and have prepared epidemiological bulletins and materials for short course for laboratory workers. One current student is conducting a study on antiretroviral (ARV) drug resistance in patients starting ARV treatment.

Major activities for NIMR for COP 2008 include: continued work on HRH related issues; strengthening the capacity of Tanzanians to undertake public health evaluations (PHEs); building capacity for GIS; and continued support for Tanzanians in the FELTP program.

1) Operational research will continue, with a greater emphasis on capacity building at NIMR zonal/district levels to decentralize the research. As a follow up to previous work, a job description assessment will be completed to measure the effect of providing clear job descriptions and job aides on improving performance of health workers. In addition NIMR, with additional funds for one PHE, will conduct an evaluation of the feasibility of task shifting of health workers in health facilities and its acceptability among consumers and communities. Results from these two activities will be translated into policy changes for improving HRH in Tanzania. In addition, NIMR will continue to disseminate information and build health worker capacity through production of the quarterly NIMR HRH newsletter and through membership of the MOHSW HRH working group. Lastly, in collaboration with the Capacity Project, a retention scheme intervention at district level will be implemented and evaluated.

2) FY 2008 funding will also support strengthening Tanzanian capacity to undertake public health evaluations. By strengthening this capacity NIMR will be a strong local partner to serve as co-investigator in public health evaluations. They will be able to offer services such as protocol and tools development, field data collectors, data entrants/analysts and report writers. Databases will be established of research assistants who would assist in fieldwork and data entry. Funds will also be used to purchase equipment to assist in easy data collection and transfer such as PDAs. In addition NIMR will provide assistance in data analysis and validation of the SAVI (social assets and vulnerabilities indicators) database.

3) With FY 2008 funds, NIMR will support two students to complete their studies in the Kenyan Field Epidemiology and Laboratory Training Program (FELTEP) which will build capacity in Tanzania to address the current shortages in these fields. As part of the MOHSW Epidemiology Unit activity plans are

**Activity Narrative:** underway to establish a Tanzania FELTP program and these two students who will graduate in 2008 will play a key role in this future program.

4) NIMR will use FY 2008 funds to build its capacity to complete GIS mapping through close collaboration with the MEASURE project. As part of this activity GIS experts will work closely with NIMR to build in-country capacity and use. Although GIS mapping is widely applied in health data, efforts have not been coordinated resulting in duplication. Given, the existence of GIS experts in NIMR and NIMR's position as a national research institute, coordination also falls under its mandate. In addition, NIMR will coordinate the GIS group, through; routine meetings and updates, sharing of information among the group, organizing and offering coordinated support to PEPFAR activities and linking GIS data sets.

In order to achieve the FY 2008 objective NIMR will link with a number of other key partners. NIMR will work with the Capacity Project and the Health Policy Initiative for research and advocacy on HRH. Kenyan FELTP students and graduates program will be linked with PMI, AFENET, Muhumbili University and the new Tanzania FELTP program. NIMR will collaborate with institutions that have research experience for implementation of the PHE component. For the GIS activities linkages will be developed MEASURE Evaluation, University College of Lands and Architectural Studies and the National Bureau of Statistics. NIMR has a strong focus on M&E and will employ the following M&E strategies: feedback from readers; quality assurance plans for data collection; and visits to districts and respective zones to review use and implementation of operational research after training. NIMR will strictly adhere to the PEPFAR reporting and planning requirements.

All NIMR activities will be initiated in a participatory manner from both national and local level. Key stakeholders will be involved through a bottom up approach to get their input into specific activities. Such stakeholders include: ministries; NGOs; district leaders; and community representatives. Where possible, additional funds will be leveraged to create a wider ownership and to ensure sustainability. Most of the NIMR activities will include a capacity building component to build the necessary skills to sustain activities in the future.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13548

#### Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                           | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------|---------------------|--------------|-----------|---------------|
| 13548              | 3407.08     | HHS/Centers for Disease Control & Prevention | National Institute for Medical Research | 6544                | 1153.08      |           | \$1,155,000   |
| 7778               | 3407.07     | HHS/Centers for Disease Control & Prevention | National Institute for Medical Research | 4567                | 1153.07      |           | \$400,000     |
| 3407               | 3407.06     | HHS/Centers for Disease Control & Prevention | National Institute for Medical Research | 2842                | 1153.06      |           | \$563,207     |

#### Emphasis Areas

#### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.18: Activities by Funding Mechanism**

---

**Mechanism ID:** 1215.09

**Mechanism:** LMS

**Prime Partner:** Management Sciences for  
Health

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 3454.23128.09

**Planned Funds:** \$1,840,000

**Activity System ID:** 23128

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

TITLE: Leadership and Management Capacity Building for Health and HIV/AIDS

NEED and COMPARATIVE ADVANTAGE: Tanzania receives major funding for HIV/AIDS, but management and leadership weaknesses constrain ability to program and implement at scale. These constraints exist at national level (TACAIDS, Zanzibar AIDS Commission, ministries, CCM), district level and in civil society. Failure to address these issues means fewer people receive critical services, and funding may in fact be halted if improvements aren't made. MSH has six years experience in Tanzania working to strengthen institutions responsible for conceiving and/or implementing the national response, and pioneered the Rapid Funding Envelope (RFE) to engage civil society organizations (CSOs) in the national response. MSH will build on relationships and momentum to expand efforts to increase capacity of key institutions.

ACCOMPLISHMENTS: Wrote bylaws, governance and operations manuals to ensure compliance with Global Fund (GF) regulations; designed dashboards to identify performance problems and catalyze resolution. Completed assessments of ZAC and TACAIDS with capacity building plans; completed leadership development program (LDP) with DACCOMS to strengthen district HIV/AIDS planning. Assessed Zanzibar M&E district capacity and made plan for capacity building. Worked through Steering Committees to revise National Multi Sectoral Strategic Framework and Zanzibar strategic AIDS plan. Guided successful evaluation of RFE. 75 grants awarded in 06/07; results conference and success stories completed; website and e-newsletter launched. Conducted human resources (HR) assessment of MOHSW with Capacity.

ACTIVITIES: 1) Enhance the RFE per recommendations of external evaluation. Results to include improved monitoring, coaching support, stronger CSO capacity, and results dissemination. 1a. Provide technical, program and M&E support to round 4/5 grantees for effective grant implementation and results; 1b. Round six announced and awarded, grantees trained; 1c. Implement evaluation recommendations; 1d. Capture and disseminate lessons learned, continue quarterly e-newsletter, maintain website, hold results conference; 1e. Help CSOs get needed capacity building support through coaching, technical assistance (TA), participation in blended learning; 1f. Hire grant officer to support expanded RFE program.

2) Strengthen capacity of key institutions in Zanzibar to lead national and district HIV/AIDS response; 2a. Implement ZAC capacity building plan to strengthen board, secretariat, management and HR systems; 2b. Support District AIDS Committees planning and coordination with ZAC, UN volunteers; 2c. Open small office and recruit coordinator for activities in Zanzibar.

3) Build national and district capacity to address HR constraints in collaboration with Capacity Project. 3a. Help ensure effective integration and retention of new Emergency Plan (EHP) hires in districts, and help districts plan for longer term solutions. 3b) develop leadership skills among staff at the MOHSW to direct and monitor implementation of the HR strategic plan.

4) Build capacity of TACAIDS to lead national and district HIV/AIDS response; 4a. Implement TACAIDS program to improve leadership, performance, management and systems; 4b. Support TACAIDS to assist districts in developing skills to effectively coordinate HIV/AIDS interventions.

5) Partner with ESAMI, ADRA and ACQUIRE to expand service delivery using leadership development program to identify and address challenges and obstacles. 5a. Conduct training of ADRA/ACQUIRE trainers for LDP; 5b. Launch LDP with clinic and district staff to expand service delivery; 5c. Implement action plans from LDP; 5d. Document/disseminate results of LDP.

6) Develop and implement scaled-up capacity building initiative for CSOs using individual and institutional 'capacity builders' to deliver timely, practical technical assistance, and a program of longer-term support leading to a management certificate for CSO teams 6a. Assess and prioritize CSO management bottlenecks; 6b. Identify and mobilize capacity builders from consultants, firms, networks, professional associations; 6c. Orient and coach capacity builders to tailor their skills for work with CSOs; 6d. Begin development of sustainable funding mechanisms for CSOs to avail TA from capacity builders; 6e. Facilitate linkages between CSOs and capacity builders to address bottlenecks and evaluate effectiveness; 6f. With ESAMI, design and roll out a management certificate program using modular, blended learning approaches.

7. Build local capacity to manage GF programs effectively. 7a. TA to orient and strengthen new members of TNCM and ZGFCCM Secretariats; 7b. Support implementation of earlier recommendations to improve TNCM/ZGFCCM governance and oversight; 7c. Operationalize TNCM/ZGFCCM technical working groups; 7d. TA to improve timeliness and quality of deliverables for GF. 7e. Develop culture of reporting and early identification of problems with use of dashboards.

LINKAGES: MSH links with all key GF structures and recipients to strengthen governance, planning and management, and with University Computing Center to update dashboards. MSH and UN, World Bank, bilateral donors and Regional Facilitating Agencies jointly support TACAIDS and ZAC for national and district programs. MSH and Deloitte co-manage RFE. MSH works with the Capacity Project for HR interventions with MOHSW and to support the EHP. ESAMI, ADRA and ACQUIRE are MSH partners in LDP scale up. MSH will link with ESAMI, professional associations, firms, faculties, Foundation for Civil Society to build civil society capacity through TA and training.

CHECK BOXES: We encourage RFE grantees to take gender-based approaches. MSH offers in-service training and TA for human capacity development. Building local organizational capacity is central to our interventions with civil society, TACAIDS, ZAC, and RFE grantees. We leverage core funds as well for virtual learning, global fund support, other. Strategic Information: we build M&E capacity of RFE grantees, and disseminate results and lessons learned. RFE grantees reach the checked populations with services.

M&E: MSH TA to RFE grantees helps build foundation of M&E skills, and enables effective grant

**Activity Narrative:** monitoring. Grantees submit data quarterly, and MSH compiles quarterly report. Grantees use standard reporting format and receive M&E training before start of grant. For other MSH activities, we track number of organizations supported, number of persons trained and comply with USAID/PEPFAR reporting requirements. MSH welcomes discussion with USG on M&E and indicators related to capacity building and sustainability. Dashboards developed for TNCM and ZGFCCM help bring issues to attention of decision makers and track progress against objectives and targets.

**SUSTAINABILITY:** Building capacity at national/district level and in civil society through TA and training is the major focus of MSH work and critical to sustainability of programs, services and institutions. MSH leverages outside resources to build capacity. ESAMI is an institutional partner and uses MSH tools, approaches and systems to improve sustainability. MSH promotes local consultants and firms to build capacity and increase their resource base. MSH's focus on building leadership and management capacity promotes sustainability.

Apr 2009 Reprogramming:  
 \$ 100,000 to be reprogrammed from district strengthening activity to leadership and management capacity for PEPFAR partners (MSH-LMS), such that this TBD partner (AIDSTAR) will focus exclusively on district strengthening. TBD AIDSTAR's targets will be reprogrammed once the partner is identified and the workplan is finalized.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13512

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                  | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|--------------------------------|---------------------|--------------|-----------|---------------|
| 13512              | 3454.08     | U.S. Agency for International Development | Management Sciences for Health | 6533                | 1215.08      | M&L       | \$1,740,000   |
| 7743               | 3454.07     | U.S. Agency for International Development | Management Sciences for Health | 4554                | 1215.07      | M&L       | \$900,000     |
| 3454               | 3454.06     | U.S. Agency for International Development | Management Sciences for Health | 2862                | 1215.06      | M&L       | \$925,000     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$750,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 1225.09

**Mechanism:** CAPACITY

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening



---

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 3462.23129.09

**Planned Funds:** \$3,178,459

**Activity System ID:** 23129

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The district level work initiated in FY 2008 to ensure that the council (district) health management teams are equipped to address problems with productivity, recruitment, and retention has been very well received by central and district-level stakeholders. Over 40 of 133 districts now have new capacity to take actions so as to increase staffing fill rates and worker output, and to retain valued health workers, using simple systems, tools, and interventions (e.g., job descriptions, improved working environment, increased opportunities for continuing education, etc.). This component of the Capacity program will be scaled up dramatically to 60 additional districts. In addition, the recently developed partnership with Aga Khan Foundation that has opened up the way for nurses in rural districts to upgrade in place to registered status through distance-based learning will be scaled up significantly. This is a major contribution to strengthening staff at remote facilities, as it provides the opportunity for lower level nursing cadres to realize their ambition for career advancement without having to leave their workplace for long periods of time.

Also, by the end of FY 2009, Capacity will have initiated implementation of a Ministry of Health and Social Welfare (MOHSW) performance management system at both district and central levels. Lastly, Capacity will initiate work with ministries beyond the MOHSW who are critical to remedying the key bottlenecks and barriers to hiring, focusing particularly on the issue of the number of health workers to be hired, salary levels, management of health worker performance, and incentives for individual and facility performance. This will include advocacy for civil service reform, if necessary.

\*END ACTIVITY MODIFICATION\*

TITLE: System Strengthening to Accelerate HIV/IDS Service Expansion

NEED and COMPARATIVE ADVANTAGE: Tanzania suffers from a dramatic shortfall of skilled health workers, with nearly 60% of positions vacant. The situation is particularly serious in rural districts, where a combination of factors leaves huge gaps in staffing. The Ministry of Health and Social Welfare (MOHSW) is concerned that it cannot meet the demands for ART, with the current workforce and weak recruitment and retention, as well as management and information systems. Unless systems are strengthened to address the acute shortfall in human resources, it will be impossible to meet Government of Tanzania and Emergency Plan HIV/AIDS care and treatment goals. The Capacity Project draws on the extensive experience and expertise of its global partners and now helps over 25 countries to improve capacity for workforce policy and planning and to strengthen systems to support workforce expansion and performance.

ACCOMPLISHMENTS: Mainland: The Capacity Project provided technical support to the MOHSW to develop a Human Resource (HR) strategic plan that offers an array of critical strategic interventions to respond to the HR crisis and manage scarce human resources more effectively. In addition, Capacity trained over 250 national and district HR leaders in management and leadership so that they are prepared to meet the challenges posed by a decentralized HR system, as part of their support to the recently initiated Tanzanian Emergency Hiring Plan (EHP). Capacity developed key assessments to set the stage for essential remedies in the recruitment system that have been intractable for years. In Zanzibar, Capacity has supported the MOHSW to strengthen the HR Management Information Systems (HRMIS) and assess worker productivity, followed by specific interventions to improve worker productivity, and to enhance HR tracking capacity. Also, Capacity developed a strategic plan for the autonomy of the only tertiary care hospital in Zanzibar.

ACTIVITIES: 1. Ensure that systems are in place to manage and use Human Resources for Health information effectively for decision making. This will involve the completion of a functional data system for mainland Tanzania, linked at central, regional, and district levels. 1a) Play a leadership role to coordinate HRMIS partners' efforts to ensure integration of component systems and plan for phase piloting and implementation down to the district level; 1b) expand infrastructure through hardware procurement; 1c) train at least 150 managers in the use of the system and the information generated from the system for data driven decision making.

2. Strengthen the ability of the Department of HR at the MOHSW to lead the implementation of the full HR strategy, which crosses many departments, and, indeed, several Ministries (Prime Minister's Office for Regional and Local Government, Ministry of Finance, Ministry of Higher Education, Civil Service Commission, etc.). This requires the development of strong leadership skills and ability to orchestrate the myriad of interventions to streamline the recruitment, hiring and deployment process and contribute to retaining skilled health workers. It also requires overhauled policies and practices to support improvements to the system. 2a) Over the course of the year, Capacity will work with the relevant parts of the Ministry to address the particular bottlenecks that presently preclude a streamlined system. 2b) Assist in developing practical recruitment and retention strategies to attract and keep qualified candidates, more so to improve the shortage situation and worker imbalance in disadvantaged areas. 2c) assist MOHSW to strengthen the ability of the key department (Department of HR, Department of Administration and Personnel) to work effectively together to achieve the goals of the HR strategy. This includes additional teambuilding, secondment of staff, and other interventions to improve morale and performance, 2d) scale up the use of Open Performance Review and Appraisal System (OPRAS) at all levels, potentially linking performance to incentives; 2e) work with National Institute of Medical Research (NIMR) to identify and test practical retention interventions.

3. Work with NIMR to identify and test innovative productive improvement interventions, also incorporating lessons learned in the experience in Zanzibar. Recent findings by NIMR show a loss of 40% in productivity in mainland. Productivity improvement strategies are necessary to at least capitalize on the staff that is available, and this intervention will contribute to step up HIV/AIDS service outputs. 3a) pilot task shifting to demonstrate the potential of an expanded workforce, and pursue policy change that will permit task shifting on a broad scale, adding appropriate cadres of support health workers to extend highly skilled health worker efforts (e.g., use competencies as the basis to re-define the cadre specific job descriptions, and shift tasks from higher to lower cadres); 3b) Complete ongoing productivity interventions for Zanzibar, evaluate and disseminate the findings and work with MOHSW to develop scale up plans and accelerate productivity improvement work on the mainland.

4. A critical part of the EHP is the repair and clarification of the many steps in recruitment and retention, including at the district level. To support the EHP, which will be working in about 40 districts by the end of

**Activity Narrative:** FY 2008, Capacity will work with district health management teams to strengthen capacity in HR management, and provide grants to develop innovative recruitment and retention interventions. Many of these interventions will improve the workplace climate, worker morale (such as clear expectations and job descriptions, effective supervision, and participatory and feedback approaches). In addition, interventions can include things such as internet access for distance-based learning or other improved communications, opportunities for continuing education or upward mobility. A toolkit will be used to allow districts to select interventions that are appropriate for their needs. The program should reach 40 EHP districts and 200 HR leaders by 2009. This is to ensure that districts take appropriate and timely steps to fill vacant positions and retain valued staff. In partnership with MSH, Capacity will 4a) Establish and support HR working groups at district level; 4b) Apply and improve the HR Management toolkit, build capacity for district HR leaders in HRM and support action plans. 4c) Support HRH action forums at district level for cross sharing of experiences and to further improve HRH practices. The Project will coordinate with Pharm Access which is developing service level agreements with DHMT for more coordinated support to districts. 4d) To ensure fiscal accountability, Capacity will help the districts set up financial controls and reporting systems, and Capacity will undertake on-the-ground assessments to ensure fiscal accountability. 5. Approximately 40% of health services are provided through the private sector (both for profit and not-for-profit).

Capacity will work with both these sectors to ensure they have strong systems in place for HR management and have interventions that also address recruitment and retention. This will ensure that the work in the public sector will not distort the worker environment in both components of the private sector. 5a) Team up with Aga Khan Foundation to expand access to their creative distance-based learning Diploma in Nursing programme, which gives enrolled nurses a unique opportunity to upgrade their knowledge and skills and become Registered Nurses, without leaving the workplace for extended periods; 5b) Work with NIMR to assess productivity and retention gaps in the "not for profit" sector and give focused attention for productivity and retention improvement in the sector. 6. Provide funding support to the AIDS Business Coalition of Tanzania (ABCT) and the newly formed AIDS Business Coalition of Zanzibar (ABCZ) to catalyze their leadership in the response to HIV/AIDS, for example, promote corporate social responsibility for funding HIV/AIDS activities, workplace awareness raising, and to cascade their approach to reach more private sector entities in more regions.

**LINKAGES:** The project works in close collaboration with NIMR, Management Sciences for Health, I-Tech, PharmAccess, the Touch Foundation, the Aga Khan Foundation, the MOHSW, and other policy and systems strengthening partners. These provide a platform for sharing plans and achievements. All related work is implemented in close collaboration with the appropriate central, regional, district and local government authorities.

**CHECK BOXES:** Human Capacity Development inherently includes in-service training, retention strategies, workplace programs task shifting, and strategic information. The enhanced human resource information system will be a key decision making tool to HR leaders. Support to ABCT will expand the reach of HIV prevention messages and improve the uptake of HIV/AIDS treatment and care services among private sector workers and their families.

**M&E:** The project will develop a robust M and E plan so that the HR MIS, component system, and all interventions can be closely monitored and adapted during pilot phases. Standardized tools will be developed by NIMR to monitor and evaluate the specific interventions for the EHP so that effective interventions are identified for national scale up.

**SUSTAINABILITY:** The project relies on effective partnerships with the MOHSW, district authorities, local training institution and NGOs, to implement activities described. The proposed implementation model will allow the project to tap on existing strengths, mobilize and build on local talent so as to leave behind sustainable systems.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13497

#### Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                  | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|--------------------------------|---------------------|--------------|-----------|---------------|
| 13497              | 3462.08     | U.S. Agency for International Development | IntraHealth International, Inc | 6525                | 1225.08      | CAPACITY  | \$2,260,000   |
| 7729               | 3462.07     | U.S. Agency for International Development | IntraHealth International, Inc | 4545                | 1225.07      | CAPACITY  | \$2,100,000   |
| 3462               | 3462.06     | U.S. Agency for International Development | IntraHealth International, Inc | 2866                | 1225.06      | CAPACITY  | \$840,000     |

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <b>Emphasis Areas</b>                                                                       |
| <b>Human Capacity Development</b>                                                           |
| Estimated amount of funding that is planned for Human Capacity Development      \$1,300,000 |
| <b>Public Health Evaluation</b>                                                             |
| <b>Food and Nutrition: Policy, Tools, and Service Delivery</b>                              |
| <b>Food and Nutrition: Commodities</b>                                                      |
| <b>Economic Strengthening</b>                                                               |
| <b>Education</b>                                                                            |
| <b>Water</b>                                                                                |

**Table 3.3.18: Activities by Funding Mechanism**

|                                                      |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 1441.09                         | <b>Mechanism:</b> SPS                                        |
| <b>Prime Partner:</b> Management Sciences for Health | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)                  | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS                             | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 16996.23130.09                   | <b>Planned Funds:</b> \$699,999                              |
| <b>Activity System ID:</b> 23130                     |                                                              |

**Activity Narrative:** THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

**TITLE:** Strengthening ART Commodities Management at Facility Level

**NEED and COMPARATIVE ADVANTAGE:** Although ART sites received technical assistance (TA) to support comprehensive HIV/AIDS care and treatment, assessments done in various facilities reveals gaps in HIV/AIDS commodities and pharmaceutical management including management information systems. The planned expansion of HIV/AIDS treatment care services to lower facilities will require expanding human resource training to accommodate new staff, whose basic training, skills and knowledge is limited. Follow up on-the-job support to improve their skills and performance is needed. RPM Plus proposes to jointly address these gaps in collaboration with the National AIDS Control Programme (NACP) and other USG partners to provide the training, mentoring and on-the-job training materials needed at facility level.

**ACCOMPLISHMENTS:** In FY 2006 a rapid assessment of ART pharmaceutical management systems was done in six faith-based hospitals followed by a dissemination and planning workshop. RPM Plus trained 31 staff from 23 ART sites on HIV/AIDS pharmaceutical management using NACP curriculum, provided TA to the NACP in development of standard operating procedures (SOPs) for ARV pharmaceutical management at facility level, and trained staff from 11 ART sites on the ART dispensing tool. RPM Plus also participated in the ART logistic system training materials review organized by NACP and the SCMS project.

**ACTIVITIES:**

1. Conduct refresher trainings to pharmaceutical staff working in ART sites to reinforce skills and knowledge on pharmaceutical management at facility level and provide back up teams to handle the increasing number of patients enrolling in ART. 1a) In collaboration with NACP and SCMS develop a training plan. 1b) Adapt NACP curriculum to prepare training materials. Hold joint meetings with NACP and SCMS to plan and harmonize training activities. 1c) Provide TA to Schools of Pharmacy to strengthen their capacity to support NACP in implementation of HIV/AIDS related trainings.
2. Provide on going mentoring to trained staff in ART sites. This will ensure effective management of ARVs and other HIV/AIDS related commodities and will increase quality of services. 2a) Adapt NACP supervision check list. 2b) In collaboration with NACP and other partners under regionalization develop joint supervision plan for management of ARVs and other HIV related commodities. 2c) Conduct quarterly supportive supervisory visits.
3. Develop job aids for pharmaceutical management in collaboration with NACP, SCMS which focus particularly on dispensing practice and inventory management (i.e. receiving, issuing). This will ensure consistency and high quality in pharmaceutical services provided in ART pharmacies 3a) Design posters on various aspects of Pharmaceutical Management 3b) Print and distribute posters/job aids to ART sites 3c) provide on-site training regarding the benefits of and how to use the job aids.
4. Work in collaboration with TFDA/NACP to strengthen Adverse drug reaction (ADR) system for Antiretroviral to ensure safety of ARVs drug supplied to PLWHA 4a) Conduct orientation of Pharmaceutical staff on ADR monitoring for ARV 4b) Leveraging resources from PMI, RPM Plus will continue to participate in ADR working group to address issues related to ADR monitoring and replicate best practice in ART program c) Provide support to TFDA/NACP in raising public awareness in relation to ADR monitoring for ARVs.

**LINKAGAGE:** IN FY 2006 RPM Plus worked in close collaboration with NACP, other partners involved in regionalization such as Family Health International, and the Elizabeth Glaser Pediatric AIDS Foundation to strengthen pharmaceutical management systems in selected hospitals. In FY 2008 RPM Plus will work closely with SCMS, NACP and I-Tech to: identify areas of collaboration regarding common concerns; harmonize TA; bring in expertise from similar programs in other countries. RPM Plus will also continue the linkage with partners begun under COP06. RPM Plus will continue to work with TFDA and address issues related to medicines quality and safety of ARVs.

**CHECK BOXES:** RPM Plus will continue to support NACP's and other PEPFAR partners initiative to build capacity of pharmaceutical staff at ART sites through providing in-service, on job mentoring and job aids on pharmaceutical management. Improved quality of ART services provided by these personnel will benefit the population of all ages.

**M&E:** A monitoring plan will be developed to document achievement on TA provided to the site. The data collection tools would be based National M&E Framework for ART program. RPM Plus will develop additional indicators to monitor program progress. Data quality assurance protocol will be developed and used to ensure accuracy. Periodical feedback meetings will be held with NACP, SCMS and other partners and feed the information into national database.

**SUSTAINAIBLITY:** RPM Plus will use a monitoring, training and planning approach with the aim of developing local staff capacity to identify problems existing in their facilities, provide skills in developing interventions to address the identified gaps and on going self performance monitoring. Provision of TA to the School of Pharmacy and Muhimbili University will build local capacity to support NACP in implementation of training programs hence ensuring sustainability.

**Apr 2009 Reprogramming:** additional \$499,999 (from HTXD mechanism ID 4790.09), based on site visits and PMTCT audit USG determined a need to provide additional TA in strengthening ART pharmaceutical management systems at facility level. Activity target changes include: Number of organizations provided with technical assistance for HIV-related institutional capacity building increased from 6 to 7 and number of individuals trained in HIV-related institutional capacity building increased from 30 to 75.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16996

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                  | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|--------------------------------|---------------------|--------------|-----------|---------------|
| 16996              | 16996.08    | U.S. Agency for International Development | Management Sciences for Health | 6534                | 1441.08      | SPS       | \$213,417     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 1470.09

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GAP

**Budget Code:** OHSS

**Activity ID:** 9575.23131.09

**Activity System ID:** 23131

**Mechanism:** GAP

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$178,834

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The FY09 budget now includes one new staff member to support the growing OHSS portfolio. In addition, the budget will include the Infrastructure Support Specialist who was previously covered under the CDC management and staffing budget. One additional short term fellow, who will support the program strengthening strategic unit for three months, is also included.

\*end activity modification\*

TITLE: Management and Staffing CDC OPSS (GHAI) funding

NEED and COMPARATIVE ADVANTAGE: As the CDC portfolio has grown over the last five years there has been a need for adequate personnel to manage the PEPFAR activities.

ACTIVITIES: This is a split with activity #7831

FY 2008 funds will support one full time equivalent, locally employed staff (LES) who will assist in coordinating activities for the OPSS program area at CDC Tanzania. The employee will also serve as the technical lead for aspects of the work, including provision of direct technical assistance in systems strengthening to the Ministry of Health and Social Welfare, National AIDS Control Programme, and other CDC partners. Primary implementing counterparts include the National Institute for Medical Research (NIMR), the International Training and Education Center for HIV/AIDS (I-TECH), and the American International Health Alliance Twinning Center (AIHA). The LES will oversee AIHA and I-TECH activities across program areas, as well as manage other human capacity development activities within CDC across program areas. She/he will also serve as the Inter-Agency Technical Team Lead for OPSS. Funds will also be used to support a program health analyst for the program strengthening strategic unit and to support technical assistance for a three-month period by a fellow. Funds also include local and international travel for these two positions.

In addition, funds will also be used to access technical assistance from Atlanta for the establishment of a Field Epidemiology and Laboratory Training Program in Tanzania. Assistance will be provided from Atlanta and the Kenya program based on the specific needs identified by CDC.

The persons funded with these monies will provide technical assistance to implementing partners, including the MOHSW to ensure capacity is built.

SUSTAINABILITY: Through working with local organizations, capacity in human resources for health will be built.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13637

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-----------|---------------|
| 13637              | 9575.08     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 6567                | 1470.08      | Base      | \$88,000      |
| 9575               | 9575.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4602                | 1470.07      | Base      | \$12,000      |





**Table 3.3.18: Activities by Funding Mechanism**

|                                                              |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 12207.09                                | <b>Mechanism:</b> AFINET                                        |
| <b>Prime Partner:</b> The African Field Epidemiology Network | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)                          | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                                     | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 16365.23133.09                           | <b>Planned Funds:</b> \$1,035,000                               |
| <b>Activity System ID:</b> 23133                             |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Field Epidemiology and Laboratory Training Program (FELTP) was initiated in FY 2008 and was well received by the public health community in Tanzania. The activities undertaken in FY 2008 concentrated on building the foundation of the program. The major achievements for FY 2008 include approval of the Master of Science course (MSc) by Muhimbili University School of Health and Allied Sciences (MUHAS); enrollment of the first cohort of 11 Msc resident students; and the formation of a steering committee to provide oversight on all matters related to the goals and policies of the FELTP. The program has also begun collaborating with the Tanzania Phones for Health program, a public-private partnership, to strengthen better management of and timely reporting on disease outbreaks.

In FY 2009 the FELTP program will step up support for training and will greatly increase the intake of students. The FELTP will support year two of training for the 11 students who enrolled in FY 2008. The program will also support a second cohort of 10 new students (of whom five students will be epidemiology students and five will be laboratory students). In addition, 60 students will participate in trainings provided through short courses. Overall a total of 81 students will receive training through the FELTP in FY 2009. In FY 2009 the FELTP will continue to focus on provision of practical field-based training and on ensuring the training provided by faculty is of the highest quality.

\*END ACTIVITY MODIFICATION\*

TITLE: Establishment of Tanzania Field Epidemiology and Laboratory Training Program (FELTP)

NEED and COMPARATIVE ADVANTAGE: The Tanzanian Ministry of Health and Social Welfare (MOHSW) has identified a need at the national, regional, and district levels to develop a cadre of competent field epidemiologists and public health laboratory managers who will help strengthen surveillance and the public health response to priority communicable and non-communicable diseases particularly HIV/AIDS. To build this capacity the MOHSW will establish a FELTP in Tanzania.

Tanzania Field Epidemiology and Laboratory Training Program (FELTP) is an applied epidemiology program that helps countries develop and implement dynamic public health strategies to improve and strengthen their public health system and their infrastructure. Currently South Africa and Kenya have established programs. The Kenyan FELTP program, which will graduate four Tanzanians next year, is unable to continue to accept Tanzanians into its program as the demand for space is so high.

The vision is to build a sustainable and independent program that will provide graduate training. The program will be funded by PEPFAR, President's Malaria Initiative, and other bilateral partners. Graduates of the program will be public health leaders in disease control and prevention and public health laboratory management. They will be able to investigate disease outbreaks, strengthen surveillance and routine program monitoring and laboratory systems, and serve as mentors to others. FELTP differs from traditional trainings as students spend 75 percent of the second year undertaking practical fieldwork. The Tanzania FELTP will be a degree granting program in collaboration with Muhimbili University of Health and Allied Sciences (MUHAS).

ACCOMPLISHMENTS: This is a new activity for the MOHSW. However, in past years PEPFAR, through the National Institute for Medical Research (NIMR), supported training for four Tanzanians at the Kenyan FELTP program. Current students include: one who will return to strengthen the Zanzibar AIDS Control Program in Zanzibar and one who will work in the Laboratory Diagnostic Unit of the MOHSW on Mainland. These students, who will graduate in 2008, will play a key role in the establishment of a Tanzania FELTP.

ACTIVITIES: FELTP is a two year, full-time training and service program, which involves classroom instruction and field assignments. During the first year of the program short courses will be offered and a cadre of ten students will be admitted. The first short course will be on routine program monitoring, surveillance and outbreak investigation, laboratory quality assurance, as well as management. Participants will include field epidemiologists, public health laboratory managers, and veterinary workers from various regions working in HIV/AIDS and malaria.

Course participants will be required to conduct an applied learning project in Tanzania after which they will present their work and receive degrees. The initial cohort of students will take classes in epidemiology, communications, economics, management and will learn about quantitative and behavior-based strategies. Field work will include: epidemiologic investigations and field surveys; evaluating surveillance systems; and performing disease control and prevention measures.

FY 2008 funds will be used to support: a) ten students; b) provision of short courses; c) initial steering committee and stakeholder meetings; d) travel cost related to FELTP seminars, outbreak, research and surveillance evaluations, select conferences; and e) operations costs including stipends for fellows, development and maintenance of field sites, accommodations for residents, tuition and honoraria.

An in country resident advisor for a number of years will be provided and funded through AFENET (African Field Epidemiology Network) to help guide training and technical assistance. AFENET is a non-profit network of organizations that share resources and best practices among FELTPs in Africa. CDC Atlanta will provide technical assistance in the first year of the program in the form of physicians, epidemiologists, public health advisors, instructional designers, and health communications specialists to provide additional training and technical assistance.

LINKAGES: Developing partnerships is an important element of establishing, supporting, and sustaining the program. Costs for establishing the Tanzanian FELTP program will be shared by African Field Epidemiology Network (AFENET), the President's Malaria Initiative, MUHAS, NIMR, CDC Atlanta, and USAID Washington.

**Activity Narrative:** SUSTAINABILITY: FELTP Tanzania will allow for key public health specialists to undertake training incountry rather than traveling abroad. FELTP graduates will be field trained epidemiologists and laboratory managers who will be competent in practical applications of epidemiologic methods. This will lead to sustainable improvements interventions, implementation, surveillance and epidemic investigation and response and overall supervision of the HIV/AIDS epidemic.  
M&E: In order to ensure that FELTP is effective in developing personal to meet the human resource shortage in Tanzania and is a sustainable program, a system for periodic monitoring and evaluation of outputs and outcomes is critical. The an evaluation workgroup, with input from Atlanta and field-based staff, has developed programmatic indicators for this activity. This M&E plan will allow the MOHSW to document program activities, monitor and evaluate the program, implement program improvements, adjust the program to changing priorities, and ensure the program is meeting the long-term priorities. In addition, a database has been developed to support program management and the tracking of programmatic indicators. All PEPFAR indicators necessary will be also incorporated into the monitoring system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16365

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|----------------------------------------|---------------------|--------------|-----------|---------------|
| 16365              | 16365.08    | HHS/Centers for Disease Control & Prevention | The African Field Epidemiology Network | 12089               | 12089.08     | AFINET    | \$625,000     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,125,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

|                                                |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 4960.09                   | <b>Mechanism:</b> ITECH                                         |
| <b>Prime Partner:</b> University of Washington | <b>USG Agency:</b> HHS/Health Resources Services Administration |
| <b>Funding Source:</b> GHCS (State)            | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                       | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 8981.23134.09              | <b>Planned Funds:</b> \$3,802,441                               |
| <b>Activity System ID:</b> 23134               |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

This narrative combines activities 8981.08 and 8868.08 into one narrative. The funding for activity 8868.08 has changed from clinical services (HTXS) to health systems strengthening (OHSS), as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008 activity 8868.08 did not contribute to HTXS targets.

TITLE: Enhancement of Pre-Service and In-Service Training for Health Professionals and Improvement of Training Infrastructure to Enable Quality Provision of HIV/AIDS Care and Treatment.

**NEED and COMPARATIVE ADVANTAGE:**

Tanzania continues to face an acute shortage of health professionals, severely hampering the scale up of HIV/AIDS-related services. Investing in the development of human resources for health lays the foundation upon which HIV/AIDS interventions are built and ultimately ensures the achievement of PEPFAR goals. The lack of comprehensive integration of HIV/AIDS prevention, care, and treatment in the pre-service curricula of most cadres of health care workers is a significant obstacle to rapid scale up of quality HIV/AIDS programs. The lack of adequate infrastructure, faculty, and resources at training institutions also hampers the delivery of quality pre- and in- service education. After health workers complete their training it is essential that the government has the capacity to distribute staff rationally to those facilities with the greatest need. The government must also have the capability to retain qualified staff over the long term. Currently, this capacity is weak given due to limited leadership and a myriad of disparate health information systems for tracking health workers.

I-TECH has been working over many years in a number of countries to address the barriers to providing high quality training to health care workers. I-TECH has worked to update and improve curricula for different cadres of health care workers and has undertaken activities to enhance the quality and management of in-service training. In Tanzania throughout FY 2007 and FY 2008, I-TECH worked with the Ministry of Health and Social Welfare (MOHSW) to incorporate HIV/AIDS and tuberculosis (TB) into the pre-service curricula for clinical officers (CO) and clinical assistants (CA). In FY 2007 I-TECH began strengthening the zonal training centres (ZTCs) to improve their capacity to coordinate, implement, monitor, and evaluate HIV/AIDS training. I-TECH has international experience in improving curricula, developing training systems, and evaluating training programs; they will continue to apply this experience to activities in Tanzania

**ACCOMPLISHMENTS:**

In FY 2008, I-TECH will have completed the integration of HIV/AIDS and TB content into the first two semesters of a revised pre-service curricula for COs and CAs. I-TECH also completed the revisions of curriculum for ART in-service training. In doing this, I-TECH undertook a needs assessment; convened a technical working group to address the full integration of HIV/AIDS related content into the teaching programs; gathered content from existing curricula; designed interactive and participatory learning activities; and produced training materials to support teaching. In addition, I-TECH has built collaborative relationships with the MOHSW and the ZTCs. I-TECH has assisted many of the ZTCs in conducting stakeholder meetings and in undertaking financial assessments to contribute to the sustainability of these institutions. Essential equipment for training was provided and faculty received basic training in HIV/AIDS, as well as on teaching methods, to enhance the quality of teaching.

**ACTIVITIES:**

**1. Pre-Service Curricula**

In FY 2009 I-TECH will finish revision of the curriculum for CO and CAs (semesters four, five and six). I-TECH will also begin to enhance HIV/AIDS and TB components of the pre-service curricula for two new cadres of health workers (e.g., assistant medical officers and pharmacy technicians) to ensure new graduates are able to provide quality HIV care and treatment. I-TECH will coordinate with the MOHSW to ensure ownership of the new curricula and to get approval/accreditation of the curricula. To facilitate quality instruction with the new curricula, I-TECH will develop complementary teaching aids (e.g., facilitator guides, student handbooks, practicum guide, PowerPoint slides, and other resources).

**2. Faculty Development**

I-TECH will strengthen the capacity of tutors in the CA and CO pre-service training institutions, of clinical instructors at practicum sites, and of faculty in the ZTCs to teach effectively. I-TECH will continue to roll out their basic teaching methods training. I-TECH will finalize the development of an HIV fundamentals course for teaching faculty and roll out will begin. Based on an assessment undertaken of faculty needs, I-TECH will also develop a package for more in-depth faculty development that includes further training on curriculum development and lesson planning. This will increase the capacity of faculty to provide high quality instruction in both pre- and in- service settings, as well as to adapt the curricula and lessons plans whenever new HIV/AIDS-related innovations and guidelines become available.

**3. Zonal Training Centres**

In FY 2009, I-TECH will work to improve the ZTC's capacity to coordinate, implement, monitor, and evaluate HIV/AIDS training. Spread throughout the country, the ZTCs are well positioned to provide maximum access to quality training for healthcare professionals and to monitor training within each zone. I-TECH will continue to equip ZTCs with basic training equipment, materials, and staff so they can provide quality HIV/AIDS and TB/HIV trainings. I-TECH will continue to work with the ZTCs to build their capacity in leadership and organizational development. Those ZTCs that did not hold stakeholders meetings and financial assessments in FY 2008 will complete these activities in FY 2009. Based on the financial assessments, I-TECH will provide technical assistance to the ZTCs to help these institutions become financially sustainable.

**4. National Resource Center**

Based on a feasibility study undertaken in FY 2008, I-TECH will help the MOHSW create a national HIV/AIDS resource center. The resource center will provide health policy makers, program managers,

**Activity Narrative:** teaching faculty, students, and researchers access to essential documents and materials on HIV/AIDS. I-TECH will also develop an exit strategy whereby the MOHSW will have the management and financial capacity to take over complete management of the resource center within three years.

#### 5. Supply of Health Workers

One of the USG's priorities in FY 2009 is to address the shortage of health care workers in Tanzania. To this end, the USG has set aside one million dollars for scholarships to train new health care workers in the cadres most needed. I-TECH will design and implement the national scholarship program. Due to the fact that the existing pre-service institutions in the country are not readily able to absorb new numbers of students, I-TECH will work with existing training institutions to create model pre-service institutions with the capacity to train the increased in-take of students. I-TECH will work with the most-at-need districts, and partners such as the Capacity project and the Mkapa Foundation to bond the students, find them placement in difficult to fill posts, and ensure retention.

#### 6. Distance Learning

Distance learning offers the opportunity for health care workers to improve their skills and upgrade from one cadre of worker to another more skilled cadre. In addition, the availability of distance learning can contribute to health worker retention and allows workers to receive training without long absences from their facility. Based on an assessment of the current status of distance learning programs in Tanzania and their potential for expansion, in FY 2009 I-TECH will work to increase the quality of several existing distance learning programs.

#### 7. Monitoring and Evaluation of HIV/AIDS and TB Training

This activity will improve the quality of HIV-related training. A stronger culture for data demand, data use, and a strengthened monitoring and evaluation system for training will enable the MOHSW and health care facilities to identify training success, gaps, and redundancy more readily. In FY 2009, I-TECH will work with the MOHSW, Capacity project, and other partners to adopt a training information management system. As part of this activity, I-TECH will train partners in data demand, data use, and data quality assurance. I-TECH will also work with the ZTCs to conduct evaluations of new or revised curricula, as well as of in-service trainings to ensure they meet quality standards. Lastly, I-TECH will work with MOHSW, ZTCs and USG partners to develop and implement a quality improvement plan to enhance HIV/AIDS training.

#### 8. Stigma Workplace Program

In FY 2007, I-TECH developed a video to increase awareness and knowledge among health care workers on the impact of stigma and discrimination in healthcare settings. This video has been rolled out through the government's Workplace Intervention Program (WIP) and accompanying HIV/AIDS training materials have been developed. In FY 2009, I-TECH will work with referral and district hospitals to maximize the use of I-TECH Tanzania's documentary on stigma and discrimination, including providing technical assistance to create support groups, like those in the video, for HIV-positive health care workers.

#### LINKAGES:

To accomplish all of the activities listed above, I-TECH will work closely with the MOHSW, the National AIDS Control Programme (NACP), the National TB and Leprosy Program (NTLP), and the ZTCs. I-TECH will also collaborate closely with the other USG partners who are working in each zone and are implementing training activities, such as Capacity and NIMR. I-TECH will also collaborate with the Mkapa Foundation.

**M&E:** In line with I-TECH's program standards, all I-TECH trainings have an evaluative component and new training activities are informed by previous evaluation. I-TECH Tanzania has a comprehensive M&E plan to track progress against output, outcome, and impact indicators. Activity managers use a results-based framework and M&E plan for each area of activity to regularly review progress. Further, quarterly progress reports provide an overview of progress against output and outcome indicators. Timely stakeholder review meetings are held to ensure that data collected is useful to program management and oversight. I-TECH employs a Quality Improvement Director in Tanzania to provide technical support to the activity managers and stakeholders in developing M&E tools and in strengthening M&E systems. Further technical support is provided from headquarters on major M&E developments, including baseline assessments and end of project reviews. Approximately six percent of the I-TECH budget supports M&E.

#### SUSTAINABILITY:

I-TECH is strategically decentralizing curriculum development capacity to country offices, health ministries, and other in-country partners to allow for continuous improvement to pre-service curricula over time. I-TECH is also strengthening the capacity of the ZTCs, the institutions designated by the MOHSW, to coordinate, manage, monitor, and evaluate HIV/AIDS trainings throughout Tanzania. As the capacity of individual ZTCs increases, they will assume greater leadership and responsibility, and TA will move to strengthen other ZTCs. In addition, by ensuring new graduates are adequately trained in HIV/AIDS and TB, this activity will ensure that the health workforce is better prepared to implement large-scale HIV care and treatment programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13601

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner            | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 13601              | 8981.08     | HHS/Health Resources Services Administration | University of Washington | 6564                | 4960.08      | I-TECH    | \$1,458,983   |
| 8981               | 8981.07     | HHS/Health Resources Services Administration | University of Washington | 4960                | 4960.07      | I-TECH    | \$1,005,000   |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$3,802,441

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

|                                        |                                                              |
|----------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 7930.09           | <b>Mechanism:</b> AIDSTAR II                                 |
| <b>Prime Partner:</b> To Be Determined | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)    | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS               | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 16994.23135.09     | <b>Planned Funds:</b> ██████████                             |
| <b>Activity System ID:</b> 23135       |                                                              |

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

This narrative combines activities 16994.08 and 16475.08 into one narrative for Government Infrastructure Strengthening. The funding for activity 16475.08 has changed from ART Treatment (HTXS) to Health Systems Strengthening (OHSS). As a result the targets have also changed to reflect their contribution to OHSS targets. Note: In FY 2008 activity 16475.08 did not contribute to HTXS targets.

TITLE: Strengthening Capacity of at District Health Management Teams and Key Central Government of Tanzania (GOT) Organizations

**ADVANTAGE: NEED and COMPARATIVE:**

As the USG/Tanzania team moves forward with planning for a potential Partnership Compact, strengthening the management infrastructure of the Government of Tanzania (GOT) at key operational levels is of paramount importance. In the coming years, USG/Tanzania will strive toward achieving a long-term "sustainability model" whereby key functions of planning for and operating prevention, care, and treatment programs would transfer to the GOT. In this intervening period, the strengthening and mentoring described below will help lay the groundwork for this important transition.

The Ministry of Health and Social Welfare has been implementing health sector reform for more than ten years. One of the main challenges of the reform is decentralization, as most actions critical to the scale up of HIV/AIDS care and treatment occur at the district level. Decentralization of budgets and administrative control has left local government in control, but without the appropriate capacity. District health management teams are ill equipped to plan, manage, budget, and implement programs that are comprehensive and integrated. Both the Japanese International Cooperation Agency (JICA) and Gesellschaft für Technische Zusammenarbeit (GTZ) have worked in several districts in Tanzania to strengthen the ability of district governments to manage. Most recently, Pharm Access International (PAI) has started working with district governments. The PAI plan actually creates service-level agreements with districts that are based on performance.

At the same time it is imperative that central level GOT organizations are able to carry out their policy and supervisory functions. The funding for HIV/AIDS in Tanzania has grown tremendously over the last five years. With this funding has come increased responsibility for GOT organizations charged with coordination and management of efforts to address the HIV/AIDS epidemic. Many of these GOT organizations lack the capacity to meet the increased demands placed upon them.

The AIDSTAR Sector II indefinite quantity contract (IQC) has recently been awarded to help countries address these needs. This IQC will provide state-of-the-art technical expertise to enhance management and leadership skills of national GOT partners. To be determined (TBD) will be a competitively chosen organization with a track record in strengthening local and national government entities to be accountable for managing resources effectively to meet the needs of the population; particularly providing integrated, sustainable HIV/AIDS services at scale.

**ACTIVITIES:**

The program would build on a successful model of working with the District Health Management Teams (DHMT) called "reaching every district." It would focus on five components: supportive supervision, monitoring for action, good planning and adequate resources (financial and goods) management, and linkages between various programs for a continuum of care, including the link between health facilities and community/outreach services. Since the DHMT is the group charged with addressing health needs at the district level, the program would have the objective of improving the managerial capacity and fiscal accountability systems of the entire DHMT. Priority would be given to tools that would enable the DHMT to analyze and solve the priority health issues in the district; to gather, tabulate, and use data for decision making and program improvement; and to monitor achievement of results. In addition, it would train the DHMT in health planning, monitoring, and program evaluation. For example, many districts do not have a well developed district network model for upward referral or downward support or supervision. Also, vertical programs at the local level are not well integrated, such as HIV services and programs for sexually transmitted infections, malaria, or tuberculosis (TB). Districts do not normally plan with all the resources available to them to achieve one vision of a functioning health system, but rather have separate plans for one vertical program or another, and one donor program or another. The USG would like to assist districts to develop comprehensive plans, building synergies and making greatest use of multiple sources of funds. Since there is little attention paid to performance and accountability, the district strengthening approach to be used will likely be performance based. Experience in other countries and in an array of programs (e.g., immunization, TB) has demonstrated remarkable improvements in key health indicators achieved through performance-based programs. A formal memorandum of understanding will be developed with the district government laying out the key performance indicators and targets, quality measures, and all aspects of monitoring and reporting. This will be a new activity that will identify districts that have not yet had strengthening in management, planning, budgeting, etc. It will be designed taking into consideration the experience in districts of Tanzania, as well as experiences in other countries of Africa, Latin America, and the Caribbean. It will assist the treatment partners to achieve the collaboration needed under regionalization and to lay the groundwork for a sustainability model under a Partnership Compact. The full range of financial and material incentives will be assessed with the aim of inspiring changes in behavior among public and non-state sector institutions, managers, and health workers that ultimately result in improved and efficient performance. The program will also help to foster the critical role the regional government should play in overseeing and supervising work at the district level.

At the central level the program will enhance the capacity of key GOT organizations so they can effectively and efficiently implement and manage programs to address the HIV/AIDS crisis in Tanzania. TBD will work with local Tanzanian firms to assess the needs of GOT partners and to provide focused technical assistance to address the areas of greatest need. Depending on the specific requirements of each

**Activity Narrative:** organization work could potentially include: building competence to develop strategic plans; strengthening project management skills; increasing ability to design and monitor effective programs; enhancing capability to mobilize resources; developing organizational and staffing vision, policies, and procedures; enhancing ability to monitor and evaluate implementation; increasing ability to document, synthesize, and disseminate lessons learned; strengthen partnerships across service delivery organizations and between the public and private sectors; and general administrative system strengthening. In particular, TBD would help central level government authorities embrace their role under decentralization as normative and quality monitoring bodies, transitioning from their previous role as implementers.

**LINKAGES:**

The program would build upon the experiences of JICA, GTZ, and PAI, as well as the needs identified by USG treatment partners based on their experience of working with the districts in the regionalization process. It will also be linked in the same IQC to the orphans and vulnerable children (OVC) district strengthening activity, as well as to the program being implemented by the Capacity Project to strengthen districts in the area of managing and retaining human resources. In addition, it would be linked with the planned GOT performance-based systems soon to be launched throughout the country related to specific Millennium Development Goals. The program will also need to have very strong linkages with the Ministry of Finance and the Prime Minister's Office for Regional and Local Government.

This activity will also closely collaborate with the Management Sciences for Health Leadership, Management, and Sustainability activity, which is undertaking similar activities with the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) and civil society organizations. Any relevant tools and materials developed will be shared and utilized as appropriate with the different target groups. AIDSTAR Sector II will also coordinate with the CDC TBD auditing activity which will work to ensure GOT organizations are fiscally accountable and transparent in managing PEPFAR funding.

**M&E:** This activity would be closely monitored to determine that the incentives and disincentives are aligned with the desired performance/results. Not only will the capacity building activities be monitored, but the specific indicators for performance will be monitored to assess the success of a performance-based scheme. AIDSTAR will develop a monitoring and evaluation plan to track impact of activities on each GOT organization.

**SUSTAINABILITY:**

Ultimately, it is the responsibility of the GOT to manage the country's response to the HIV/AIDS epidemic. Currently many of these organizations both at the national and district level need new skills to effectively plan for, budget for, and manage HIV/AIDS interventions. AIDSTAR will build the capacity of GOT institutions, thus ensuring the long-term sustainability of HIV/AIDS activities. This activity will provide the skills that will enable a decentralized government, over the long term, to plan and budget for comprehensive programs, monitor them appropriately, and be accountable for achieving results.

Apr reprogramming: \$ 100,000 to be reprogrammed from district strengthening activity to leadership and management capacity for PEPFAR partners (MSH-LMS), such that this TBD partner (AIDSTAR) will focus exclusively on district strengthening. TBD AIDSTAR's targets will be reprogrammed once the partner is identified and the workplan is finalized.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16994

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner    | Mechanism System ID | Mechanism ID | Mechanism  | Planned Funds |
|--------------------|-------------|-------------------------------------------|------------------|---------------------|--------------|------------|---------------|
| 16994              | 16994.08    | U.S. Agency for International Development | To Be Determined | 7930                | 7930.08      | AIDSTAR II |               |

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 8027.09

**Mechanism:** IP Audit

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 16437.23136.09

**Planned Funds:** [REDACTED]

**Activity System ID:** 23136



**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: CDC Audit, Review, and Financial Technical Assistance for Partners

**NEED and COMPARATIVE ADVANTAGE:**

Assessments of cooperative agreements and partners should be integrated in the USG/CDC's continuous monitoring, analysis, and review of programs and partners, as it is a key factor in achieving agency missions, and results. CDC Tanzania will award a contract to conduct a program-specified audit of nine Government of Tanzania (GOT) funding recipients' internal control systems and accounting and fiscal management practices to ensure adequate stewardship of USG funds. Additionally the contractor will provide ad-hoc technical assistance in areas where changes are needed. The goal is to improve Tanzania's capacity to coordinate, implement, and manage HIV/AIDS programs and to enhance transparency and accountability of USG funds in order to ensure sustainability and local ownership of PEPFAR programs. Currently in Tanzania both USAID and the Department of Defense have long standing, agency specific internal mechanisms to undertake similar auditing activities.

**ACCOMPLISHMENTS:**

CDC Tanzania executes annually over \$40 million in cooperative agreements to partners in Tanzania in most program areas through PEPFAR. CDC offices in Zimbabwe and Zambia have conducted audits of its partners to assess financial management and internal control and to provide technical assistance in these areas. This initiative was well received by CDC, partners, and the government of Zimbabwe and Zambia. To this end, CDC proposes a similar initiative in Tanzania.

**ACTIVITIES:**

A. Audit and Review: CDC will conduct an audit and review of GOT partners' financial management and internal control practices to identify strengths and weaknesses and to assist partners in bridging the gap to effectively monitor them. Audit and review provides the assurances that weaknesses in the design or operation of programs or controls that could adversely affect the partner's ability to meet its PEPFAR targets would be detected in a timely manner and prevented. The initiative's goal is to improve Tanzanian capacity to coordinate, implement, and manage HIV/AIDS programs effectively and efficiently, thus helping to ensure sustainability and local ownership of PEPFAR programs.

Each audit and review will be based upon the tenets of international accounting standards and principles with the aim of providing constructive advice to CDC, and its funding recipients. The contractor will: i) assist GOT cooperative agreement recipients to organize financial records in a standardized format; ii) certify the use of funds awarded to recipients in terms of the cooperative agreement and applicable laws, and regulations; iii) generate financial and program performance reports with recommendations; and iv) prepare and submit reports of recipient payment schedules, financial expenditures and spending, and control practices.

Audit reports are expected to include: i) auditor's opinion if records and reports show consistency of all textual information per the terms of the cooperative agreement; ii) assurance that the textual information is consistent with evidence obtained by the auditors; iii) verification of the accuracy of the financial statements and the underlying accounting reports; and iv) auditor's opinion of the sensitivities which affect the financial stability of the entity and the appropriateness and adequacy of the organization's systems of control.

B. Technical Assistance: In addition to conducting the audit and review, the contractor will provide technical assistance to GOT grantees based upon the findings to ensure that programs reach goals and targets in a sustainable manner. These include: i) recommendation on improvements to management policies, and procedures; ii) recommendation on internal controls to safeguard the loss of information, money, and other resources in order to achieve targets and objectives and eliminate irregularities; iii) assessment of areas of risk and recommendations to minimize exposure to internal and external risk; iv) assurances that mechanisms are in place to monitor and review all business transactions.

Either CDC GAP through an umbrella mechanism or CDC Tanzania directly will compete and execute the contract for the services listed above. It is envisaged that in the first year the audit and review will be on nine GOT cooperative agreement recipients with a focus on government partners, This could be expanded in subsequent years.

**LINKAGES:**

CDC currently executes and administers over \$40 million annually in cooperative agreements to a variety of partners, across all of Tanzania in most program areas of PEPFAR. CDC has a long standing and close relationship with these entities. This audit, review, and the provision of technical assistance will further strengthen these linkages by addressing possible financial management and internal control issues and creating consistent and accurate financial systems and effective internal controls. This technical assistance will also increase Tanzanian partner's capacity to effectively and efficiently manage programs which will further strengthen linkages. Also written records and documentation will address issues of staff turnover in both the USG and partners.

**CHECK BOXES:**

Local Organization Capacity Building: This proposed audit, review and technical assistance provides the assurances that weaknesses in the design or operation of programs or controls that could adversely affect the partner's ability to meet its PEPFAR targets would be detected in a timely manner and prevented. The initiative's goal is to improve Tanzanian capacity to coordinate, implement, and manage HIV/AIDS programs effectively and efficiently, thus helping to ensure sustainability and local ownership of PEPFAR programs.

M&E: A separate monitoring and evaluation proposal is not included as the entire initiative is to conduct an audit and review of cooperative agreement recipients. This audit and review will additionally assist in data collection, storage and reporting through the review and establishment of financial management practices and internal controls.

**Activity Narrative:** SUSTAINABILITY: The initiative's goal is to improve Tanzanian capacity to coordinate, implement, and manage HIV/AIDS programs effectively and efficiently, thus helping to ensure sustainability and local ownership of PEPFAR programs. This project will assist GOT grantees in strengthening the financial and control mechanisms in order to safeguard against loss and achieve goals. Additionally, this audit and review process will have a clear and well-defined documentation process that contains an audit trail, verifiable results, and specify document retention periods to create sustainable historical institutional knowledge for future use. This is critical for establishing and replicating a system in light of high staff turnover at both the USG and partners.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16437

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner    | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|------------------|---------------------|--------------|-----------|---------------|
| 16437              | 16437.08    | HHS/Centers for Disease Control & Prevention | To Be Determined | 8027                | 8027.08      | IP Audit  |               |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

|                                              |                                                          |
|----------------------------------------------|----------------------------------------------------------|
| <b>Mechanism ID:</b> 8067.09                 | <b>Mechanism:</b> Grants                                 |
| <b>Prime Partner:</b> US Department of State | <b>USG Agency:</b> Department of State / African Affairs |
| <b>Funding Source:</b> GHCS (State)          | <b>Program Area:</b> Health Systems Strengthening        |
| <b>Budget Code:</b> OHSS                     | <b>Program Budget Code:</b> 18                           |
| <b>Activity ID:</b> 19151.23137.09           | <b>Planned Funds:</b> \$150,000                          |
| <b>Activity System ID:</b> 23137             |                                                          |

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP.

**TITLE:** Ambassador's Fund for HIV and AIDS

The Ambassador's Fund for HIV and AIDS in Tanzania will use PEPFAR funds to support some of Tanzania's most promising small community- and faith-based organizations (CBOs and FBOs) that are making significant contributions to the fight against HIV and AIDS, including organizations of persons living with HIV/AIDS (PLWHAs). The Fund for HIV and AIDS will complement grants provided under the Ambassador's Self Help Fund which focuses on water projects, healthcare projects (excluding medicine or counseling), solar/energy efficiency/environmental projects, and income generating projects. The Fund will also complement the Democracy and Human Rights Fund. Activities funded through this program will target PLWHAs as well as their families and caregivers, community volunteers, CBOs, and FBOs.

The Fund for HIV and AIDS will be administered by the existing Ambassador's Special Self-Help Fund Coordinator. Working with the PEPFAR Country Coordinator's Office, the Self-Help Fund Coordinator will establish guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: improvement of basic conditions at the community level; benefit a substantial number of people in the community; be within the means of the local community to operate and maintain; and quick implementation of the grant within one-year agreement period. The Self-Help Fund Coordinator will be responsible for ranking and evaluating all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR interagency team and the Mission's Humanitarian Assistance Coordination Board. This broad committee will meet with the Self-Help Fund Coordinator on a quarterly basis to review final applicants and to share lessons learned on community grants program implementation. The Self-Help Fund Coordinator will also be responsible for keeping a database of received proposals, identifying organizations that may be appropriate for consideration, and sending timely and appropriate replies to organizations whose proposals fall outside the parameters of consideration. It is expected that between 15 and 30 grants will be issued, with most grant awards being \$10,000 or less. The Self-Help Fund Coordinator is under the supervision of the Mission's Deputy Chief of Mission.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19151

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                            | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 19151              | 19151.08    | Department of State / African Affairs | US Department of State | 8067                | 8067.08      | Grants    | \$150,000     |

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 7569.09 **Mechanism:** STRADCOM

**Prime Partner:** Strategic Radio Communication for Development **USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State) **Program Area:** Health Systems Strengthening

**Budget Code:** OHSS **Program Budget Code:** 18

**Activity ID:** 19152.23138.09 **Planned Funds:** \$75,000

**Activity System ID:** 23138

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

TITLE: STRADCOM Working with MTV's Staying Alive

**NEED and COMPARATIVE ADVANTAGE:** MTV is the world's largest television network and the leading multimedia brand for youth, promoting local cultural tastes with a mixture of national, regional and international artists along with locally produced and globally shared programming. Staying Alive began in 1998 as a one off award winning documentary, of the same name. It will now be paired with STRADCOM's current initiatives to compliment and extend the radio programming with a video broadcast element. MTV/Staying Alive has the capacity to provide high quality HIV prevention education to a mass audience through the use of youth leaders and HIV/AIDS champions. Staying Alive currently reaches 64% of the world's TV households, and 90% of the top 50 AIDS impacted countries. Staying Alive's distribution reach extends to all but thirteen countries in the world.

**ACCOMPLISHMENTS:** During the first 18 months of the project, STRADCOM has started developing a range of programming vehicles that can be used to convey core messages supporting the range of PEFAR activities in a flexible and mutually supporting manner. STRADCOM has developed a radio serial drama (RSD) with various story lines. The 30-minute RSD, Wahapahapa ("The People from Right Here") is broadcast once a week on a national network. The programs are re-broadcast on nine local stations located in high prevalence regions of the country. STRADCOM also supports 15 radio stations' production of weekly magazine-format radio programs on HIV/AIDS.

Since 2002, Staying Alive has expanded into an ongoing global multi-media campaign that provides youth targeted information about HIV/AIDS using a wide range of interventions that include programming, advocacy, and grant-making. Staying Alive is now the world's leading media response to HIV/AIDS, developing widely recognized cuttingedge products as part of its comprehensive approach.

**ACTIVITIES:** STRADCOM will work closely with Staying Alive and related OHSS partners to further develop high priority messages through the use of youth leaders and HIV/AIDS champions whose capacity to communicate and disseminate messages will be strengthened. They will do this by:

1) Developing new internationally relevant program content for urban youth at scale. Staying Alive plans to scale up its existing campaign and to develop new program content that addresses universal themes for HIV prevention. Building on its track record of producing creative, entertaining, youth relevant multiplatform content Staying Alive will produce a range of programs that have global appeal and tackle themes and issues that are relevant to young people across all regions. As part of these programs, STRADCOM and Staying Alive will identify youth leaders and other high profile personalities that appeal to youth, develop their capacity for delivering HIV/AIDS messages, and disseminate their messages as advocates in the fight against HIV/AIDS. These programs will be aired at no cost by MTV's 56 channels and will be distributed rights and cost free to Staying Alive's global media partners for broadcast in all regions. This means that new programming will be distributed to at least fifty additional broadcasters which annually air Staying Alive programming.

2) Producing regionally/country specific television and radio programming and website content. The 2005 evaluation of the Staying Alive campaign confirmed that the global campaign had positively impacted interpersonal communication and social norms. The evaluation also suggested that adapting a global campaign to local cultures could expand its appeal as more young people would feel able to relate to the program content. Staying Alive will, therefore, develop regionally targeted programs and formats for radio and television that can be freely used and/or adapted and extended by broadcasters across the region.

Program content and messaging will be developed in collaboration with Staying Alive's programming partners and youth partner groups in Tanzania. A regional flavor will be given to the campaign's central HIV prevention themes, which include gender inequalities, machismo, and gender based violence. The results of focus group discussions and listening groups will inform the process ensuring that content relates to local priorities and that the audience is responding positively to the messages.

Staying Alive will work closely with STRADCOM and MTV's in-house creative teams to develop and pilot test the regionally targeted programs and public service announcements (PSAs) in Tanzania. These regional programs and PSAs will be aired regularly and often on MTV Base Africa at no cost – with MTV contributing free air time. As with the global programs, they will also be distributed rights and cost free to Staying Alive's global, regional and national media partners to reach the widest possible audience.

All these activities include training and mentoring station production staff; working with key partners to review core messages, technical aspects and national protocols; broadcast; monitoring for correct content and technical quality; and distribution of programs to other stations in our network of cooperating stations.

**LINKAGES:** STRADCOM is working together with NACP, TACAIDS, and other partners to assure messages are appropriate, support policies, and are linked to services.

**M&E:** Reception analysis will be used to better understand how young men and women are responding to the messages they receive through Staying Alive's interventions. Reception analysis is based on the premise that an audience is not a group of passive recipients of media messages; rather it considers the audience to be actively involved in interpreting and adapting messages received through the media. Active Audience Theory purports that no text has one meaning: the meaning has to be decoded by the receiver. The key issue in reception analysis, therefore, is to understand what the audience does with the media messages.

**SUSTAINABILITY:** STRADCOM is working closely with partner radio stations to help improve their existing programs on HIV/AIDS. The involvement is co-production rather than paying for airtime. By training and supporting their existing staff to produce high quality, informative and engaging programming, they will

**Activity Narrative:** demonstrate that this will increase listeners and in turn increase revenue from advertising. STRADCOM is also working with local production companies to improve their production, post-production and behavior communication skills and capacity. This not only makes them more effective it also makes them more competitive. STRADCOM has a cost share provision in its CA that encourages sustainability by requiring radio stations to support our productions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19152

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                            | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 19152              | 19152.08    | Department of State / African Affairs | US Department of State | 8067                | 8067.08      | Grants    | \$100,000     |

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 8119.09

**Mechanism:** Policy

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 5087.23139.09

**Planned Funds:** ■

**Activity System ID:** 23139

**Activity Narrative:** THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Work with district- and ward-level groups will have a particular emphasis this year on using public expenditure tracking tools, building on USAID/Tanzania's particular success under the Millennium Challenge Account Threshold Program in using public expenditure tracking systems (PETS) to promote local-level accountability in resource use. Support for the training and formation of public expenditure tracking committees will encourage accountability and good governance in health spending by providing grassroots oversight mechanisms. PETS committees will work with Council Multisectoral AIDS Committees (CMACS) and establish liaison with District Management Health Teams to ensure proper accounting of health revenues and expenditures. Such mechanisms also will be useful in local-level monitoring of the implementation of Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) monies by GFATM recipients and sub-grantees.

\*END MODIFICATION\*

TITLE: Building an Enabling Environment for the Scale Up of Prevention, Care, and Treatment of HIV/AIDS

NEED and COMPARATIVE ADVANTAGE: The policy environment in Tanzania still presents many challenges. The long-awaited AIDS Bill has not yet been signed into law. Many other policy barriers exist in terms of use of lay counselors/testers, use of opioids for pain management, task shifting among health providers, the need for a children's bill, stronger anti-stigma and anti-discrimination measures, provision of nevirapine on first diagnosis, etc. As policy issues are identified, there is need for advocacy and direct intervention to promote Government of Tanzania (GoT) policy change.

ACCOMPLISHMENTS: This activity will be completed for FY 2008.

Past efforts provided by POLICY II and HPI have catalyzed action among parliamentarians to generate support for the omnibus AIDS Bill. With assistance from POLICY II, Ministry of Justice and Constitutional Affairs (MOJCA) drafted a Bill presented in parliament this year. HPI trained policy champions, sharpened NGOs' advocacy skills, and sensitized parliamentarians to provide input to AIDS Law processes. Community groups were capacitated to provide input to the Bill through zonal meetings. HPI built capacity of a range of national and community groups to fight stigma/discrimination. Through HPI activities, religious leaders in the two regions have promoted public pronouncement of HIV status and formed post-test clubs. HPI has also worked with media, faith-based organizations (FBOs), and networks of People Living with HIV/AIDS (PLWHA) for advocacy and to reduce stigma and discrimination.

ACTIVITIES: With FY 2008 funding, the program will:

- 1) Identify key policy barriers for the scale up of prevention, care, and treatment activities, and develop interventions to address those policy barriers: The partner will be proactive in identifying issues and well considered approaches to address them. In addition, the partner will be involved in discussions with the USG Strategic Results Units (Clinical Services, Community Services, Prevention/Testing) and the Cross Cutting Strategic Unit encompassing Lab, Human Capacity Development, Strategic Information, Logistics, etc.) to ensure that key policy barriers are identified. The partner will be integrally involved in discussions with the technical teams charged with achieving scale-up results, as well as their key implementing partners.
- 2) Work with influential groups: in serving in a potent advocacy role and as catalysts for change, the partner will need to work closely with influential groups, such as parliamentarians, the press, organizations of PLWHA, youth organizations, community organizations, religious organizations, and official bodies such as the Council Multi-sectoral AIDS Committees (CMACS) and important government bodies. For example, to move the HIV & AIDS Law passage/implementation along, the process has been arduous in terms of necessary advocacy and technical assistance at every stop along the way from development to passage.

Parliament and other national authorities: This activity will involve coordination, networking, community mobilization and planning with national authorities and, in particular, with Members of the Tanzanian Parliament (MP). The goal of the working with the MPs will be to ensure they are positioned to advocate for the meaningful involvement of PLWHA and affected communities in all aspects of the HIV/AIDS response. MPs take an active role in advocating for the accountability of governments, private and public sector agencies and others. They must also be accountable to the communities they are part of, work with, represent, and serve, including those affected by or infected with HIV/AIDS.

Journalists and the Media: the partner will be expected to work closely with journalists to develop strong relationships for advocacy and critical/factual coverage of HIV/AIDS issues. Since public opinion and public education is so closely tied to the media, it provides an opportunity to ensure factual and complete reporting of issues around health behaviors, and that will help to mobilize the public around HIV/AIDS, orphans and vulnerable children, exposed pregnant women, etc. Responsible reporting of the news can be turned into an educational opportunity for the public, and this should be a skill that journalists possess. In addition, the partner will work with the Association of Journalists against HIV/AIDS in providing technical assistance to 20 media houses, predominantly in the private sector, in the implementation of workplace policies.

PLWHA: The activity will build capacity of PLWHA groups in selected districts to equip them with leadership and advocacy skills to use evidence-based information for policy dialogue. For example, work with National Council of People Living with HIV/AIDS (NACOPHA) to strengthen institutional capacity of PLWHA groups; engage PLWHA groups in policy dialogue with district executives and councilors towards improving HIV prevention, care, and support services, etc. Additional outcomes expected to result from this activity include fostering meaningful involvement of PLWHA and affected communities, including the protection and promotion of human rights in the workplace. 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.

**Activity Narrative:** Stigma/Discrimination: The activity will take a new direction to strengthen the GoT's ability to provide recourse in cases of discrimination in the workplace. This activity would build on the Millennium Challenge Account (MCA) Threshold Program's rule of law initiative that focuses on curbing corruption, improving the climate of human rights protection, and improving the efficiency and capacity of legal sector institutions including the judiciary and the Department of Public Prosecution. A person with expertise in law and litigations, human rights protection, investigations, and institutional capacity building will be seconded to the Office of the Human Rights Commissioner, Commission on Human Rights and Good Governance (CHRAGG) in order to build the capacity of the CHRAGG to respond more efficiently to human rights complaints from PLWHA, especially women. The embedded advisor will assist the CHRAGG to conduct investigations into, among other things, discrimination against PLWHA including illegal firings, illegal denial of services, and inheritance claims. Where necessary, the advisor will also assist the CHRAGG to initiate and conduct litigation against those engaging in discriminatory practices. The advisor will conduct training of Commission investigators and also provide direct, day-to-day mentoring of the Commission's complaint processing mechanisms, investigations into discrimination claims, court filings, and community outreach activities. The mentoring of CHRAGG will focus on improving CHRAGG's outreach capacity and its legal services for women living with HIV/AIDS who have been denied legal rights or have been discriminated against in the workplace, within the health care system, accessing to community services, or in other contexts.

Youth organizations, community organizations, religious leaders and official bodies such as the Council Multi-sectoral AIDS Committees (CMACS): The partner will provide technical assistance to mobilize communities against stigma and discrimination. The activity will develop packages for religious leaders to facilitate community mobilization on stigma and discrimination reduction. In addition, religious organizations such as BAKWATA and Christian Council of Churches (CCT) will be funded to train mosque and church in HIV/AIDS and counseling in each of the districts. Other activities will help to disseminate materials for the training of Madrasas and Sunday school teachers, as well as techniques for organizing interfaith Children's festivals in stigma and discrimination.

3) Other mobilization/advocacy: Work with the Women's Legal Aid Center/Tanzanian Gender Networking Program, and the National Institute of Medical Research to build capacity of community groups to advocate against gender-based violence (GBV), a major contributor to women's vulnerability to HIV/AIDS. The partner will build capacity of identified champions in the districts, focusing on male norms exacerbating sexual coercion and GBV. Special awareness events will be organized around GBV.

LINKAGES: The activity will be tied to GoT ministries (e.g., MOJCA) and will collaborate with TACAIDS in implementing of the National Multi-sectoral Strategic Framework through CMACs. TBD will work closely with Tanzania Parliamentary Associations on HIV/AIDS (TAPAC). The discrimination work will tie with both the MCC and Stradcom (for public messages).

M&E: Approximately five percent of the budget for this newly competed activity will used for M&E purposes including documentation of project successes and results.

SUSTAINAIBILITY: Capacity strengthening to improve policy and address gender, advocacy, stigma/discrimination, and NGOs/CSOs will contribute to a sustainable enabling environment.

Apr 09 Reprogramming: Action re-names TBD to The Futures Group (ITT approved).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13594

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                   | Mechanism System ID | Mechanism ID | Mechanism                      | Planned Funds |
|--------------------|-------------|-------------------------------------------|---------------------------------|---------------------|--------------|--------------------------------|---------------|
| 13594              | 5087.08     | U.S. Agency for International Development | The Futures Group International | 6561                | 3616.08      | Health Policy Initiative (HPI) | \$1,775,000   |
| 7806               | 5087.07     | U.S. Agency for International Development | The Futures Group International | 4581                | 3616.07      | Health Policy Initiative (HPI) | \$1,578,686   |
| 5087               | 5087.06     | U.S. Agency for International Development | The Futures Group International | 3616                | 3616.06      | Policy Project                 | \$1,000,000   |

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 10570.09

**Mechanism:** Preceptor

---

**Prime Partner:** American International Health Alliance

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 5344.23188.09

**Activity System ID:** 23188

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$0



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008 COP.

TITLE: Tanzania Preceptor Initiative and Hospital Partnership

Note: This activity will continue in FY 2008 with zero funding due to existing unused funds.

**NEED and COMPARATIVE ADVANTAGE:**

The Tanzania MOHSW is expanding ARV treatment services. Facilities are accredited to provide ARV services by the NACP, and are already receiving ARVs, but are facing serious limitations of human resources.

Volunteer preceptors with appropriate qualifications and experience will support HIV CTCs on an individual basis as on-site technical assistants for staff within the facilities and assist in the provision of services as necessary to fill gaps in staffing needs.

Through two twinning partnerships, US hospitals will assist Tanzanian counterpart institutions to better organize and manage their work while building the capacity of staff to provide better care at the CTCs.

**ACCOMPLISHMENTS:**

An in-country volunteer coordinator has been hired. An orientation program for preceptors has been developed, including an orientation guide, local guidelines, and a safety manual. Suitable accommodation and other logistical arrangements were made for volunteer placements. Discussions with USG partners are ongoing to identify potential volunteer assignments. The scopes of work for the first placements have been developed and sites were identified. Qualified volunteers were recruited and the first six preceptors have been placed.

**ACTIVITIES (ongoing):**

1. Preceptor Initiative:

1a. Identify 15 suitable sites for the hosting of volunteers, in collaboration with USG partners and other institutions

1b. Finalize 10 Scopes of Work for 25 volunteer assignments, with the support and assistance of USG partners and other organizations

1c. Identify qualified volunteers to fill available volunteer opportunities

1d. Identify and secure suitable accommodation for volunteers

1e. Conduct pre-departure and in-country orientation of volunteers

1f. Place volunteers in their site assignments

1g. Volunteers conduct needs/organizational assessments of placement sites to identify technical assistance and training/mentoring needs

1h. Volunteers work with site supervisors to develop individual action plan for each assignment, based on assessment results

1i. Volunteers implement action plan in coordination with site supervisors, including training of health professionals

1j. Volunteers submit progress reports during assignment to document progress achieved and document training provided

1k. Volunteers submit post-assignment final report documenting achievements, including suggestions for continued support and training needed at the placement organization

1l. Receive feedback from host sites and volunteers in post-assignment debriefing interviews

2. Hospital Partnership:

2a. AIHA conducts assessments of Tanzanian hospitals with CTCs, and in collaboration with MOHSW and the USG team, select the Tanzanian hospitals to participate in the partnership.

2b. AIHA solicits proposals from interested US hospitals to select appropriate US partner institutions, with concurrence from MOHSW, USG team, and selected Tanzanian partner hospitals.

2c. US partners conduct needs assessment of the Tanzanian partner hospitals, to determine organizational development and training needs

2d. Partners jointly develop workplan outlining partnership activities, to be approved by AIHA, with concurrence from MOHSW and the USG team

2e. Partners participate in partnership exchanges (to Tanzania and the US) to provide technical assistance to address organizational development and training needs as identified in the workplan

2f. Partners implement programs and activities to address organizational development and training needs

2g. US partners submit quarterly reports to document progress achieved versus the partnership workplan, document training and other technical assistance provided, and indicate progress toward partnership and PEPFAR indicators.

**LINKAGES:**

To address the recent regionalization of USG Treatment Partners, the preceptor initiative will be closely coordinated with the respective partners to ensure that preceptors are most effectively deployed. As appropriate, volunteer physicians and nurses will participate in NACP CTC training and certification courses prior to initiation of their service. Partners have offered to include volunteers in the NACP courses they facilitate.

The hospital partnership will seek to develop similar relationships with appropriate institutions, depending on the Tanzanian hospital selected to participate in the program.

**CHECK BOXES:**

The overall goal of the Preceptor Initiative in Tanzania is to increase the capacity of Care and Treatment Centers (CTCs) to provide services through the fielding of trained and qualified professionals.

The overall goal of the Hospital Partnership in Tanzania is to increase the organizational capacity and staff expertise at a Tanzania hospital with a CTC to provide better quality care.

**M&E:**

Preceptors will report regularly on progress towards achieving their scope of work, training and other

**Activity Narrative:** technical assistance provided. At the end of the placement, volunteers will submit a final report and participate in an exit interview. AIHA will conduct a post-service evaluation with the host organization.

AIHA will assist hospital partners to develop and implement a M&E system for the partnership. With USG stakeholders, AIHA and partners will select the PEPFAR, and other relevant indicators. AIHA will assist partners to develop tools and systems to collect and report relevant data, provide technical assistance when necessary. AIHA reports to USG teams quarterly and will evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan.

**SUSTAINABILITY:**

The preceptor initiative is building the capacity of the country's CTCs to provide quality services to its patients. Training, supervision and mentoring of clinic staff will increase their knowledge, practical skills and confidence to provide HIV/AIDS care and treatment.

By engaging a US hospital in a partnership with a Tanzania counterpart institution, the capacity of the Tanzanian hospital to provide better care in its CTC over the long term will be enhanced. US health professionals from the partner hospital will develop long-term collaborative working relationships with their Tanzanian peers. The partnership will leverage substantial in-kind contributions of professional time and equipment and supplies from the participating US hospital.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13434

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|----------------------------------------|---------------------|--------------|-----------|---------------|
| 13434              | 5344.08     | HHS/Health Resources Services Administration | American International Health Alliance | 6495                | 3555.08      | Twinning  | \$0           |
| 7679               | 5344.07     | HHS/Health Resources Services Administration | American International Health Alliance | 4517                | 3555.07      | AIHA      | \$500,000     |
| 5344               | 5344.06     | HHS/Health Resources Services Administration | American International Health Alliance | 3555                | 3555.06      |           | \$500,000     |

**Table 3.3.18: Activities by Funding Mechanism**

|                                                              |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 3555.09                                 | <b>Mechanism:</b> Twinning                                      |
| <b>Prime Partner:</b> American International Health Alliance | <b>USG Agency:</b> HHS/Health Resources Services Administration |
| <b>Funding Source:</b> GHCS (State)                          | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                                     | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 16980.23189.09                           | <b>Planned Funds:</b> \$500,000                                 |
| <b>Activity System ID:</b> 23189                             |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY2008COP

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008 this activity did not contribute to HTXS targets.

TITLE: Tanzania HIV/AIDS Nursing Education (THANE)

**NEED and COMPARATIVE ADVANTAGE:**

Tanzania is home to 1.4 million PLWHA, so building health system capacity to provide HIV care and treatment is critical. Training for nurses must be restructured to better prepare the profession to provide quality HIV services. AIHA's partners, Muhimbili University School of Health and Allied Sciences (MUHAS) and the University of California San Francisco (UCSF), will help Tanzania's 62 schools of nursing to integrate HIV/AIDS care into Tanzania's nursing curricula and to equip students with the knowledge and skills needed to run quality HIV/AIDS services. MUHAS and UCSF are both leaders in the fields of nursing education and HIV/AIDS.

**ACCOMPLISHMENTS:**

AIHA worked with MUHAS and UCSF to finalize 12 HIV/AIDS modules to be integrated into the national nursing curriculum. In FY 2008 the AIHA nursing partnership worked closely with the Ministry of Health and Social Welfare (MOHSW) to integrate the HIV/AIDS content from the modules into the national curriculum. Currently, the revised curriculum is being used in ten nursing schools and is being rolled out to the other nursing schools. Additional teaching aids, including learners guides and practical books for the tutors, will be completed by the end of FY 2008. The AIHA partnership also completed training of master trainers on the HIV/AIDS modules and these master trainers then subsequently trained a selected number of nurse tutors from each pre-service nursing institution. A total of 255 nurse tutors have been trained on HIV/AIDS content from the 12 modules. This ensured that each nursing institution would have at least one to two nurse tutors who are well versed in HIV/AIDS.

**ACTIVITIES:**

**1. Curriculum Development**

In FY 2009 the AIHA nursing partnership will work to ensure the revised nursing curriculum, which now has a strong HIV/AIDS component, is being utilized in all 62 nursing schools throughout Tanzania. The small number of diploma nursing schools that fall under a separate ministry have the authority to develop their own curriculum and are not required to adopt the MOHSW nursing curriculum. AIHA will work with these diploma schools to ensure they adopt the already revised curriculum or undertake a separate revision process to update their curricula to include the new HIV/AIDS content. In addition, AIHA will work with the MOHSW to ensure the national nursing examinations reflect the new HIV/AIDS content.

**2. Roll Out of Revised Curriculum**

In FY 2008 the AIHA nursing partnership began support for training all the nursing tutors in Tanzania on the newly revised nursing curriculum. The goal of this training is to ensure all tutors understand the new curriculum and can provide high quality instruction. In FY 2009 the AIHA nursing partnership will continue to roll out these trainings. In addition, MUHAS and UCSF mentors will provide onsite support in nursing schools where nurse tutors are implementing the new HIV/AIDS curriculum to ensure quality.

**3. Faculty Development**

In collaboration with I-TECH, the AIHA nursing partnership will develop a package for in-depth faculty development that includes training for nursing tutors on curriculum development and lesson planning. This will increase the capacity of faculty to provide high quality instruction in pre-service settings, as well as to revise curricula and lessons plans whenever new HIV/AIDS-related innovations and guidelines are available.

**4. Support to Nursing Schools**

The AIHA nursing partnership will continue to provide support to the 62 nursing schools to address infrastructural deficits (e.g., computers, clinician support tools, and reference materials).

**5. Leadership**

In FY 2009 AIHA will step up support for the Tanzania Association of Nurses and Midwives. This organization plays a national leadership role in advocacy and quality assurance for the nursing cadre. The association has an important part to play in ensuring nurse satisfaction and in increasing the retention rate of nurses. Exchanges to the US and with countries in Southern Africa will be provided to nurse leaders to empower them so they can assume more responsibility and can be better advocates for the nursing cadre. Additional leadership and management training will be provided to nurses at pre-service nursing institutions who demonstrate the ability to lead.

**LINKAGES:**

The AIHA partnership works closely with the National AIDS Control Programme (NACP) and the MOHSW's Nursing Unit. The partnership also collaborates with a number of other USG partners, such as I-TECH, JHPIEGO, Capacity and ASPIRE. Collaboration with the National Council for Technical Education and the Tanzania Universities Commission is also critical and will be maintained.

**M&E:**

The AIHA Twinning Center provides partners with technical assistance and support to develop a structured monitoring and evaluation system in accordance with USG/PEPFAR standards and indicators. AIHA also helps partners to implement this system and to develop training-specific monitoring tools based on work plan activities and objectives. AIHA works with partners to develop appropriate tools and systems necessary to collect and report relevant data. This information is then provided to the USG quarterly. Finally, AIHA uses this information to further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period.

**Activity Narrative:** SUSTAINABILITY:

The AIHA nursing partnership is building the capacity of the country's nursing schools to provide quality HIV/AIDS education to their students. Schools of nursing will be better able to provide quality HIV/AIDS education to their students as a result of advanced training, supervision, and mentoring. Tutors will increase their knowledge, practical skills, and confidence to teach HIV/AIDS. Students will be equipped to provide comprehensive care to PLWHAs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16980

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|----------------------------------------|---------------------|--------------|-----------|---------------|
| 16980              | 16980.08    | HHS/Health Resources Services Administration | American International Health Alliance | 6495                | 3555.08      | Twinning  | \$500,000     |

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$500,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 1219.09

**Mechanism:** N/A

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 16473.23190.09

**Planned Funds:** \$400,000

**Activity System ID:** 23190

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), and as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008, this activity did not contribute to HTXS targets.

**TITLE:** Technical Assistance to the NACP Care and Treatment Unit to Build Strategic Planning and Management Capacity

**NEED and COMPARATIVE ADVANTAGE:**

The National AIDS Control Programme (NACP) has made some successes in rolling out the National Care and Treatment Program; however it is critical to strengthen its capacity to plan, orchestrate implementation, and monitor national, regional, and district-level activities in order to reach the majority of those who need care and treatment most effectively. Family Health International (FHI) is well-positioned to provide national level

support because of its health systems and HIV care and treatment expertise. It has successfully collaborated with the NACP in Tanzania for several years. Its approach of working "through" government has allowed FHI to gain the trust and respect of the NACP, which has resulted in FHI being often called upon to provide feedback and technical guidance to the NACP.

**ACCOMPLISHMENTS:**

FHI's work with NACP has led to the development of national Standard Operating Procedures (SOPs) for care and treatment. It was instrumental in conceiving the regionalization of treatment activities, the decentralization of supportive supervision, and the development of supportive supervision tools. FHI provided technical assistance and to the Ministry of Health and Social Welfare in the development of the Health Sector Strategy for HIV/AIDS-2008-2012, leading a team of experts in the components focused on care and treatment. FHI has conducted an analysis of NACP management capacity, followed by a teambuilding retreat to strengthen effective management and communication. FHI facilitates convening of important technical meetings, including the national care and treatment subcommittee. This includes fostering good policy and practices by facilitating discussions and providing technical state of the art inputs. For example, this has led to the updating of national guidance with regard to d4T toxicities and phasing out stocks of d4T 40.

**ACTIVITIES:**

NACP is severely understaffed, which leads to an inability to effectively orchestrate the rollout of care and treatment services, and provide adequate monitoring and supervision of established standards and operating procedures. Its highly bureaucratic procedures delay implementation. To address this, FHI will identify and proceed with appropriate ways to build coordination, planning, and management capacity of the NACP Care and Treatment Unit (CTU). FHI will continue skills building in planning, implementation (translating plans into phased action) through secondment of a senior-level health planner, who will assist the head of the CTU. The seconded staff will facilitate the development, implementation, and monitoring of the unit's work plans and budgets according to MOH and donor priorities. This includes required assistance in mobilizing other donor funds, e.g., Global Fund. FHI will draw on expert consultancies as necessary to ensure that NACP rolls out their work plan in a timely and coordinated fashion, as well as NACP's implementation of the 2008-2012 HIV/AIDS health sector strategy with regard to care and treatment. As follow-on to the management retreat conducted last year, FHI will support biannual retreats and workshops for NACP staff to further improve management and coordination skills focusing on areas identified during the previous retreat. FHI will ensure regular meetings are conducted for the national technical subcommittee on care and treatment. FHI will guide the CTU in translating recommendations into policies and guidelines through: contributing to setting the agenda for the subcommittee meetings; ensuring state of the art information feed into discussions; facilitating development of clear action points; and ensuring action points are carried out. FHI will provide technical and financial support in development/updating and printing of national policy and strategic guidelines, such as the development of guidelines for:

- (1) implementing the continuum of care approach
- (2) integrating HIV services into general health service delivery
- (3) implementing "prevention for positives" package.

It will also support the printing of the recently revised national treatment guidelines. FHI will assist the NACP in planning linkages between treatment the regionalization of other HIV-related services, in particular palliative care (HBC), PMTCT and TB/HIV activities as agreed with USG and other partners. FHI will ensure technical consistency between the hospital level SOPs and the health centre/dispensary level operational guidelines, which is currently being developed through the support of CDC/WHO. FHI will drive the agenda to ensure that state of the art information and lessons learned inform decision makers and those developing training materials. In the area of human resources, FHI will document its success with the "retired but not tired" health worker recruitment, and work with NACP and the MOHSW to bring that intervention to scale. It will also look for other best practices in maximizing health manpower (e.g. task shifting), and work with the Government of Tanzania and the Capacity Project to bring those interventions to scale.

Though there are no direct targets for treatment, there will be individuals trained and capacity built with local organizations, which will be reported in the semi-annual and annual reports.

**LINKAGES:**

FHI works closely with the NACP, specifically with the CTU, and the National HIV Care Advisory Committee and national technical care and treatment subcommittee. FHI also works closely with the other USG treatment partners directly to ensure national-level work is informed by on-the-ground experience, complementarity of activities, and compliance to national guidelines. It partners with regional and district health and medical authorities, Muhimbili University College of Health Science, and various clinical training institutions for nurses and clinicians and as well the private medical sector to advance the concept of comprehensive care across a continuum with sound clinical and referral components.

**Activity Narrative:** CHECK BOXES:

Project activities focus on technical and managerial capacity building for better strategic planning and technical skills NACP staff will be trained in planning, coordination, management, and monitoring of standards for better rollout of a decentralized implementation of care and treatment following national standards. This activity area targets the NACP staff members, particularly the CTU and affiliates in other units, the ministry and partners.

**M&E:**

To assess progress systematically and provide timely information for making mid-course adjustments, FHI will use standardized monitoring tools to routinely capture data and report on progress and quality of proposed national level activities. The quality of data will be ensured by regular data audits and feedback from staff. FHI will use approximately 7% of its budget for M&E activities.

**SUSTAINABILITY:**

FHI technical support to NACP is designed to build human and institutional capacity leading to the sustainability of national level coordination, planning, monitoring, and standards development. FHI will work "through" more than "with" NACP through training, mentoring, and building capacity for systemic planning. Its focus on innovative mechanisms to increase and retain qualified staff at all levels. Emphasizing decentralization and outsourcing of activity areas will free time for NACP to focus on normative functions. In addition, facilitating and ensuring implementing partners work within existing public and private systems, and use national guidelines, standards, and monitoring system, instead of creating a parallel system, will ensure enhanced local capacity. Lastly, FHI will work with the private sector to provide technical inputs in the training on care and treatment to private providers in major urban centers, in collaboration with the Muhimbili University of Health and Allied Sciences Public Health department and the Private Physicians Association. Though there are no direct targets related to treatment in this activity, FHI will provide capacity building to one organization and a minimum of five individuals with this funding.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16473

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner               | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|-----------------------------|---------------------|--------------|-----------|---------------|
| 16473              | 16473.08    | U.S. Agency for International Development | Family Health International | 6516                | 1219.08      |           | \$400,000     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 5218.09

**Mechanism:** N/A

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

---

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 16477.23191.09

**Planned Funds:** \$200,000

**Activity System ID:** 23191

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), and as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008, this activity did not contribute to HTXS targets.

\*END ACTIVITY MODIFICATION\*

TITLE: Integrated management of adult illness (IMAI)-based standards on personal digital assistants (PDAs) to promote quality of care and ARV rollout.

NEED and COMPARATIVE ADVANTAGE: The continued expansion of HIV care and treatment in Tanzania will rely on delivering standardized care through the rigorous use of medical protocols. Standards of care enable task shifting of routine tasks to less trained health workers in order to address the acute shortage of clinicians, especially in rural areas. Standards of care also simplify data collection and thus promote supervision and program management.

Our sub-partner has developed and tested a handheld-computer system to guide health workers through a clinical assessment derived from the Integrated management of adult illness (IMAI) guidelines. The system indicates which clients should be referred to a clinician, as well as which routine lab tests are required. Current work in South Africa suggests this can shift client screening to less trained staff without sacrificing quality and with the added benefit of point-of-service data capture.

ACCOMPLISHMENTS: IntraHealth International (IHI) has established itself in Tanzania by hiring competent and experienced Tanzanians to manage the Provider Initiated Testing and Counseling (PITC) project. IHI has facilitated and participated in the development of national guidelines and training curriculum for PITC. IHI was part of the Tanzanian team that went to Botswana to study the implementation of routine HIV testing and made recommendations to the Government of Tanzania (GoT) on how to scale-up PITC services. IHI also actively participated in the development of the health sector strategy for HIV/AIDS 2007-2012.

ACTIVITIES: The goal of project activities for COP 08 is to develop a fully functional PDA based set of clinical standards that can be rolled out more widely to CTC sites in 2009.

1. Adapt and pilot system for delivering standardized care in CTC clinics on PDAs to help screen clients and make better use of limited clinical staff. This will provide a tool for use throughout Tanzania and an assessment of its feasibility and its ability to improve quality of care for a rapid rollout.

1a Hire necessary staff including project manager and local staff.

1b Conduct initial trial at 1-2 CTCs supported by ICAP.

1c Pilot system at 5-10 sites supported by ICAP.

1d Produce a written evaluation of system.

1e Work with MOHSW, NACP, NIMR, and service delivery partners to reach consensus on protocols and procedures for PDA system.

1f Form working group to focus on PDA based clinical care standards for HIV+ children.

2. Develop software needed for initial trials and program roll out of IMAI clinical care standards. This will enable pilot activities as well as provide a platform for future delivery of protocols for TB, reproductive health, etc.

2a Develop open source software code that provides IMAI algorithms on PDA in easy to use format.

2b Improve capacity of University Computing Centre to develop and maintain PDA software.

2c Develop data storage and synchronization methods to link client information on PDA with external electronic medical record system.

2d Develop tools for generating reports on client status, clinic outputs and inputs and management data

3. Develop training materials, operations manuals and dissemination. This step will support the rollout and help maintain high quality care across diverse service partners and locations.

3a Develop standardized operating procedures and manuals for rollout.

3b Develop quality assurance systems for rollout to ensure that all clients receive care according to evidence based standards of care.

3c Develop training curriculum and methodology for health workers and data managers.

3d Develop technical support systems for hardware and software and identify local institutions that can provide necessary services.

3e Document experience to date for use nationally.

SI Targets HCWs trained – 150 Local organizations given TA - one (1)

LINKAGES: Our sub-partner will engage the NACP, WHO, MOH, and all partners to solicit input, and to converge on a set of standards for screening clients. They will also work closely with ICAP to pilot the system. They will form a working group from the partners and GoT to specifically address how this system can best work for HIV+ pediatric patients. This fits in well with our sub-partner's work in Mtwara with Ifakara Health Development Research and Development Centre (IHDR) to field test a computerized version of the integrated management of childhood illness (IMCI) protocols for child health. They will work with University Computing Centre (UCC) to improve their capacity for PDA applications and I-TECH to develop training materials. They will also work with National Institutes of Medical Research on evaluating task-shifting outcomes. They plan to develop PDA-based standards of care in many areas including TB, Child Health, Reproductive Health, Chronic Disease and other problems of developing countries.

CHECK BOXES: Human Capacity Development/Training and Task-shifting: this project will support task shifting and simplify training by providing standards of care in an easy to learn/easy to use format.

Local Organization Capacity Building: our sub-partner is working with UCC to develop their ability to support PDA based programs and training.

Strategic Information (M&E, HMIS, Surveys/Surveillance, Reporting) This project will facilitate the collection of information by entering client data at the point of care in an electronic format.



**Activity Narrative:** TB: will be included in the screening protocols.

M&E: In addition to data captured on the PDA, our subpartner will develop a quality assurance system for client care and measure clients who are correctly or incorrectly screened using the PDA IMAI protocols. We expect to spend about 7% on M&E.

The following measures will be tracked:

1. activity measures
  - 1a. activities completed
  - 1b. number of providers trained to use PDA system
2. output measures
  - 2a. Number of patients seen using electronic algorithms
  - 2b. Number and % of patients who have NO COMPLICATIONS
  - 2c. Number and % of patients seen by clinician whom CLINICIAN felt were NOT necessary to refer
  - 2d. Number and % of patients seen by clinician whom clinician felt should have been referred sooner.
  - 2e. Number of patients NOT seen by clinician whom clinician felt should have been referred, found from review of clinical summary.
3. outcome measures
  - 3a. Number and % of patients seen by clinician
  - 3b. time needed for each client encounter using PDA

**SUSTAINABILITY:** Financial sustainability: There is evidence from Tanzania to suggest that the use of PDAs to collect client data is both cost effective and practical. In the context of CTCs, the cost of using PDAs will be offset by the use of nurses and nurse assistants rather than clinicians for client triage. The cost of capturing and reporting data will be reduced by entering data at the point of care rather than the use of data entry clerks. The identification of missed appointments defaulters and adherence problems will reduce drug resistance and the need to use second line treatment regimens.

Institutional sustainability: our sub-partner is developing the capacity of University Computer Centre to develop and maintain PDA based systems. They are also integrating the IMAI screening with other screening protocols such as IMCI, reproductive health, TB, and malaria for use throughout the health system.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16477

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                  | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|--------------------------------|---------------------|--------------|-----------|---------------|
| 16477              | 16477.08    | HHS/Centers for Disease Control & Prevention | IntraHealth International, Inc | 6526                | 5218.08      |           | \$200,000     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$150,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 1171.09

**Mechanism:** MAISHA

**Prime Partner:** JHPIEGO

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 16978.23192.09

**Planned Funds:** \$150,000

**Activity System ID:** 23192

**Activity Narrative:** ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008 this activity did not contribute to HTXS targets.

TITLE: Strengthening Pre-service Education for Medical Institutions

**NEED and COMPARATIVE ADVANTAGE:**

National medical institutions and university teaching hospitals play a critical role in the training and development of new health workers. Such sites are often used for clinical training aspects of many health worker cadres, not just medical students. Furthermore, medical institutions and physicians hold a great deal of influence in Tanzania. To this end, it is critical that such institutions and their personnel exhibit and support quality care for HIV/AIDS according to evidence-based best practices as a model for the entire country.

**ACCOMPLISHMENTS:**

JHPIEGO has a long history to working with pre-service educational institutions throughout the world. With USAID funding, JHPIEGO/ACCESS has been working to improve teaching of PMTCT in pre-service nurse/midwifery schools, both certificate and diploma levels. This work was building on previously-established relationships with pre-service schools for integrating focused antenatal care (FANC) into their curricula. In FY 2008, ACCESS plans to expand the FANC work to medical schools with funding from the Presidential Malaria Initiative. This will enable ACCESS to develop a strong relationship with medical schools.

**ACTIVITIES:**

ACCESS will work with the MOHSW of Tanzania, the National AIDS Control Program (NACP), and the Human Resources Development Directorate, to strengthen medical training institutions such as Muhimbili University College of Health Sciences (MUHAS), Kilimanjaro Christian Medical College (KCMC), and others. Specifically, ACCESS will supply equipment for state-of-the-art teaching. ACCESS will supply at least five schools with educational equipment such as LCD projectors and laptop computers in order to aid them in delivering high quality lectures and lessons. Representatives from recipient institutions will also be trained on the use of such equipment.

**LINKAGES:**

JHPIEGO/ACCESS will collaborate closely with other organizations, local partners and health care providers currently working with medical institutions and national teaching hospitals. JHPIEGO will also ensure synergies between its own pre-service activities to avoid re-inventing the wheel.

**CHECK BOXES:**

The area of emphasis for this program is Human Capacity Development through pre-service training for medical professionals and educators.

**M&E:**

JHPIEGO will use the TIMS database to capture names and numbers of persons trained. M&E will account for five percent of the total budget.

**SUSTAINABILITY:** The sustainability of all pre-service programs is long-term in that by ensuring that new graduates have updated skills in evidence-based best practices, there is less need for in-service training. Furthermore, this program will improve pre-service facilities and this will allow more students to enter to training and will ensure that new providers graduate with the necessary skills to provide adequate care to HIV+ women.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16978

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|---------------|---------------------|--------------|-----------|---------------|
| 16978              | 16978.08    | U.S. Agency for International Development | JHPIEGO       | 6528                | 1171.08      |           | \$150,000     |

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| <b>Emphasis Areas</b>                                                                     |
| <b>Human Capacity Development</b>                                                         |
| Estimated amount of funding that is planned for Human Capacity Development      \$150,000 |
| <b>Public Health Evaluation</b>                                                           |
| <b>Food and Nutrition: Policy, Tools, and Service Delivery</b>                            |
| <b>Food and Nutrition: Commodities</b>                                                    |
| <b>Economic Strengthening</b>                                                             |
| <b>Education</b>                                                                          |
| <b>Water</b>                                                                              |

**Table 3.3.18: Activities by Funding Mechansim**

|                                              |                                                              |
|----------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 7922.09                 | <b>Mechanism:</b> N/A                                        |
| <b>Prime Partner:</b> Touch Foundation, Inc. | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)          | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS                     | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 18649.23193.09           | <b>Planned Funds:</b> \$1,000,000                            |
| <b>Activity System ID:</b> 23193             |                                                              |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is an ongoing public-private partnership activity that will continue to build on the foundation put in place in FY 2008.

**ACCOMPLISHMENTS:** The USG support provided partial tuition through a block grant at Weill Bugando University College of Health Sciences (BUCHS) for eight health worker cadres, including: 91 Assistant Medical Officers, 19 Anesthesiologists, 107 lab technicians, 212 medical doctors, 122 nurses, 25 post-graduate specialists, 92 pharmacists, and 46 radiologists. At a time when there is significant need for greater throughput at Tanzanian training facilities for all of these cadres, this is an important contribution. In addition, Touch supported visiting US faculty from Cornell University at BUCHS to help improve the quality of medical training. Lastly, Touch initiated work on their Lake Zone Initiative, performing a comprehensive diagnostic on the systems needs for effective and comprehensive health services, using pro-bono consultation from McKinsey and Company with travel and related costs supported by the USG.

**ACTIVITIES:** In FY 2009, the Touch Foundation will:

1. Support additional pre-service training of health workers across eight cadres at BUCHS. This activity will provide support to at least 817 students in the 09/08-08/09 academic year, and 885 in the 9/09-08/10 year. Overall, this activity will amount to nearly half of the US Government (USG) portion of funding, primarily for student scholarships and university operations. Particular efforts will be made to identify children who have lost one or both parents to fill at least 20 of those slots.
2. Facilitate a structured medical twinning program, bringing US expertise and teaching methods to BUCHS. This twinning program will be allocated about 20% of the total USG funding, with that funding focused on supporting a visiting professor for a year to provide instruction in US-based teaching methods, diagnosis, and patient care. This individual will supplement the three other physicians-in-residence who will continue to work and teach at BUCHS with complementary Touch Foundation support. This twinning program and faculty support will be linked with the pediatric faculty provided by the Baylor International Pediatric AIDS Initiative (BIPAI).
3. Develop cascaded training, leveraging regional and district hospitals as clinical sites to maximize the capacity of training schools. Beginning in early FY 2009, the Touch Foundation expects to be working through a Gates Foundation learning grant to develop a cascaded training model to pilot in the Lake Zone, aimed at increasing the number of clinical care facilities that are used as clinical training sites for health workers. In time, this will be linked with the cascaded support to be provided in pediatric AIDS by the BIPAI Initiative. USG funds will be used to initiate a pilot project based on the outcome of the Gates –funded diagnostic in order to put learning into action.
4. Help to strengthen approaches to increase retention of health workers and deal with the serious issues that result in some 12% to 25% of deployed health workers leaving their jobs annually. Touch will learn from the experiences of the Capacity Project, which is presently working on retention interventions at the district level, as well as assessments of the impact of those interventions conducted by Tanzanian National Institute of Medical Research (NIMR). Touch will develop an implementation plan for a pilot project targeting retention of health workers in the Lake Zone through use of performance management, incentive alignment, etc., drawing on the diagnostic study performed by the McKinsey team in FY 2008 and the experiences of the Capacity Project. With USG funding, Touch will initiate planning for the pilot project, in partnership with the district-level leadership in two districts of the Lake Zone. The pilot will be evaluated and lessons learned will be shared with the Capacity Project, NIMR, the President's Office for Public Services Management, the Prime Minister's Office for Regional and Local Government, and the Ministry of Health and Social Welfare Department of Human Resources. Expansion of successful practices will occur in FY 2010. In the meantime, the Touch Foundation will assist in advocating for accelerated reform of the compensation package and payment mechanisms for health workers to facilitate greater attraction to the profession and increased retention.

These activities will lay the groundwork for potential expansion of health worker training and manpower expansion that may be possible through support from the Global Fund Round 8.

\*END ACTIVITY MODIFICATION\*

TITLE:Human Capacity Building at Bugando and the Lake Zone Catchment Area

**NEED and COMPARATIVE ADVANTAGE:**

In Tanzania, the severity of the HIV/AIDS problem is compounded by an acute shortage of skilled health workers. The program at Weill/Bugando strives to increase the numbers of skilled health workers across the spectrum of medical professionals. They have expanded training capacity at Bugando University College of Health Sciences from 10 medical students to 60 per class. In addition, they have established a twinning program with Weill Cornell Medical School to enhance training. Bugando is the second-largest zonal training and health facility in Tanzania. It trained over 600 HCWs across eight cadres in 2007. Touch has been working closely with the Ministry of Health and Social Welfare (MOHSW) and Bugando for nearly three years, and provides on-the-ground management capacity, technical assistance, and funding. Touch has significant expertise in the Lake Zone and strong relationships with the key players. The combined experience of McKinsey & Company, the Weill Cornell Medical School, and Touch form a formidable partner to address human resource issues.

**ACCOMPLISHMENTS:**

The Touch Foundation has just been awarded a three-year agreement to focus on human resources and systems strengthening in Tanzania. Therefore, there have been no accomplishments to date with USG funding.

**Activity Narrative: ACTIVITIES:**

The program is a Global Development Alliance, partnering the Touch Foundation (and their key private partners, McKinsey & Company, Citigroup, Stroock & Stroock & Lavan) and the USG to address health worker and health systems issues in Tanzania.

Key components of the work with Touch will focus on pre-service training of health workers across eight cadres. Touch expects to train approximately 130 nurses, 100 lab techs, 100 pharmacists, 100 Assistant Medical Officers, 210 Medical Doctors, 40 post-graduate specialists, 50 radiographers, and 20 anaesthetists (a total of 750) in Government of Tanzania (GoT)-accredited programs. The funds requested for preservice training complements the funds requested by Bugando for in-service training in HIV/AIDS care and treatment and early infant diagnosis.

In addition, the program will identify ways to help link graduates to health facilities; e.g. through an incentive packages for deployment to remote, hard to fill posts after receiving full tuition in their training. This is similar to the arrangement made for clinical staff under the Global Fund sponsored Emergency Hiring Plan. There has been strong support from the GoT for this approach. In addition, special slots will be allotted to the training programs for children who have been orphaned.

Trainees from the Bugando University training program will be used to staff various tiers of the health system to help enrich the staff already assigned there, and to provide experiences to students at all levels of the health system.

The program will also have a systems strengthening component that will cover primarily the Lake Zone. Because of the potential for replication in other parts of the country, the program will link with the MOHSW for scaling up the lessons learned. It will identify ways to provide the appropriate skill mix, staffing, and support at all levels of the health system from dispensary level up through tertiary care facilities, and strengthening the referral mechanisms. The program will also leverage the work of the USG partners who provide clinical services in the Lake Zone.

Lastly, at the national policy level, Touch will assist the USG and USG-funded programs to address the bottlenecks and barriers to the recruitment process. The issues have been identified through an assessment done by the Capacity Project, and Touch would leverage their relationships at the national level to convene a high-level task force to address the issues that preclude the streamlining of many aspects of the recruitment process.

**LINKAGES:**

Touch has a formal agreement with the GOT through an MoU with the MOHSW. Touch would also link with other partners in the area of Human Capacity Development, especially the Capacity Project, and treatment partners who are involved with Bugando, including AIDSRelief and Columbia University. Touch also works closely with the six regional governments in the Lake Zone and the RMOs of each region.

**CHECK BOXES:**

Areas of emphasis selected are based on anticipated human capacity development work.

**M&E:**

Touch monitors all training activities through an international staff based in Mwanza and our local partners. Training programs are evaluated in partnership with the Bugando University College of Health Sciences. In terms of fiscal accountability, Touch reviews each expense on a monthly basis before transferring further funds. Touch also works to systematically analyze all programs that fail to or succeed in meeting expected outcomes.

**SUSTAINABILITY:**

Touch's focus on sustainability relies on strengthening the health system by enabling increased production of skilled health workers and building management capacity within Tanzania to problem-solve and implement solutions.

Systemic improvements at Bugando will stimulate best practices in patient care, which can then be replicated by posting students to other facilities. Touch ensures that, where possible, all elements of the program are led by Tanzanian university and hospital staff. In addition, Touch operates under the premise that visiting experts maximize transfer of knowledge.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18649

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 18649              | 18649.08    | U.S. Agency for International Development | Touch Foundation, Inc. | 7922                | 7922.08      |           | \$1,000,000   |

---

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$400,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 8546.09

**Prime Partner:** Tulane University

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 16983.23194.09

**Activity System ID:** 23194

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$200,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED FROM FY 2008 COP.

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008 this activity did not contribute to HTXS targets.

\*END ACTIVITY MODIFICATION\*

**TITLE:** Capacity building for Tanzania Health Professionals to attend Graduate Program in Monitoring and Evaluation of Health Programs and Services in Ethiopia at Jimma University

**NEED and COMPARATIVE ADVANTAGE:** Strengthening the monitoring and evaluation (M&E) capacity of Tanzanians is an essential component of the fight against HIV/AIDS. There is an unmet need for Tanzanians with strong M&E skills in all areas of HIV/AIDS programs including antiretroviral treatment, prevention, wellness and care programs.

Jimma University in Oromia Regional State, Ethiopia with support from Tulane University School of Public Health and Tropical Medicine and CDC Ethiopia and in partnership with the Oswaldo Cruz Foundation Brazil launched a successful Monitoring and Evaluation Program for Health Professionals in 2003. This program is the first of its kind in Africa it offers post graduate and MSc degrees in Health Monitoring and Evaluation. Course will build Tanzanian M&E professionals with skills, theory, and practice that can be applied to HIV/AIDS monitoring and evaluation. Student attending the program are government health workers or employees working in for health Non-governmental organizations. Student complete their thesis work in the health sector in their home country and sign an Memorandum of Understanding to work in the health sector for at least two years after they complete the program.

**ACTIVITIES:** FY 2008 Funds will support four Tanzanian health professionals for the one year certificate program. Funds would cover, application processing, first year tuition, thesis cost, housing, transport to and from Tanzania to Ethiopia, and IT support. The students will enter the post graduate diploma in M&E with an option depending on funding for the two years MSc degree in M&E. The program is an intensive with 1200 contact hours that will award 30 credit hours for a one year post graduate diploma and 39 credits for the two year MSc in Health M&E. Student will complete their M&E thesis work in the health sector with their current employer in Tanzania. (Government or NGO). Thesis work would be completed in collaboration with a mentor and advisor from Tanzania and Jimma University faculty. Students continue working in the health field in Tanzania as the course is a sandwich course, intensive class time in Ethiopia following by time in Tanzania.

**LINKAGES:** These students will be linked with HIV/AIDS programs and directly help building M&E capacity in Tanzania.

**CHECK BOXES:** The program will involve capacity building of health professional in Tanzania in M&E

**M&E:** Students will be asked to present thesis and projects to a wide audience in Tanzania including GOT and implementing partners. Four local organizations will be provided with technical assistance for strategic information. twenty individuals will be trained in SI

**SUSTAINAIBILITY:** Building in country capacity for M&E. Students will be ask to sign an MOU indicating their commitment to work post graduation in HIV/AID M&E with their current employers (Tanzanian Ministry of Health or Tanzania Health related NGO)

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16983

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner     | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-------------------|---------------------|--------------|-----------|---------------|
| 16983              | 16983.08    | HHS/Centers for Disease Control & Prevention | Tulane University | 8546                | 8546.08      | UTAP      | \$200,000     |

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| <b>Emphasis Areas</b>                                                                     |
| <b>Human Capacity Development</b>                                                         |
| Estimated amount of funding that is planned for Human Capacity Development      \$200,000 |
| <b>Public Health Evaluation</b>                                                           |
| <b>Food and Nutrition: Policy, Tools, and Service Delivery</b>                            |
| <b>Food and Nutrition: Commodities</b>                                                    |
| <b>Economic Strengthening</b>                                                             |
| <b>Education</b>                                                                          |
| <b>Water</b>                                                                              |

**Table 3.3.18: Activities by Funding Mechansim**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 1228.09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Mechanism:</b> N/A                                        |
| <b>Prime Partner:</b> US Agency for International Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Program Area:</b> Health Systems Strengthening            |
| <b>Budget Code:</b> OHSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Program Budget Code:</b> 18                               |
| <b>Activity ID:</b> 25619.09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Planned Funds:</b> \$83,000                               |
| <b>Activity System ID:</b> 25619                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |
| <b>Activity Narrative:</b> THIS IS A NEW ACTIVITY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |
| TITLE: USAID Management & Staffing for Health Systems Strengthening                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| <p>FY08 funds will support a full-time staff member who will focus on combating stigma and creating an enabling environment to scale up effective HIV prevention, care and treatment services and programs. The staff member will identify new opportunities for activities in these areas, and will assist in coordinating such activities within and across the USG portfolio. As a technical lead, the staff member will work directly with implementing partners, both governmental and nongovernmental, to foster an enabling legal and policy environment and reduce stigma and discrimination at the community and policy levels. Activities will include site visits, capacity assessments, mentoring and skills building, as well as monitoring of progress. The staff member will play an integral role in assisting government and civil society to analyze and develop policy and legislation and reduce stigma and discrimination, including through community mobilization efforts and promotion of the rights of PLWHA. The staff member will assist USG efforts to strengthen national and local policies to combat HIV/AIDS in Tanzania, incorporate best practices related to the creation of an enabling environment, and guide efforts to integrate these issues throughout the USG portfolio.</p> |                                                              |
| <b>New/Continuing Activity:</b> New Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |
| <b>Continuing Activity:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |

**Table 3.3.18: Activities by Funding Mechansim**

|                                                 |                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 7581.09                    | <b>Mechanism:</b> NPIN                                          |
| <b>Prime Partner:</b> Analytical Sciences, Inc. | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)             | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                        | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 16974.23368.09              | <b>Planned Funds:</b> \$100,000                                 |



**Activity System ID:** 23368

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), and as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008, this activity did not contribute to HTXS targets

\*END ACTIVITY MODIFICATION\*

TITLE: Virtual Information Center Development for the Resource Center

NEED and COMPARATIVE ADVANTAGE: Tanzania lacks a central repository for HIV/AIDS resource materials. A wealth of HIV/AIDS related materials exists in Tanzania and elsewhere; however a method for readily accessing these, as well as newly developed materials, has not been established.

Tanzania's Draft National Multi-Sectoral Framework (NMSF) on HIV and AIDS 2008-2012 calls for a national HIV information and resource center as a strategy to promote the use of HIV/AIDS information for planning and policy-making. Several Government of Tanzania (GOT) agencies have expressed interest in being centrally involved in supporting a National HIV/AIDS Resource Center. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Tanzania program funds several organizations which have experience in the development and functioning of HIV-related resource centers. It is therefore expected that a suitable implementing partner for the Center will be easy to identify among PEPFAR partners already operating in Tanzania.

A space within the newly created National HIV Laboratory, Quality Assurance, and Training Center (NHLQATC), also supported by PEPFAR funds, has been set aside to house an information and resource center and could be used for the National HIV/AIDS Resource Center. Taken together, the new space, linkages with PEPFAR programs, and support from the GOT present a valuable opportunity to increase access to HIV/AIDS information in Tanzania.

The CDC National Prevention Information Network (NPIN) is the U.S. reference, referral, and distribution service on HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB). NPIN produces, collects, catalogs, processes, stocks, and disseminates materials and information on HIV/AIDS, STDs, and TB to organizations and people working in those disease fields in international, national, state, and local settings. NPIN has expertise in developing Virtual Information Centers (VIC). A VIC is essential in the resource center for ensuring on-site and off-site users easy access to the latest and most accurate HIV/AIDS information. The VIC relies upon high-tech Information Technology (IT) infrastructure including Local Area Network (LAN), high-speed Intranet and Internet, databases, and a listserv for target audiences. A well-functioning on-line system has the potential to reach a wider audience and attract more users than a physical library collection alone.

**ACCOMPLISHMENTS:**

**ACTIVITIES:**

NPIN will be responsible for developing virtual resources that make up the Center's Virtual Resource Center (VIC). Through an NPIN Task Order, NPIN will provide technical assistance on:

- Website development
- Database development
- Listserve development
- Identification of resources for core library collection

The VIC will allow visitors to search for library collection holdings, access databases, conduct Internet research, and run CD-ROMs through computer terminals housed in the library. NPIN will develop a multitargeted website to serve as a focal point for individuals and organizations looking for Tanzania-specific HIV/AIDS information. NPIN will develop e-mail listservs to allow subscribers anywhere to receive relevant and up-to-date HIV/AIDS information, news digests and weekly updates.

NPIN will contribute to the Resource Center's clearinghouse function by helping to develop a computerized system to track the movement of materials from the clearinghouse to their final destinations. Organizations may use the searchable database to identify and request materials for their projects through an online request form. The system will generate data on both the number of materials distributed and their final destinations.

**LINKAGES:**

This work directly links to Stradcom's work with the resource center. The central resource center will be utilized by both health care professionals and medical/public health students, many of whom will be supported by the USG through work with Muhimbili University Health and Allied Science.

**CHECK BOXES:**

The general population, especially students, health care workers and health policy makers, will benefit from this activity.

M&E: The implementer will develop a workplan with targets against which progress and outcomes will be tracked. This will include a plan for monitoring use of the virtual database.

**SUSTAINABILITY:**

It is envisioned that this activity will be limited in time to a two year period. Following this the Government of Tanzania will take over maintenance and funding of the virtual database system and website.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16974

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner             | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|---------------------------|---------------------|--------------|-----------|---------------|
| 16974              | 16974.08    | HHS/Centers for Disease Control & Prevention | Analytical Sciences, Inc. | 7581                | 7581.08      | NPIN      | \$200,000     |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

|                                                                     |                                                                 |
|---------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 4950.09                                        | <b>Mechanism:</b> LOCAL                                         |
| <b>Prime Partner:</b> US Centers for Disease Control and Prevention | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)                                 | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                                            | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 3504.23370.09                                   | <b>Planned Funds:</b> \$552,000                                 |
| <b>Activity System ID:</b> 23370                                    |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The FY09 budget now includes one new staff member to support the growing OHSS portfolio. In addition, the budget will include the Infrastructure Support Specialist who was previously covered under the CDC management and staffing budget. One additional short term fellow, who will support the program strengthening strategic unit for three months, is also included.

\*end activity modification\*

TITLE: Management and Staffing CDC OPSS (GHAI) funding

NEED and COMPARATIVE ADVANTAGE: As the CDC portfolio has grown over the last five years there has been a need for adequate personnel to manage the PEPFAR activities.

ACTIVITIES: This is a split activity with Activity ID #9575

FY 2008 funds will support one full time equivalent, locally employed staff (LES) who will assist in coordinating activities for the OPSS program area at CDC Tanzania. The employee will also serve as the technical lead for aspects of the work, including provision of direct technical assistance in systems strengthening to the Ministry of Health and Social Welfare, National AIDS Control Programme, and other CDC partners. Primary implementing counterparts include the National Institute for Medical Research (NIMR), the International Training and Education Center for HIV/AIDS (I-TECH), and the American International Health Alliance Twinning Center (AIHA). The LES will oversee AIHA and I-TECH activities across program areas, as well as manage other human capacity development activities within CDC across program areas. She/he will also serve as the Inter-Agency Technical Team Lead for OPSS. Funds will also be used to support a program health analyst for the program strengthening strategic unit and to support technical assistance for a three-month period by a fellow. Funds also include local and international travel for these two positions.

In addition, funds will also be used to access technical assistance from Atlanta for the establishment of a Field Epidemiology and Laboratory Training Program in Tanzania. Assistance will be provided from Atlanta and the Kenya program based on the specific needs identified by CDC.

The persons funded with these monies will provide technical assistance to implementing partners, including the MOHSW to ensure capacity is built.

SUSTAINABILITY: Through working with local organizations, capacity in human resources for health will be built.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13662

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism               | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-------------------------|---------------|
| 13662              | 3504.08     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 6568                | 4950.08      | GHAI                    | \$125,000     |
| 7831               | 3504.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4950                | 4950.07      |                         | \$188,007     |
| 3504               | 3504.06     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 2894                | 1140.06      | Country staffing and TA | \$70,000      |

---

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$245,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

|                                                        |                                                      |
|--------------------------------------------------------|------------------------------------------------------|
| <b>Mechanism ID:</b> 7629.09                           | <b>Mechanism:</b> Fogarty                            |
| <b>Prime Partner:</b> US National Institutes of Health | <b>USG Agency:</b> HHS/National Institutes of Health |
| <b>Funding Source:</b> GHCS (State)                    | <b>Program Area:</b> Health Systems Strengthening    |
| <b>Budget Code:</b> OHSS                               | <b>Program Budget Code:</b> 18                       |
| <b>Activity ID:</b> 17036.23371.09                     | <b>Planned Funds:</b> \$450,000                      |
| <b>Activity System ID:</b> 23371                       |                                                      |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The funding for this activity has changed from clinical services (HTXS) to Health Systems Strengthening (OHSS), and as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008, this activity did not contribute to HTXS targets.

\*END ACTIVITY MODIFICATION\*

TITLE: Strengthening Skills of Health Workers in HIV/AIDS

**NEED and COMPARATIVE ADVANTAGE:**

The tremendous shortfall of skilled health workers to address the needs of HIV/AIDS patients requires focused training above and beyond the normal pre-service training in Tanzania. The Fogarty International Center (FIC) of the U.S. National Institutes of Health has funded 23 AIDS International Training and Research Program (AITRP) Centers for more than ten years, including several African countries and can make an important contribution to addressing the clinical training needs in HIV/AIDS care in Tanzania.

**ACCOMPLISHMENTS:**

This has not previously been funded by PEPFAR/Tanzania.

**MAJOR ACTIVITIES:**

The primary goal of this program is to build multi-disciplinary biomedical, behavioral, and social science capacity for the care and treatment of HIV/AIDS and HIV-related conditions HIV/AIDS-affected adults and children in Tanzania. AITRP makes provisions for training in the United States, in other countries, as well as the home country itself. Though the primary focus of the AITRP grants has been on research capacity, the Fogarty International Center has expressed interest in broadening the human capacity focus to clinical service delivery.

The AITRP supports long-term (two to three years) MPH, PhD, and postdoctoral training in HIV/AIDS research at Duke University and Baylor College of Medicine for health-professionals from Tanzania. Shortterm U.S. based-training of health professionals also is conducted.

In the case of Baylor, FY 2008 funding would support professionals who might benefit from focused training, primarily in pediatric HIV/AIDS care and treatment. Baylor can host trainees with nursing degrees and medical degrees. Another training model Baylor is set up to use is shorter term "attachments" to one of the Baylor Pediatric AIDS Centers of Excellence (COE). For example, two to four week training programs can be done with groups of physicians or nurses to a Center of Excellence in Botswana, Swaziland, or Malawi. This model has been successful with trainees from other African countries because a) the learners do not have to travel so far, b) they can do whatever length of attachment works for them based on how long they can be away from their primary job, and c) the clinical training and guidance they receive is likely to be more relevant to their home context than if they traveled to the US for short-term training.

In an attachment training experience, Tanzanian trainees (doctors, nurses, pharmacists, social workers, and others) would have the opportunity to observe and work within an Africa-based care and treatment program that is successful and thriving. They will learn about Antiretroviral therapy: when to start, when to stop, when to switch, what to do about known or suspected resistance, etc. They will have the opportunity to talk through difficult cases, and observe a multi-disciplinary team in action. This has been a very valuable experience for those who have been through it.

The Duke University AITRP can also provide training opportunities in the care of persons living with HIV infection. The Duke University AITRP has trained over 50 Tanzanians in the past four years in HIV/AIDS-related disciplines, including physicians, researchers, nurses, pharmacists, laboratory technologists, social workers and community members. With FY 2008 funds, programs can be created with an individualized teaching focus to meet their specific training needs. The Duke University AITRP would offer additional training for key personnel involved in supporting care, especially nursing leadership and laboratory technologists. Duke University's principal collaborator in Tanzania is the Kilimanjaro Christian Medical Centre (KCMC). Together they have established a state of the art Microbiology Laboratory at KCMC which is used for training and the support of clinical research. The Duke-KCMC collaboration has studied or is in the process of intensively studying the relationship of HIV and co-pathogens, especially Mycobacterium tuberculosis. The focus of these studies has included defining the prevalence and incidence of HIV/TB codiagnosis, enhancing screening for both diseases among newly diagnosed persons, optimal strategies of TB diagnosis, molecular diagnostics, TB susceptibility patterns, predictors of disseminated tuberculosis, drug interactions between Nevirapine and Rifampicin, and the immediate versus delayed initiation of antiretroviral treatment in patients newly diagnosed with TB and HIV. This ongoing work with Duke would offer other excellent clinical training opportunities.

**LINKAGES:**

This training would be linked with other activities ongoing at KCMC through the Elizabeth Glaser Pediatric AIDS Foundation.

**CHECK BOXES:**

Training; pre-service.

**M&E:**

A comprehensive monitoring and evaluation plan will be developed once the program begins. This plan will capture information on who receives training, what they have been trained on, and how their skills have improved

**Activity Narrative:** SUSTAINABILITY:

The training will help to develop a strengthened platform of trained health workers with very specific clinical experience.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17036

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                        | Prime Partner                    | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-----------------------------------|----------------------------------|---------------------|--------------|-----------|---------------|
| 17036              | 17036.08    | HHS/National Institutes of Health | US National Institutes of Health | 7629                | 7629.08      |           | \$450,000     |

**Emphasis Areas****Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$450,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 4790.09

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 9237.23341.09

**Planned Funds:** \$4,310,000

**Activity System ID:** 23341

## Activity Narrative: ACTIVITY HAS BEEN REVISED SIGNIFICANTLY FROM FY 2008 COP

All of the technical assistance activities from activities: 8233, 8667, 9237, 12381 and 3433 have been combined into this narrative under OHSS.

### TITLE: Supply Chain Management Systems Strengthening through Technical Assistance

With the rapid expansion of Tanzania's HIV/AIDS prevention, treatment, care, and support program, there are few things that are more important than a reliable source of commodities. While the United States Government (USG) is committed to using the central drug supply system for the distribution of HIV related commodities, the public supply system is struggling to expand its capacity, even while the resources managed by the Medical Stores Department (MSD) supply systems have grown to ten times the size they were a decade ago. USG support to the Government of Tanzania's (GOT) supply system must go beyond procurement because the AVAILABILITY of products is imperative for the success of PEPFAR programs which rely fully on the central supply system for ARVs and test kits. Despite the fact that the central system is still tackling existing challenges, care and treatment services will continue to be scaled up to five hundred new sites, according to the GOT's ambitious goal (in addition to the 234 current care and treatment sites).

Supply Chain Management System (SCMS) will work at multiple levels to strengthen the public drug procurement distribution system. This assistance will range from continuing to strengthen the ARV, HIV test kit and essential medicines supply system at the care and treatment center level, to strengthening the regional and central MSD supply systems. In addition, SCMS will provide critical technical support to the central wings of the GOT that coordinate the procurement of most HIV/AIDS commodities: the National AIDS Control Programme (NACP), Pharmaceutical and Supply Unit (PSU) of the Ministry of Health and Social Welfare (MOHSW), and MSD.

#### Technical Assistance at the Service Delivery Level

The GOT is aiming to roll out the current logistics management information system for HIV commodities to approximately 1200 sites by the end of 2009. This is an ambitious goal, as many sites continue to struggle with timely and accurate logistics information reporting. To meet the current reporting challenges, SCMS will continue to work with the NACP, MSD and other USG care and treatment partners to introduce new care and treatment centers to the mainly paper-based reporting system through on-the-job and classroom training. This training for care and treatment centers will enable commodity managers, pharmacists, and laboratory managers to improve their reporting of stock level data to the zonal MSD stores. SCMS estimates that it will reach all of the new sites while also retraining approximately 270 existing sites. It is anticipated that 1560 personnel will be trained with on-the-job or classroom training. Support from the 2009 COP will also allow SCMS to expand the training to incorporate reporting on opportunistic infection drugs, which should improve the supply and availability of these drugs. SCMS will continue to assist NACP in printing logistics management information system tools and reporting forms that are a critical part of the site-level logistics management information system.

Furthermore, SCMS will continue to monitor the performance of the logistics information management system at the site level through newly hired Supply Chain Monitoring Advisors. Eight of these advisors should be positioned by the end of FY 2009. The advisors will be stationed in regional stores and will provide supervision and monitor reporting from the sites. These advisors will also be able to act as an early warning system for potential stock-outs at the care and treatment centers as well as at the regional warehouses.

#### Technical Assistance at the Regional Level

At the regional level, the SCMS hired Supply Chain Monitoring Advisors will assist with the roll out of the computerized Integrated Logistics System (ILS), while monitoring for potential supply shortages or potential stock-outs. Through the advisors, SCMS will support MSD regional stores in defining inventory management procedures to ensure adequate levels of stocks to distribute to care and treatment centers. In addition, SCMS will sponsor and organize a course in inventory control systems, logistics management information system, and quantification for regional store managers (as well as other central HIV/AIDS commodity managers at MSD).

During 2009, SCMS will complete the conversion of all regions from the old logistics system called Indent, to the new ILS. While SCMS is supporting the roll-out of the ILS, it will also continue to provide input on any necessary enhancements to the system, such as adding new drugs, new sites or other critical logistics information.

At the regional level, SCMS will also work with the PSU at the MOHSW and MSD to identify the needs for more efficient and robust drug packing lines in MSD regional stores through comprehensive assessments of selected stores that will receive recommendations on improved picking and packing models. SCMS will specifically purchase and install packing lines for two more regional stores in the COP 2009 period.

#### Technical Assistance at the National Level

As HIV/AIDS programs expand and new drugs regimens or testing protocols are introduced in national guidelines, accurate forecasting and quantifications become increasingly important. The limitation of the current ARV and HIV test kits logistics systems is the lack of a central level database that analyzes and organizes logistics data into feedback reports for program managers at NACP. SCMS will develop a database in collaboration with NACP and MSD that will analyze reports from service delivery points (SDPs) and provide valuable information on consumption and stock status of HIV/AIDS commodities. The database will be physically installed at MSD and will include MSD's stock data. This database will provide information on reporting and non-reporting facilities, discrepancies between ordered and supplied quantities of products, delays in re-supply, availability of stocks at MSD, among other reports.

**Activity Narrative:** SCMS will continue to provide technical assistance to NACP, primarily by leading the quantification process within the national quantification teams composed of NACP, Diagnostics Unit at the MOHSW, MSD, Clinton HIV/AIDS Initiative (CHAI) and SCMS. These teams jointly work together to determine the national ARV, drugs for opportunistic infections (OIs), sexually transmitted infections (STIs), laboratory supply and HIV test kits requirements and then a supply plan is created that splits procurement responsibilities among the different stakeholders. SCMS will continue to introduce and train national counterparts in conducting accurate quantifications and forecasts for OI and STI drugs. SCMS will also work closely with the USG in procuring a portion of the national supply plan according to COP plans and the memorandum of understanding (MOU) that was written between the USG and GOT. This is of particular importance because the USG is committed to centralizing the procurement of key HIV/AIDS commodities through SCMS who will coordinate with all other procuring partners. The budget contained in this program area is key to providing SCMS with the technical expertise in supply chain management for a wide range of commodities to work in multiple areas. While most of assistance provided by the SCMS office in Tanzania will focus on ARV drug (\$3,000,000.00), OI drug (\$500,000.00) and rapid test kit (\$250,000.00) supply chains; SCMS will also coordinate with prevention of mother to child transmission (\$500,000.00), blood safety programs, injection safety programs, home-based care programs, (including feeding and nutritional support efforts), strategic information, and laboratory programs (\$60,000.00) as SCMS prepares to procure commodities for a wide range of HIV services.

#### Laboratory Logistics System Strengthening

The technical assistance that SCMS will offer the GOT and laboratory partners deserves special mention, because while it is similar to other technical assistance efforts around ARV, OI drugs and test kits, it will focus on a supply system that has largely been separate from other HIV/AIDS commodities. The management of the general laboratory supply and reagent system falls under the mandate of the Laboratory and Diagnostics Unit of the Ministry of Health and Social Welfare. While NACP is responsible for overseeing the management of CD4 machines and supplies, hematology and biochemistry reagents for HIV/AIDS patients; there are chronic shortages of lab supplies. Lack of coordination has meant a proliferation of multiple systems of ordering, procurement and record keeping resulting in a lack of information on stock availability, and widespread commodity shortages. SCMS will build the capacity of laboratory partners to implement a logistics management information system that will develop the management of commodities by improving lab commodity forecasting, quantifications and supply planning. While CD4 reagents are the only items currently ordered through logistics information forms, this information is not fed into the national system to improve procurement planning or appropriate distribution. SCMS will work to strengthen laboratory logistics system by focusing first on care and treatment centers that manage reagents and consumables for CD4 counting, hematology and biochemistry testing and integrating reporting on the relevant supplies into one reporting format. With the help of SCMS, the Diagnostics Unit will prepare curriculum and a roll-out strategy to train key staff at the care and treatment centers on lab commodity reporting. More specifically, key staff at care and treatment centers will be trained on order and re-supply procedures, tools for collecting and reporting consumption, and stock status data for lab reagents and consumables.

#### ACCOMPLISHMENTS:

The USG through SCMS supported the design and roll out of new logistics management systems for HIV test kits and ARVs. This included capacity building for 1560 health care workers for 692 care and treatment sites currently providing services in Tanzania. Additional training was provided to 972 primary health facility personnel in the integrated logistics system. This is expected to improve the availability of essential medicines, as well as reproductive health and family planning products in the facilities involved.

NACP with technical assistance and support from SCMS conducted a series of quantifications (forecasting and procurement planning) of national needs of ARVs, OI's and HIV test kits for all programs. Based on the quantification findings SCMS worked with NACP to procure ARVs and HIV test kits as stipulated in the MOU. Additionally, technical assistance was provided to NACP in the quantification of HIV/AIDS commodities for the development of the GOT's Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) round eight proposal.

Finally in collaboration with MSH, SCMS facilitated a warehouse management training for MSD Zonal managers. This training is expected to improve the skills and abilities of the zonal manager to allow for overall improvement of warehouse operations.

**LINKAGES:** SCMS will work with Ministry of Health and Social Welfare (MOHSW), Centers for Disease Control (CDC), World Health Organization (WHO), Medical Stores Department (MSD), Tanzanian Food and Drug Authority (TFDA), Tanzania Bureau of Standards (TBS), GFATM, Japanese International Cooperation Agency (JICA), DANIDA and other donors as appropriate to provide technical assistance to strengthen the national procurement and distribution system in Tanzania. USG through SCMS also coordinates with treatment partners and MSH to provide technical assistance at the facility level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13559



**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                           | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|-----------------------------------------|---------------------|--------------|-----------|---------------|
| 13559              | 9237.08     | U.S. Agency for International Development | Partnership for Supply Chain Management | 6548                | 4790.08      |           | \$2,500,000   |
| 9237               | 9237.07     | U.S. Agency for International Development | Partnership for Supply Chain Management | 4790                | 4790.07      |           | \$1,864,000   |

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$2,586,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

|                                                                       |                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Mechanism ID:</b> 10623.09                                         | <b>Mechanism:</b> MHIC                                          |
| <b>Prime Partner:</b> Muhimbili University College of Health Sciences | <b>USG Agency:</b> HHS/Centers for Disease Control & Prevention |
| <b>Funding Source:</b> GHCS (State)                                   | <b>Program Area:</b> Health Systems Strengthening               |
| <b>Budget Code:</b> OHSS                                              | <b>Program Budget Code:</b> 18                                  |
| <b>Activity ID:</b> 16975.23343.09                                    | <b>Planned Funds:</b> \$350,000                                 |
| <b>Activity System ID:</b> 23343                                      |                                                                 |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The program will continue to offer pilot and short courses for students. In addition in FY 2009 the program will also focus on faculty development, curriculum enhancement, and classroom renovation to improve quality of pre-service training at the Muhimbili University of Health and Allied Sciences (MUHAS). Based on an assessment of faculty done in FY2008, staff will be provided with additional training on teaching methods and HIV/AIDS knowledge as needed. In addition, new staff will be recruited for those areas most in need. Following recommendations from a review of curricula done in FY 2008, the curricula for the training of different cadres will be improved; this will include updating the HIV/AIDS sections, as well as the areas dealing with overall leadership and management. Two classrooms will be renovated to provide extra teaching space. The library will be enhanced through linkages with the zonal and national resource centers. To increase the number of health care workers who have adequate management and leadership skills, three students will be supported to complete the masters in public health course.

The funding for this activity has changed from clinical services (HTXS) to OHSS, and as a result the targets have also changed to reflect their contribution to OHSS targets. In FY 2008, this activity did not contribute to HTXS targets.

\*END ACTIVITY MODIFICATION\*

TITLE: Building Capacity at Muhimbili University of Health and Allied Sciences (MUHAS)

NEED and COMPARATIVE ADVANTAGE: The Muhimbili University of Health and Allied Sciences (MUHAS) has a School of Medicine and a School of Public Health. In order to strengthen the human capacity development in these schools, funds will be provided to ensure that pre-service training is able to accept additional students and that the types of courses offered build institutional capacity and analytic skills for public health evaluations. As MUHAS has agreements with the National Institute of Medical Research (NIMR) and the Ministry of Health and Social Welfare (MOHSW), skills in epidemiology methods and analysis will be strengthened to ensure data for decision making and use of information.

ACCOMPLISHMENTS: New Activity

ACTIVITIES: Funds in FY 2008 will be used to develop, pilot, and implement short-courses for students in the School of Public Health to build capacity in analytic skills and institutional capacity building. Graduates of the Fogarty International Training Program will be requested to participate in training students by teaching short courses or giving lectures on specific topics.

Linkages among MUHAS, NIMR, and MOHSW, including FELTP will be strengthened through seminars and short courses. Students at MUHAS will have the opportunity to conduct their pre-service training in HIV/AIDS related activities

LINKAGES: Linkages with NIMR, MOHSW, and FELTP will be of importance to build the capacity of the students at MUHAS and give as much technical support as required through the agreement.

CHECK BOXES: This activity is to develop human capacity through pre-service training in public health evaluation, strategic information, and institutional capacity building. Students at MUHAS will have the opportunity to work with non-governmental organizations, Government of Tanzania, and PEPFAR in their pre-service training program.

M&E: A comprehensive M&E plan will be developed once the program begins. This plan will capture information on who receives training, what they have been trained on, and how their skills have improved

SUSTAINABILITY: By building the capacity at MUHAS, future public health workers will have the expertise to work in HIV/AIDS interventions with solid backgrounds in public health programs and institutional capacity building. Short courses or lectures will ensure that all that are available are trained.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16975

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                   | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-------------------------------------------------|---------------------|--------------|-----------|---------------|
| 16975              | 16975.08    | HHS/Centers for Disease Control & Prevention | Muhimbili University College of Health Sciences | 9308                | 9308.08      | MUHAS     | \$350,000     |



---

Agency Position Mechanism/Location  
DOS Budget Analyst FSN/Embassy budget and finance office

USAID Prevention in High Risk Groups CTO FSN/USAID  
USAID Prevention in Wrap-Around Programming CTO FSN/USAID  
USAID Stigma and Enabling Environment CTO FSN/USAID  
USAID OVC Specialist CTO FSN/USAID  
USAID Clinician – Pediatrician CTO FSN/USAID

WRAIR TPDF CTO FSN/Embassy  
WRAIR Finance/Grants Officer FSN/Embassy

CDC HCD Contractor/CDC  
CDC MARPS program officer FSN/CDC  
CDC NEW: HBC/OVC officer FSN/CDC  
CDC Facilities Manager FSN/CDC  
CDC C/T program officer FSN/CDC

Peace Corps No requests presented

As the interagency team process matures, we are mindful that our staffing alignment decisions must result in each agency becoming fully equipped to complete its primary tasks, while maintaining its commitment to be an active, engaged interagency player in planning and implementation. As in FY 2008, each level of interagency coordination (i.e., IHCC, M&O, SU, and ITTs) will continue to be strengthened in order to further encourage team-work, increase collaboration and yield mutual successes across agencies. Staff retreats and staff development plans are ongoing tools that enable the growth and improvement of current team dynamics and facilitate the evolution to even higher functioning working groups.

Finally, under the leadership of each Strategic Unit lead, the Interagency Technical Teams undertook a Partner Performance Review and Improvement process. In addition, both HHS/CDC and USAID have invited interagency team members to participate in reviewing program announcements and responses.

#### DOS RIGHTSIZING EXERCISE

In FY 2009, Embassy Dar es Salaam will undergo a DOS rightsizing review. Based on the work under Staffing for Results, the PEPFAR interagency team remains hopeful that this review will support the DOS's maintenance and potential expansion of key ICASS-funded positions, in order to better serve the PEPFAR implementing agencies.

#### MANAGING THE PROGRAM IN PEPFAR PHASE II

In FY 2008, PEPFAR Tanzania received approval to undertake a PEPFAR building project. Approximately \$5.8 million was set-aside in FY 2008, and was slated to be matched in FY 2009; however, with a flat-lined budget and team dynamics strong, the heads of agency agree that interagency collaboration can be maintained and enhanced by continued investment in co-location and interagency team space at USAID and HHS/CDC. Ambassador Green has accepted the following proposal regarding the FY 2008 building funds:

- \*\* Expand office space at HHS/CDC to incorporate additional HHS/CDC staff and interagency team space.
- \*\* Hire space planners to work with USAID, WRAIR and DOS for internal space renovations, e.g., building internal walls for new space configuration.
- \*\* Continue to have OGAC hold the funds as unallocated until estimates are complete.
- \*\* Make FY 2009 building funds available for use by the program.

PEPFAR Tanzania is in accord that if a significant growth in resources is realized through a Partnership Compact, a new building for the entire PEPFAR team (HHS/CDC PEPFAR, WRAIR, USAID HIV/AIDS team and the Coordination office) will be a significant need. In addition, in Phase II, new program and support staff may be needed to manage the program, especially if additional resources are received and as more local-indigenous organizations are brought on as prime partners.

Growth envisioned under a Partnership Compact would be concentrated in the following areas: service maintenance and scale-up; prevention; leadership and management; sustainable and secure HIV drug and commodity supply; human resources; and evidence-based and strategic decision-making.

Please note that PEPFAR Tanzania's formal response to Cable 112759 is an appendix in Ambassador Green's submission letter to Ambassador Dybul.

#### FY 2009 NEW STAFF REQUEST

For fiscal year (FY) 2009, the PEPFAR budget is \$309 million, a modest decrease from FY 2008. Two new staff positions have been requested for inclusion in the FY 2009 Country Operational Plan (COP). The positions, one for WRAIR and one for HHS/CDC, have been identified by these agencies as necessary positions to more effectively manage their portion of the

PEPFAR resource envelope. The positions have been reviewed, discussed and endorsed by the interagency team as well as Ambassador Green. The positions are as follows:

WRAIR USDH in Mbeya to co-manage PEPFAR and vaccine program activities  
HHS/CDC USDH to serve as Deputy Director of Programs

#### EXISTING VACANCIES AND ANTICIPATED TURNOVER

During FY 2008, all implementing agencies experienced significant leadership changes and staff rotations. HHS/CDC, USAID and PC have received new country directors, DOS has a new DCM and each agency has hired a number of new senior technical members. In addition, the HHS/CDC SI team recently lost numerous staff members, and they are actively recruiting locally engaged staff for these vacancies. Ambassador Green remains committed to maintaining a high-functioning interagency team and personally plays a central role in ensuring ideal interagency patterns of collaboration and coordination.

In FY 2009, anticipated turnover is low across the implementing agencies. However, in FY 2010, several key positions will turn over, including the PEPFAR Country Coordinator, USAID HIV/AIDS team lead, and the HHS/CDC Deputy Director.

**Table 3.3.19: Activities by Funding Mechanism**

|                                                               |                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <b>Mechanism ID:</b> 1228.09                                  | <b>Mechanism:</b> N/A                                        |
| <b>Prime Partner:</b> US Agency for International Development | <b>USG Agency:</b> U.S. Agency for International Development |
| <b>Funding Source:</b> GHCS (State)                           | <b>Program Area:</b> Management and Staffing                 |
| <b>Budget Code:</b> HVMS                                      | <b>Program Budget Code:</b> 19                               |
| <b>Activity ID:</b> 3514.23110.09                             | <b>Planned Funds:</b> \$2,572,300                            |
| <b>Activity System ID:</b> 23110                              |                                                              |

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Total costs to manage, support and provide technical assistance is \$5,862,226 out of that \$2,059,000 allocated directly to relevant program areas, for PEPFAR management & program support staff \$2,572,300 and \$1,230,926 allocated to costs of doing business. The overall charge to this program area, although including the additional of an FSN and increases in base costs, has declined overall due to the absorption of HQ OE reimbursements by HQ budgets rather than field budgets, as occurred in COP08.

USAID estimates that its costs a total of \$4,600,000 to manage, support, and provide technical assistance to USG/Tanzania activities for which it is directly responsible. Of this amount, \$1,300,000 in staff charges has been allocated across relevant program areas and \$443,000 is assigned under 'cost of doing business'.

The USAID program supports the design, implementation, and monitoring of activities related to: orphans and vulnerable children (OVC); the provision of palliative care; voluntary counseling and testing; social marketing of HIV-related products; treatment; prevention of mother-to-child transmission (PMTCT); prevention for youth and high-risk populations; behavior change communications; monitoring and evaluation (M&E); policy development; and human capacity development. Its particular strength is in supporting the role of the non-governmental sector to reach Tanzania's goals.

At an operational level, USAID's Emergency Plan program benefits from significant in-kind support from the larger Mission. Through cost sharing of financial, maintenance, human resource, and other administrative services, significant cost efficiencies are created, allowing for a relatively small team to manage and support a portfolio of significant size. This narrative describes the support provided by 21 current staff positions, as well as a request for four additional staff planned with FY 2008 funding. The costs associated with this narrative include salary and benefits for management and key administrative support staff, as well as the costs for travel, professional development, communication, and relevant equipment and office supplies for these staff to perform their functions. ICAS and IRM costs are provided in a separate narrative (see 8921).

Six of the 21 current positions are critical program support staff, including a senior US Personal Services Contract (PSC) contracting officer and 5 Foreign Service Nationals (FSNs), all of whom provide direct contracting, financial, or administrative support. The 14 programmatic staff positions, including five vacancies, are led by the USAID HIV/AIDS team leader and the deputy team leader, both of whom are Foreign Service Limited (FSL) staff. The remaining US Direct Hire (USDH), FSL, or US PSC positions are filled with a HIV/AIDS Prevention Program Officer, and a Public-Private Partnership US PSC Advisor. A US PSC Supply Chain specialist is presently being hired. One additional US PSC staff position in prevention and counseling and testing is currently vacant, but is expected to be advertised soon.

Of the nine FSNS, five provide technical and program management across the portfolio. Two are medical doctors (one managing care and the other managing PMTCT). The remaining three FSN program management specialists cover M&E, OVCs, and wraparound programs.

In 2009, USAID is requesting four new positions, one of which will be hired as US Direct Hire, while three others will be mid-to-senior FSNS. The three will provide much needed additional bench strength across all program components resulting from expansion in the USAID portfolio of more than 75% per year during each of the past two years. A key priority for FY 2008 is to strengthen FSN staff capacity and build leadership skills among them for strengthened program sustainability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13617

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                           | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|-----------------------------------------|---------------------|--------------|-----------|---------------|
| 13617              | 3514.08     | U.S. Agency for International Development | US Agency for International Development | 6566                | 1228.08      | M&S       | \$4,084,376   |
| 7829               | 3514.07     | U.S. Agency for International Development | US Agency for International Development | 4601                | 1228.07      |           | \$938,037     |
| 3514               | 3514.06     | U.S. Agency for International Development | US Agency for International Development | 2903                | 1228.06      |           | \$1,285,000   |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 9700.23111.09

**Planned Funds:** \$1,369,000

**Activity System ID:** 23111

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

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 be extremely useful include: staff support for high-level delegation visits; drafting of technical portions of HIV/AIDS procurements; facilitating Government of Tanzania staff travel to the PEPFAR Implementers Conference; chartering flights to remote areas of the mainland for technical and oversight visits; and partners meetings. In addition, it has been a challenge to equitably allocate crossagency costs, such as those associated with supporting delegations, 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 are based on previous years' experiences and expected, specific needs in FY 2008. 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. 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 also completed 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 projected funding levels. In light of the complex and lengthy staffing processes of all agencies, it is known that there will be a significant time lag between position approval and individuals recruited and hired. Therefore, funding is needed to provide short-term task-based support to operationalize the new PEPFAR/Tanzania structure while long-term placements are made. Skill sets needed may include writers, administrative support, program development support, analysts, and short-term technical advisors.

The IQC, 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13619

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                           | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|-----------------------------------------|---------------------|--------------|-----------|---------------|
| 13619              | 9700.08     | U.S. Agency for International Development | US Agency for International Development | 6566                | 1228.08      | M&S       | \$1,244,000   |
| 9700               | 9700.07     | U.S. Agency for International Development | US Agency for International Development | 4601                | 1228.07      |           | \$0           |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1228.09

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 8921.23112.09

**Planned Funds:** \$1,230,926

**Activity System ID:** 23112

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity has been modified: Total costs \$1,230,926 charged as IT costs \$169,000, Renovation Costs \$265,926 at accommodate new staffing levels, and ICASS charges \$796,000

\*END MODIFICATION\*

TITLE: USAID Cost of Doing Business

This activity relates to USAID #7829, #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 \$4,300,000. Of this amount \$82,000 is charged as an IRM tax and \$361,000 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 efficiencies are created, allowing for a smaller team to manage and support a portfolio of significant size.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18901

#### Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency                                | Prime Partner                           | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------------------------------------|-----------------------------------------|---------------------|--------------|-----------|---------------|
| 18901              | 8921.08     | U.S. Agency for International Development | US Agency for International Development | 6566                | 1228.08      | M&S       | \$443,000     |
| 8921               | 8921.07     | U.S. Agency for International Development | US Agency for International Development | 4601                | 1228.07      |           | \$375,000     |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1470.09

**Mechanism:** GAP

**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 Budget Code:** 19

**Activity ID:** 3521.23113.09

**Planned Funds:** \$2,044,154

**Activity System ID:** 23113



**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008

TITLE: Management and Staffing GAP

ACTIVITIES: HHS/CDC Tanzania estimates the cost to manage and support the HIV program in Tanzania to total \$4,327,141 (GAP=\$1,769,047; GHAI = \$2,558,094) exclusive of ITSO support.

This activity narrative describes the CDC Tanzania M&S needs for both GAP and GHAI funds. The budget for all funds has been vetted through the interagency decision-making process and agreed upon as presented in the FY2009 submission. Included are costs associated with the management, administration, information and communication services, 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 of HIV, human capacity development, laboratory services, blood safety and blood transfusion, antiretroviral therapy, patient care and prevention programs.

Activities supported by CDC are funded through 31 cooperative agreements and are performed at the national and field level. Strong partnership and collaboration exists between CDC management and program staff, USG, Government of Tanzania and many non-governmental organizations.

By June 2007, PEPFAR country team had completed a Staffing for Results (SFR) analysis. This comprehensive analysis was endorsed by the U.S. Ambassador and yielded a "footprint" that, although started in 2007 and 2008 will continue to be implemented throughout FY2009. HHS/CDC Tanzania is currently working in compliance with the SFR footprint.

Current Staffing Pattern: There are currently a total of 57 positions approved for HHS/CDC Tanzania. While this staff mix currently includes seven US Direct Hire (USDH) staff, 41 locally engaged staff (LES), three Personal Service Contract (PSC) and six Non-Personal Service Contract (NPSC) staff, the mix will change over FY2009 as CDC continues to make progress converting contract staff to LES.

Twenty three (23) of the 57 current positions support the management, administration and operations of the CDC HIV program and include: a) one Country Director, one Deputy Director who together provide technical leadership and overall management and a USDH hired for the cooperative agreement management; b) four staff (IT chief, systems manager, assistant systems manager and computer management assistant) supporting the information and communications needs of the program; c) six staff, including a team lead, to support the administrative and management support functions (e.g., travel, procurement, human resources support, etc.); d) three staff, including a Budget and Finance Chief, assisting with budget and fiscal management and tracking; e) two staff assisting with cooperative agreement management\* and infrastructure development, respectively, and f) one Public Health Evaluation Specialist providing technical expertise on scientific and evaluation activities across all CDC programs. Also included in the management and staffing activity section are two program area staff that have significant management responsibility; these are the Chief, SI and Capacity Building Program, Chief, HIV/AIDS Care and Treatment.

The other 34 currently approved staff positions are technical advisors (non-management staff) that are located in the respective program areas (2 PMTCT, 2 ABY, 1 HVOP, 1 Blood Safety, 1 IDUP, 1 Palliative Care, 2 TB/HIV, 2CT, 5 ARV Services, 4 Laboratory, 10 SI, and 3 OPSS.

Nineteen of the 57 approved positions are currently vacant and processes are underway to fill these positions as quickly as possible. CDC requests early funding to continue support for on-going management and staffing needs.

FY2009 Staff: two new positions are proposed for 2009 as being needed to provide fiduciary, technical and programmatic oversight; these positions have been jointly developed across PEPFAR agencies and are not duplicative of efforts across these agencies. These include US Direct Hire (USDH) – Associate Director for Programs and FSN with signing authority (pilot only) -Medical Epidemiologist (MD or MBBS) who will link to Government of Tanzania and ability to serve as Advisor.

Management and staffing needs identified for FY2009 include short term technical assistance and training needs (i.e., 3-6 month consultations and non-PEPFAR technical assistance needs) of CDC and partner staff. Specifically, the technical assistance needs include assistance with property management, document control processes, and human resources management. Training needs include procurement and grants training for internal staff and external partners, training on human subjects review process, and team building/leadership training.

Concerns and issues include the following: challenges to recruitment and retention and the inability to attract the caliber of persons needed for grades/salaries offered; disparate salaries and benefits packages that exist across types of persons engaged (USDH, LES, contractors); differing interpretations of job analysis documents across USG agencies (e.g., results of CAJEing often differ between Department of State and USAID); and lag times and steps needed to complete a recruitment action. One additional issue of note is that CDC is moving to standardizing ICT processes across its international offices. The impact of this action is not immediately known but will be monitored throughout FY2009.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13638

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-----------|---------------|
| 13638              | 3521.08     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 6567                | 1470.08      | Base      | \$2,614,167   |
| 7830               | 3521.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4602                | 1470.07      | Base      | \$1,567,525   |
| 3521               | 3521.06     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 2907                | 1470.06      | Base      | \$3,063,481   |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09 **Mechanism:** LOCAL  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19  
**Activity ID:** 25471.09 **Planned Funds:** \$250,000  
**Activity System ID:** 25471  
**Activity Narrative:** THIS IS A NEW ACTIVITY

TITLE: PHE oversight contract mechanism

The global response to combating the HIV/AIDS pandemic is the largest public health commitment made to date. PEPFAR is one of the major contributors and thus offers a unique opportunity to address global research priority questions, using large scale public health evaluation programs, across multiple countries.

Public Health Evaluation (PHE) refers to studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. These activities answer key questions, providing information and building knowledge applicable across the range of PEPFAR-funded sites, and assess the impact of PEPFAR programs on those at risk for, and those infected or affected by HIV, at community and global levels. As PEPFAR implements scientific advances on a large-scale through its programs, PHE assesses the effectiveness and impact of PEPFAR programs; compares evidence-based program models in complex health, social and economic contexts; and addresses operational questions related to program implementation within existing and developing health systems infrastructures. PHE utilizes rigorous, scientifically sound research methodology of varying complexity, and may include (but is not limited to) control groups, randomization, modeling or advanced statistical techniques.

The purpose of this announcement is to support PEPFAR's public health evaluation activities to achieve high quality and timely outputs. The support process should also involve capacity building to increase local research capacity. Resources will be used for a range of technical assistance to provide research support activities. These will differ according to the requirements of each public health evaluation. Where possible, there will be a particular focus on collaboration with local institutions, especially the Government of Tanzania to ensure that research outcomes are well disseminated and incorporated into policy and practice. The recipients will be playing a supportive rather than investigator role and would therefore not expect authorship rights unless, judged on a case by case basis, their role warranted this.

Activities may span the whole range of research support activities which need to be outsourced from the main implementing partner. Main activities include: meeting facilitation, literature reviews, training activities, data management, quality assurance, special sub-studies, report writing and other activities. As public health evaluation protocols become further clarified, other research support activities may be identified which may also be requested from the recipient. Activities will be dictated by the nature of the Public Health Evaluation and the capacity of the lead implementer to perform required tasks for successful completion.

The Public Health Evaluation strategy in PEPFAR requires a focus on local capacity building so the recipient will be required to fulfil this requirement as activities are carried out.

Activities will require careful collaboration with the lead partner, CDC and USG teams and the multi-country collaborative group in addition to other local stakeholders especially the Government of Tanzania.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 27175.09

**Planned Funds:** \$410,000

**Activity System ID:** 27175

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008 PREVIOUSLY REPORTED UNDER ACTIVITY ID 5353.08. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR.

TITLE: ITSO

ACTIVITIES: ITSO charges associated with management and staffing total an estimated \$410,000. The ITSO Global Initiative Cost Allocation Workgroup has developed a methodology of allocating IT costs to countries and programs. The ITSO costs comprises of four components: Headquarter IT support; Connectivity; Hardware and Software License Refresh; and Regional IT Support and it is based on number of devices, complexity of network, cost of equipment, licenses, fees for internet connectivity, costs of Information Technology Advisors (ITAs) and other regional support contracts.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09

**Mechanism:** LOCAL

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 5353.23114.09

**Planned Funds:** \$2,513,094

**Activity System ID:** 23114

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008

TITLE: Management and Staffing (GHA)

ACTIVITIES: Please see narrative for Activity code 3521.09 GAP.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13663

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner                                 | Mechanism System ID | Mechanism ID | Mechanism               | Planned Funds |
|--------------------|-------------|----------------------------------------------|-----------------------------------------------|---------------------|--------------|-------------------------|---------------|
| 13663              | 5353.08     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 6568                | 4950.08      | GHAI                    | \$2,376,802   |
| 7840               | 5353.07     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4950                | 4950.07      |                         | \$285,000     |
| 5353               | 5353.06     | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 2894                | 1140.06      | Country staffing and TA | \$3,343       |

**Table 3.3.19: Activities by Funding Mechanism**

|                                                |                                              |
|------------------------------------------------|----------------------------------------------|
| <b>Mechanism ID:</b> 1143.09                   | <b>Mechanism:</b> N/A                        |
| <b>Prime Partner:</b> US Department of Defense | <b>USG Agency:</b> Department of Defense     |
| <b>Funding Source:</b> GHCS (State)            | <b>Program Area:</b> Management and Staffing |
| <b>Budget Code:</b> HVMS                       | <b>Program Budget Code:</b> 19               |
| <b>Activity ID:</b> 8918.23115.09              | <b>Planned Funds:</b> \$631,050              |
| <b>Activity System ID:</b> 23115               |                                              |

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

\$631,050

**TITLE:** Management and Staffing:Tanzania - Cost of Doing Business for DOD NEED and COMPARATIVE ADVANTAGE:

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 PhamAccess International and the Tanzanian Peoples Defense Forces (TPDF). In the Southern Highlands, the DOD, has been working directly with the Mbeya Referral Hospital (MRH) since June 2004 and the Regional Medical Offices (RMO) of Mbeya, Rukwa and Ruvuma since June 2005 in rolling out treatment throughout the Southern Highlands.

**ACCOMPLISHMENTS:**

Activities with the TPDF have expanded quickly in the past year from the one primary referral hospital, Lugalo, to all 7 hospitals now supporting services and a total of 2,466 on ART.

Through its direct relationship and technical support of the MRH and RMOs in Mbeya, Rukwa and Ruvuma, the Southern Highlands now has 16 facilities (2007 SAPR) supporting ART services and boasts a combined patient-load of over 10,000 on ART and 26,000 on care. By September 2008, the number of facilities expanded significantly to 47, ensuring 50% of all facilities in all three regions are executing some level of ART related services from identification, initiation, follow up and monthly dispensing.

More than 25 community based groups in the Southern Highlands support extension of clinical services by providing home-based care, counseling and testing Orphan care, and prevention programs.

**ACTIVITIES:**

The cost of doing business will include support for two direct hires; one of the direct hires is the Country Director 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. The second direct hire will provide administrative and financial support at the implementation site in Mbeya and PEPFAR will support 50% of this position. This submission will support ICASS costs associated with these two positions.

**LINKAGES:**

The DOD team works in conjunction with the USG at a national level to ensure that programs reflect the priorities of the GoT.

**CHECK BOXES:**

Though funding under this submission focuses on DOD staff support, the areas of emphasis of activities will include local organization capacity building, pre-service and in service training, and QA/QC and QI to support care and treatment in the Southern Highlands of Tanzania and the TPDF.

**M&E:**

DoD will collaborate with the NACP/MOHSW to implement the national M&E system for care and treatment to collect and report patient care and treatment data based on the national protocol.

**SUSTAINABILITY:**

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.

**MAJOR ACTIVITIES:**

The cost of doing business will include support for two direct hires 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 these positions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13671

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency            | Prime Partner            | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 13671              | 8918.08     | Department of Defense | US Department of Defense | 6569                | 1143.08      | M&S       | \$631,050     |
| 8918               | 8918.07     | Department of Defense | US Department of Defense | 4604                | 1143.07      |           | \$267,000     |

**Table 3.3.19: Activities by Funding Mechansim**

---

**Mechanism ID:** 1143.09

**Prime Partner:** US Department of Defense

**Funding Source:** GHCS (State)

**Budget Code:** HVMS

**Activity ID:** 3505.23116.09

**Activity System ID:** 23116

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Management and Staffing

**Program Budget Code:** 19

**Planned Funds:** \$760,854

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

M&S 760,854  
Activity 3505.08

**TITLE:** Management and Staffing for DOD  
**NEED and COMPARATIVE ADVANTAGE:**

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 PhamAccess International and the Tanzanian Peoples Defense Forces (TPDF). In the Southern Highlands, the DOD, has been working directly with the Mbeya Referral Hospital (MRH) since June 2004 and the Regional Medical Offices (RMO) of Mbeya, Rukwa and Ruvuma since June 2005 in rolling out treatment throughout the Southern Highlands.

**ACCOMPLISHMENTS:**

Activities with the TPDF have expanded quickly in the past year from the one primary referral hospital, Lugalo, to all 7 hospitals now supporting services and a total of 2,466 on ART.

Through its direct relationship and technical support of the MRH and RMOs in Mbeya, Rukwa and Ruvuma, the Southern Highlands now has 16 facilities (2007 SAPR) supporting ART services and boasts a combined patient-load of over 10,000 on ART and 26,000 on care. By September 2008, the number of facilities expanded significantly to 47, ensuring 50% of all facilities in all three regions are executing some level of ART related services from identification, initiation, follow up and monthly dispensing.

More than 30 community based groups in the Southern Highlands support extension of clinical services by providing home-based care, counseling and testing Orphan care, and prevention programs.

**ACTIVITIES:**

Currently, ten staff (including one US Direct Hire) provide technical assistance to treatment, palliative care, and OVC support services. Thirteen Tanzanian staff provide administrative support including accounting, and other program support services. One more US Direct Hire will be recruited to provide oversight for operations in Mbeya. This position will be 50% supported by PEPFAR.

The US Contract laboratory Director 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 one Tanzanian technical advisor 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 three 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.

**LINKAGES:**

The DOD team works in conjunction with the USG at a national level to ensure that programs reflect the priorities of the GoT.

**CHECK BOXES:**

Though funding under this submission focuses on DOD staff support, the areas of emphasis of activities will include local organization capacity building, pre-service and in service training, and QA/QC and QI to support care and treatment in the Southern Highlands of Tanzania and the TPDF.

**M&E:**

DoD will collaborate with the NACP/MOHSW to implement the national M&E system for care and treatment to collect and report patient care and treatment data based on the national protocol.

**SUSTAINABILITY:**

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.

**MAJOR ACTIVITIES:**

Funding under this submission will support salary and benefits for 14 technical, managerial, and support staff.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13672

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency            | Prime Partner            | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 13672              | 3505.08     | Department of Defense | US Department of Defense | 6569                | 1143.08      | M&S       | \$790,854     |
| 7842               | 3505.07     | Department of Defense | US Department of Defense | 4604                | 1143.07      |           | \$878,518     |
| 3505               | 3505.06     | Department of Defense | US Department of Defense | 2895                | 1143.06      |           | \$675,000     |

**Table 3.3.19: Activities by Funding Mechanism**

|                                              |                                                          |
|----------------------------------------------|----------------------------------------------------------|
| <b>Mechanism ID:</b> 1442.09                 | <b>Mechanism:</b> M&S                                    |
| <b>Prime Partner:</b> US Department of State | <b>USG Agency:</b> Department of State / African Affairs |
| <b>Funding Source:</b> GHCS (State)          | <b>Program Area:</b> Management and Staffing             |
| <b>Budget Code:</b> HVMS                     | <b>Program Budget Code:</b> 19                           |
| <b>Activity ID:</b> 3516.23117.09            | <b>Planned Funds:</b> \$510,000                          |
| <b>Activity System ID:</b> 23117             |                                                          |



**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

In November 2008, an Administrative/Finance Officer will join the PEPFAR Coordination office. The position was recruited and hired through the DOS. The SI Advisor will join the Coordination office in January 2009. The position was recruited and hired by CDC using their PSC authority. Recruitment is underway to fill the PEPFAR Outreach Coordinator position. For program continuity, the position has been expanded beyond an EFM position. The Deputy position remains unfilled. ICASS costs for the PEPFAR Coordination office are covered in the following related narratives:

PEPFAR Country Coordinator (HHS/OS/OGHA) - \$52,000  
SI Advisor (HHS/CDC) - \$45,000  
PEPFAR Outreach Coordinator, Admin/Finance and Deputy Coordinator – \$35,000

TITLE: Department of State M&S budget details

This activity links to Activity ID 7846 - DOS ICASS, DOS VOA, DOS HIV Champions, HHS/OGHA M&S entries.

The Management and Staffing costs under this submission address three approved positions associated with the Country Coordinator's Office, a Fellowship rotation and ongoing support for the Emergency Plan Outreach Coordinator. Post support for the Country Coordinator's Office is also included in this entry.

As a result of the Staffing for Results (S4R) process undertaken by PEPFAR/Tanzania earlier in 2007, the following positions were identified by the interagency S4R team as necessary components to support the work of the Country Coordinator's Office:

- (1) Full-time Deputy Coordinator (vacant)
- (2) Full-time Administrative Assistant (vacant)
- (3) Strategic Information (SI) Liaison (filled)
- (4) Rotation opportunity for Presidential Management Fellows or participants in other similar programs

Recruitment for the Deputy Coordinator and Administrative Assistant will start in Fall 2007 using prior fiscal year funds. These positions will be filled by Eligible Family Members (EFM), locally engaged staff and/or current international residents of Tanzania. The SI Liaison will move from its current placement at CDC to the Country Coordinator's Office. The position will shift from its current level of effort of 50% for SI Liaison duties to 100% effort. In-country discussions are underway regarding the best hiring mechanism for the Deputy Coordinator and SI Liaison. The funds for these positions are being held in the unallocated line pending the outcome of these discussions.

The Emergency Plan Outreach Coordinator, an EFM position, is located in the Mission's Public Affairs Office and supports a range of public affairs activities under the Emergency Plan. The position will manage and oversee the radio partnership with the Voice of America, launch a campaign to support HIV Champions in Tanzania and provide ongoing public affairs support to the entire PEPFAR program. This position is also the key in-country liaison to the Office of the Global AIDS Coordinator (OGAC) Public Affairs office.

Finally, the management and staffing budget of the DOS includes a travel budget to support the Country Coordinator's Office, including 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13673

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                            | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 13673              | 3516.08     | Department of State / African Affairs | US Department of State | 6570                | 1442.08      | M&S       | \$448,000     |
| 7845               | 3516.07     | Department of State / African Affairs | US Department of State | 4605                | 1442.07      |           | \$256,000     |
| 3516               | 3516.06     | Department of State / African Affairs | US Department of State | 2905                | 1442.06      |           | \$250,000     |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1442.09

**Mechanism:** M&S

**Prime Partner:** US Department of State

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 12470.23118.09

**Planned Funds:** \$75,000

**Activity System ID:** 23118

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

TITLE: PEPFAR Media Outreach

Ongoing Activity

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 highlight the significant contributions and achievements that the USG has made in Tanzania, underscore the collaboration between the USG, implementing partners and the Government of Tanzania (GOT) in the implementation of PEPFAR and other related programs, raise public awareness regarding the availability of HIV/AIDS related programs, and highlight on-going PEPFAR efforts to reduce stigma and raise acceptance of people living with HIV.

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 of PEPFAR related media kits in English and Kiswahili which fully explain to journalists, media outlets, partners and high leveled visitors the work that PEPFAR is accomplishing; development and implementation of a formalized Public Affairs Media Outreach calendar of outreach activities; and increased airing of HIV messages to augment USG HIV programs and including HIV/AIDS related speakers from the Department of State Speaker Program which augment ongoing PEPFAR activities.

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/cover 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13675

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                            | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 13675              | 12470.08    | Department of State / African Affairs | US Department of State | 6570                | 1442.08      | M&S       | \$100,000     |
| 12470              | 12470.07    | Department of State / African Affairs | US Department of State | 4605                | 1442.07      |           | \$75,000      |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09 **Mechanism:** LOCAL  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19  
**Activity ID:** 16462.23119.09 **Planned Funds:** \$702,000

**Activity System ID:** 23119

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008.

TITLE: ICASS

ACTIVITIES: ICASS charges associated with management and staffing total an estimated \$650,000. These charges were estimated using the anticipated total of seven US Direct Hire (USDH) staff, three Personal Service Contract and 41 locally engaged staff.

There are two other actions that could potentially affect the total ICASS charges in FY2009. The CDC growth in terms of number of US Direct Hire, Personal Service Contract and Locally Engaged Staff will significantly result into increased ICASS cost. Secondly, CDC will be setting up OpenNet on site during 2009; this action is needed to work more efficiently with the US Embassy on management and administrative processes. This action may result in some increase in ICASS charges. Therefore, the final ICASS charges may be affected by these two actions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16462

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 16462              | 16462.08    | HHS/Centers for Disease Control & Prevention | US Department of State | 7437                | 7437.08      | ICASS     | \$611,598     |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 4950.09 **Mechanism:** LOCAL  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19

**Activity ID:** 16461.23120.09

**Planned Funds:** \$90,000

**Activity System ID:** 23120

**Activity Narrative:** THIS IS AN ONGOING ACTIVITY FROM FY 2008. ACTIVITIES LISTED HAVE BEEN INITIATED AND WILL PROCEED DURING FY 2009 AS IN THE PREVIOUS YEAR. ACCOMPLISHMENTS WILL BE REPORTED IN THE FY 2008 APR. PLEASE NOTE THAT THE ACTIVITY NARRATIVE REMAINS UNCHANGED FROM FY 2008

TITLE: CSCS

ACTIVITIES: CSCS charges total \$90,000 and are minimal given that CDC is co-located with a Government of Tanzania facility rather than the US Embassy.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16461

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                                   | Prime Partner          | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|----------------------------------------------|------------------------|---------------------|--------------|-----------|---------------|
| 16461              | 16461.08    | HHS/Centers for Disease Control & Prevention | US Department of State | 7438                | 7438.08      | CSCS      | \$100,000     |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1026.09

**Mechanism:** N/A

**Prime Partner:** US Peace Corps

**USG Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 3498.23121.09

**Planned Funds:** \$282,600

**Activity System ID:** 23121

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

TITLE: Peace Corps Tanzania Management and Staffing Narrative.

**NEED and COMPARATIVE ADVANTAGE:**

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. All of these 133 PCVs are expected to work on HIV/AIDS activities. 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.

The HIV/AIDS Program Officer (PO), continues to provide technical assistance to PCVs, organize and facilitate various trainings to PCVs from all three projects in PC/T. The PO also attends EP working group meetings, coordinate PC/T's monitoring and reporting system, facilitate sharing of ideas learned and identify new resources. In FY08 PC/T will continue to have the PO working and supporting Volunteers and the PC/T program.

In FY 2006 an EP Administrative Associate (AA) was hired to ease some of the workload on the HIV/AIDS PO. This AA also handles all the logistics for PC/T's many HIV/AIDS EP ISTs as well as handles some of the administrative tasks that result because of EP activities easing some of the challenges created by these EP activities that were previously being carried out in the administrative unit. As well PC/T's AA handles Volunteer Activities Support & Training (VAST) grants for all PCVs applying for grant monies in the areas of HIV/AIDS prevention and care. This position will continue to be critical to post as post with increased EP activities making a great administrative workload under its proposed EP activities. This position has truly eased some of the workload of the PO and administrative staff making for a more manageable situation at PC/T overall.

A Program Assistant was recruited in FY07; the PA will assist the Health Education project APCD with the volunteer support and training. The PA has begun duties in July/07

A driver was recruited during FY05 and continues to support EP activities for all of PC/T's Volunteers who are all engaged in some form of HIV/AIDS prevention and/or care work.

In FY 06 an outside expert trainer trained a Tanzanian technical coordinator to coordinate health education activities at PST. The trained Host Country National (HCN) secured a full time position with Peace Corps Tanzania. For this reason in FY08, PC/T spent a portion of the EP funding to recruit an expert trainer from the outside to assist in the training of the local technical trainers. In addition PC/T used a portion of the FY09 EP funds to pay for a PST technical trainer to assist the training manager.

PC/T's current Permaculture specialist trainer continues to provide quality training in permaculture as the trainer is a former PC APCD for environment in Africa and has extensive experience in permaculture and sustainable agriculture and understands how to link those activities with HIV/AIDS activities particularly for PLWHAs and OVCs. In FY08 Post hired a fulltime HCN staff for a position of Training Specialist. The strategy is to develop a more sustainable capacity of HCN staff for Permaculture activities. This person will also be available more to the field assisting Volunteers in initiating gardens. In addition the Training Specialist will be a back up trainer for the HIV/AIDS and Life Skills trainings. Currently the PO is the only person conducting these trainings for Volunteers and the Post will like to have a strategy in place for more sustained plan for training PCVs.

FY 2009 no additional staff is expected at post.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13680

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency  | Prime Partner  | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-------------|----------------|---------------------|--------------|-----------|---------------|
| 13680              | 3498.08     | Peace Corps | US Peace Corps | 6571                | 1026.08      |           | \$282,600     |
| 7848               | 3498.07     | Peace Corps | US Peace Corps | 4606                | 1026.07      |           | \$110,000     |
| 3498               | 3498.06     | Peace Corps | US Peace Corps | 2891                | 1026.06      |           | \$76,000      |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 5257.09

**Mechanism:** OGHA activities

**Prime Partner:** Office of the Secretary

**USG Agency:** HHS/Office of the Secretary

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 9723.28806.09

**Planned Funds:** \$52,000

**Activity System ID:** 28806

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

The "cost of doing business" includes International Cooperative Administrative Support Services (ICASS) charges assessed for the HHS/OS/OGHA USDH assignment to PEPFAR Tanzania serving as the PEPFAR Country Coordinator. All other ICASS charges for the PEPFAR Coordination office are contained in the DOS and HHS/CDC Cost of Doing Business activity narratives.

TITLE: Office of Global Health Affairs Cost of Doing Business

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 Office 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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13551

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                  | Prime Partner           | Mechanism System ID | Mechanism ID | Mechanism       | Planned Funds |
|--------------------|-------------|-----------------------------|-------------------------|---------------------|--------------|-----------------|---------------|
| 13551              | 9723.08     | HHS/Office of the Secretary | Office of the Secretary | 6546                | 5257.08      | OGHA activities | \$191,000     |
| 9723               | 9723.07     | HHS/Office of the Secretary | Office of the Secretary | 5257                | 5257.07      | OGHA activities | \$80,000      |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 5257.09

**Mechanism:** OGHA activities

**Prime Partner:** Office of the Secretary

**USG Agency:** HHS/Office of the Secretary

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 9722.28807.09

**Planned Funds:** \$195,000

**Activity System ID:** 28807

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

During FY 2008, HHS/OS/OGHA approved the request of Ambassador Green and PEPFAR Tanzania to extend the current Coordinator's assignment for an additional two years. The extension will end in summer of 2010. During FY 2009, PEPFAR Tanzania will begin the recruitment process for a new PEPFAR Country Coordinator.

TITLE: Office of Global Health Affairs M&S

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 Country Coordinator provides day-to-day leadership for implementing the USG HIV/AIDS strategy for Tanzania, consistent with PEPFAR goals and resources. Working under the general direction of the Chief of Mission, the Country Coordinator manages communications and processes between and among the various U.S. Government agencies and departments implementing the Emergency Plan in Tanzania, the Office of the U.S. Global AIDS Coordinator, and other relevant stakeholders.

The current Country Coordinator serves as the U.S. Government representative to the Donor Partner AIDS Group and is the alternate for the bilateral seat on the Tanzania National Coordinating Mechanism.

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 PEPFAR/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.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 13550

**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency                  | Prime Partner           | Mechanism System ID | Mechanism ID | Mechanism       | Planned Funds |
|--------------------|-------------|-----------------------------|-------------------------|---------------------|--------------|-----------------|---------------|
| 13550              | 9722.08     | HHS/Office of the Secretary | Office of the Secretary | 6546                | 5257.08      | OGHA activities | \$180,000     |
| 9722               | 9722.07     | HHS/Office of the Secretary | Office of the Secretary | 5257                | 5257.07      | OGHA activities | \$195,000     |

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 11907.09

**Mechanism:** State ICASS

**Prime Partner:** US Department of State

**USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 28829.09

**Planned Funds:** \$35,000

**Activity System ID:** 28829

---

**Activity Narrative:** ACTIVITY HAS BEEN SIGNIFICANTLY REVISED.

DOS Management and Staffing ICASS: The "cost of doing business" includes ICASS charges assessed for two positions hired through the DOS for the PEPFAR Coordination Office, an Administrative/Finance officer and a Deputy Coordinator. There are not IRM or CSCS fees included in this activity narrative.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 1143.09

**Mechanism:** N/A

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Budget Code:** 19

**Activity ID:** 27369.09

**Planned Funds:** \$165,000

**Activity System ID:** 27369



**Activity Narrative:** THIS IS A NEW ACTIVITY.

**TITLE:** Management and Staffing for DOD  
**NEED and COMPARATIVE ADVANTAGE:**

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 PhamAccess International and the Tanzanian Peoples Defense Forces (TPDF). In the Southern Highlands, the DOD, has been working directly with the Mbeya Referral Hospital (MRH) since June 2004 and the Regional Medical Offices (RMO) of Mbeya, Rukwa and Ruvuma since June 2005 in rolling out treatment throughout the Southern Highlands.

**ACCOMPLISHMENTS:**

Activities with the TPDF have expanded quickly in the past year from the one primary referral hospital, Lugalo, to all 7 hospitals now supporting services and a total of 2,466 on ART. Through its direct relationship and technical support of the MRH and RMOs in Mbeya, Rukwa and Ruvuma, the Southern Highlands now has 16 facilities (2007 SAPR) supporting ART services and boasts a combined patient-load of over 10,000 on ART and 26,000 on care. By September 2008, the number of facilities expanded significantly to 47, ensuring 50% of all facilities in all three regions are executing some level of ART related services from identification, initiation, follow up and monthly dispensing. In support of roll out in the Southern Highlands and to ensure quality services, the DOD has worked with the MRH in developing supervisory teams, consisting of a medical officer, clinical officer and nurse, which attend clinic days at lower level facilities once or twice per month. DOD is currently working on strengthening similar teams as the regional level to decentralize supervision in a tiered manner effectively ramping up expansion of coverage.

**ACTIVITIES:**

The Clinical Care Medical Director directly supporting the DOD Walter Reed HIV/AIDS Care Program in the Southern Highlands is providing ART technical assistance partner institutions. 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 six FSN equivalent technical advisors, hired by the DOD (two physicians, two clinical officers and two nurse), and Mbeya Referral Hospital personnel, the Walter Reed Program undertakes supportive supervision throughout the Southern Highlands for all CTCs.

FY2009 funds will be used to continue to support some DOD SI personnel. These management and staffing costs for Strategic Information will support eight data management officers, and one information/data analyst. 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 MRH. These SI officers assist the M&E officer to achieve the following:

- 1) Revise existing M&E forms and database to accommodate national modification of systems.
- 2) Provide support in implementing electronic records to facility staff at ART sites through out the Southern Highlands
- 3) Provide regular supportive supervision to all the sites providing ART and have proper electronic system in place for data management.
- 4) Provide financial management software training and equipment support to partners.

FY 2009 will also be used to continue to support DoD lab personnel. These management and staffing costs for lab will support six laboratory technicians and engineer. 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. FY 2009 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 we have 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 our treatment goals in the Southern Highlands of Tanzania.

In addition to in country personnel, the DoD offers US based TA in this area. Clinicians and laboratory personnel for support of treatment efforts make routine visits to Tanzania to include 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 personnel including two physicians, two clinical officers and two nurses.

**LINKAGES:**

The clinical medical director and the DOD team works in conjunction with Department of Internal Medicine at the Mbeya Referral hospital to manage the HIV Care and Treatment Center (CTC). The DOD medical team also works directly with the Regional Medical Offices in the three regions of Mbeya, Rukwa, and Ruvuma to ensure that CTC standard operating procedures are maintained down to the health center level.

**CHECK BOXES:**

Though funding under this submission focuses on DOD staff support, the areas of emphasis of activities will include local organization capacity building, pre-service and in service training, and QA/QC and QI to support care and treatment in the Southern Highlands of Tanzania and the TPDF.

**M&E:**

---

**Activity Narrative:** DoD will collaborate with the NACP/MOHSW to implement the national M&E system for care and treatment to collect and report patient care and treatment data based on the national protocol.

**SUSTAINABILITY:**

In all activities, 99% of personnel involved at the referral hospital are direct hired by the MOHSW. These arrangements are aimed at providing sustainable human resources to the MRH initiative being the mentor of zonal requirements. MRH will continue to use hospital staff to provide supportive supervision to hospitals in the three regions of Mbeya, Ruvuma and Rukwa.

**MAJOR ACTIVITIES:**

Funding under this submission will support salary and benefits for the Clinical Care Medical Director, six Tanzania medical personnel including two physicians, two clinical officers and two nurses.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 5: Planned Data Collection**

|                                                                                                                                                                                         |            |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|
| <b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?</b>                                                                                                                   | <b>Yes</b> | <b>X</b>   | <b>No</b> |
| If yes, Will HIV testing be included?                                                                                                                                                   | Yes        |            | No        |
| When will preliminary data be available?                                                                                                                                                |            |            |           |
| <b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?</b>                                                                                                           | <b>Yes</b> | <b>X</b>   | <b>No</b> |
| If yes, Will HIV testing be included?                                                                                                                                                   | Yes        |            | No        |
| When will preliminary data be available?                                                                                                                                                |            |            |           |
| <b>Is a Health Facility Survey planned for fiscal year 2009?</b>                                                                                                                        | <b>Yes</b> | <b>X</b>   | <b>No</b> |
| When will preliminary data be available?                                                                                                                                                |            |            |           |
| <b>Is an Anc Surveillance Study planned for fiscal year 2009?</b>                                                                                                                       | <b>X</b>   | <b>Yes</b> | <b>No</b> |
| If yes, approximately how many service delivery sites will it cover?                                                                                                                    | Yes        |            | No        |
| When will preliminary data be available?                                                                                                                                                |            |            | 9/30/2009 |
| <b>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 2009?</b> | <b>X</b>   | <b>Yes</b> | <b>No</b> |

**Other Significant Data Collection Activities**

**Name:** ART Outcomes Survey

**Brief Description of the data collection activity:**

ART Outcomes Survey: data abstraction exercise to provide information about retention, CD4 and survival rates of patients who initiated ART between 2004 and 2007 in nationally representative sample of 43 facilities in Mainland Tanzania.

**Preliminary Data Available:**

9/30/2009

**Name:** Behavioral surveillance survey with biological markers (BSS+)

**Brief Description of the data collection activity:**

Behavioral surveillance survey with biological markers (BSS+) among commercial sex workers (CSW) in Dar es Salaam, Tanzania

**Preliminary Data Available:**

11/30/2009

**Name:** Behavioral surveillance surveys among MARPS

**Brief Description of the data collection activity:**

Behavioral surveillance surveys with biological markers among MARPS groups on Pemba Island, Zanzibar specifically CSWs and MSMs

**Preliminary Data Available:**

9/30/2009

**Name:** HIV drug resistance monitoring

**Brief Description of the data collection activity:**

HIV drug resistance monitoring in 4 sites Mainland Tanzania will be implemented and data analysis and dissemination will be in FY 2009.

**Preliminary Data Available:**

9/30/2009



## Supporting Documents

| File Name                                                         | Content Type             | Date Uploaded | Description                       | Supporting Doc. Type                                   | Uploaded By |
|-------------------------------------------------------------------|--------------------------|---------------|-----------------------------------|--------------------------------------------------------|-------------|
| Tanzania COP 09 HCW Salary Report.xls                             | application/vnd.ms-excel | 11/14/2008    |                                   | Health Care Worker Salary Report                       | JVenecek    |
| Tanzania Continuing PHEs_Matrix.xls                               | application/vnd.ms-excel | 11/14/2008    |                                   | Public Health Evaluation                               | JVenecek    |
| Zanzibar COP 2009 Global Fund Supplemental.doc                    | application/msword       | 11/14/2008    | Zanzibar Global Fund Supplemental | Global Fund Supplemental                               | JVenecek    |
| Tanzania FY 09 - OVC Earmark.doc                                  | application/msword       | 11/14/2008    | FY09 OVC Earmark                  | Other                                                  | JVenecek    |
| Tanzania Procedures_Manual_June 20, 2008 version 1.doc            | application/msword       | 11/14/2008    | TZ Procedures Manual              | Other                                                  | JVenecek    |
| Tanzania USG Prevention Strategy.doc                              | application/msword       | 11/14/2008    | TZ USG Prevention Strategy        | Other                                                  | JVenecek    |
| PC Management Team Chart.doc                                      | application/msword       | 11/14/2008    | Peace Corps Management Team Chart | Staffing Analysis                                      | JVenecek    |
| PC Organization Chart.doc                                         | application/msword       | 11/14/2008    | Peace Corps Organizational Chart  | Staffing Analysis                                      | JVenecek    |
| Tanzania COP 09 PPP Supplemental.xls                              | application/vnd.ms-excel | 11/14/2008    |                                   | PPP Supplement                                         | SLewis      |
| Tanzania COP 2009 Global Fund Supplemental.doc                    | application/msword       | 11/14/2008    | Tanzania Global Fund Supplemental | Global Fund Supplemental                               | JVenecek    |
| COP 09 HRH PAC Nov 12 08.doc                                      | application/msword       | 11/14/2008    | HRH PAC                           | HRH Program Area Narrative*                            | JVenecek    |
| Chief of Mission Letter and Interagency Cable.doc                 | application/msword       | 11/14/2008    |                                   | Ambassador Letter                                      | SEmily      |
| Tanzania Budget Table.xls                                         | application/vnd.ms-excel | 11/14/2008    |                                   | Other                                                  | SLewis      |
| DOS PEPFAR Coordination Office.doc                                | application/msword       | 11/14/2008    | Department of State               | Staffing Analysis                                      | JVenecek    |
| Peace Corps Management and Staffing Budget Table NEW FOR FY09.xls | application/vnd.ms-excel | 11/14/2008    | Peace Corps M&S FY09 Budget Table | Staffing Analysis                                      | JVenecek    |
| USAID SO 10 Org Chart.doc                                         | application/msword       | 11/14/2008    | USAID SO 10 Organizational Chart  | Staffing Analysis                                      | JVenecek    |
| WRAIR - Org chart.doc                                             | application/msword       | 11/14/2008    | WRAIR Organizational Chart        | Staffing Analysis                                      | JVenecek    |
| Tanzania COP 09 Gender PAC.doc                                    | application/msword       | 11/14/2008    | TZ Gender PAC                     | Gender Program Area Narrative*                         | JVenecek    |
| GOT Support for MC.doc                                            | application/msword       | 11/14/2008    | GOT Support for MC                | Other                                                  | JVenecek    |
| CDC Staffing Organization Chart.doc                               | application/msword       | 11/14/2008    | CDC Staffing Org Chart            | Staffing Analysis                                      | JVenecek    |
| Table 3 and 3 Targets and Explanations TZ Nov 14.xls              | application/vnd.ms-excel | 11/14/2008    |                                   | Summary Targets and Explanation of Target Calculations | SLewis      |
| Tanzania FY09 Budgetary Requirements Worksheet.xls                | application/vnd.ms-excel | 11/14/2008    |                                   | Budgetary Requirements Worksheet*                      | SLewis      |
| USAID Organization Chart.doc                                      | application/msword       | 11/14/2008    | USAID Org Chart                   | Staffing Analysis                                      | JVenecek    |
| Tanzania_FY2009_Executive_Summary.doc                             | application/msword       | 12/1/2008     |                                   | Executive Summary                                      | JKohler     |