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2008

Tanzania

Generated 12/9/2008 11:04:23 AM

Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
2007-10-19_FY08_Tanzania_Executive_Summary.doc	application/msword	10/19/2007	Tanzania Executive Summary FY08	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:

In accordance with the Tanzania Five-Year Strategy, the main developmental change in fiscal year (FY) 2008 for the Clinical Services Strategic Results Unit is regionalization of PMTCT services in order to reach out faster to more facilities. USG ARV treatment partners will take on responsibility for implementing PMTCT programs in the regions they are assigned to. This approach responds to the plan of the National AIDS Control Program (NACP) to focus on program coordination more than on implementation. The strategy for PMTCT scale up in quantity and quality is a four-prong approach: a) increase coverage of PMTCT services by scaling up to lower level health centers; b) increase uptake of PMTCT prophylaxis and more efficacious regimens by closer linkages to ARV treatment programs; c) increase child follow-up by implementing early infant diagnosis and provision of cotrimoxazole (CTX) prophylaxis at routine follow up visits; and d) strengthen PMTCT Monitoring and Evaluation (M &E) systems by assisting NACP with the revision and harmonization of the existing system.

ART partners are expected to work with regional and district authorities to coordinate and strengthen implementation of PMTCT sites and linkages between PMTCT and adult and pediatric care and ART. Regionalization of PMTCT will follow the success of ART regionalization, address staffing constraints at Ministry of Health and Social Welfare, strengthen linkages between ART and PMTCT services, and support an integrated approach to care and treatment.

USG/Tanzania implementing partners will mainly use a district network approach to provide technical assistance to facilities through district health authorities and their teams in addition to supporting facilities directly. The implementing partners will employ provider-initiated counseling and testing; WHO-tiered ARV approach; support for exclusive breastfeeding with early weaning; growth monitoring; and nutritional supplementation. Also, implementing partners will implement provision of CTX prophylaxis for HIV-exposed infants; early infant diagnosis by dried blood spot (DBS) DNA PCR or other methods; TB screening; family planning as part of the national program; and bed-nets for exposed infants and HIV+ pregnant women. In collaboration with implementing partners, USG/Tanzania 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.

During FY 2008 USG/Tanzania implementing partners will also facilitate formation of quality improvement teams at sites to develop facility-based referral mechanisms in order to ensure effective PMTCT-ART linkages. The team will work with smaller PMTCT facilities surrounding hospitals to maximize referrals upward to ART centers. This will ensure that at least 10% of newly initiated patients on ART are pregnant women and there is an increase in the number of HIV positive children on treatment, with a specific focus to establish regional networks for the diagnosis of early pediatric HIV infection through DBS PCR testing.

Under the direction of NACP, USG/Tanzania will strengthen M&E of the PMTCT program through provision of technical assistance at the national, regional, district, and site levels. This includes the roll-out and implementation of revised M&E tools, promotion of data use and synthesis, and strengthened supportive supervision. In addition, USG/Tanzania will support public health evaluations aimed to improve the quality, scope and effectiveness of program services.

Therefore, the adoption of this PMTCT scale up approach will allow the USG/Tanzania team to better allocate resources more strategically, efficiently and in coordinated manner which will lead to implementation of effective and quality PMTCT-plus services.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
TZ Ambassador.pdf	application/pdf	9/28/2007		SLewis

Country Contacts

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Ambassador	Mark	Green	Ambassador	GreenMA@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$1900000
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, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal	490,417			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	575,708	55,000	630,708
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	38,462	3,000	41,462
Care (1)				
End of Plan Goal	750,000	479,510	325,000	804,510
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	150,000	75,000	225,000
***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	20,966	6,644	27,610
8.1 - Number of OVC served by OVC programs	0	329,510	250,000	579,510
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,277,564	315,000	1,592,564
Treatment				
End of Plan Goal	150,000	155,458	3,500	158,958
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	155,458	3,500	158,958
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	490,417			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	871,412	45,000	916,412
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	58,696	6,000	64,696
Care (1)				
End of Plan Goal	750,000	763,205	325,000	1,088,205
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	331,105	75,000	406,105
***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	26,500	8,461	34,961
8.1 - Number of OVC served by OVC programs	0	432,100	250,000	682,100
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	2,008,179	360,000	2,368,179
Treatment				
End of Plan Goal	150,000	215,411	4,000	219,411
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	215,411	4,000	219,411
Human Resources for Health				
End of Plan Goal	0			

(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: Local - Locally procured, country funded

Mechanism ID: 1175.08

System ID: 6487

Planned Funding(\$): \$6,535,000

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

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Marie Stopes Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: AIDS Business Coalition

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Kay's Hygiene

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Shely's Pharmaceuticals

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: The Word and Peace Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Tanzania Football Federation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: National Muslim Council of Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9214.08
System ID: 9214
Planned Funding(\$): \$1,300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Access FP
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7579.08
System ID: 7579
Planned Funding(\$): \$30,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: ACDI/VOCA
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3500.08

System ID: 6488

Planned Funding(\$): \$737,229

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 Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Africa Inland Church of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Church of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Baraza Kuu la Waislam Tanzania -Mwanza

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Deeper Life Christian Ministry Church

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Youth Advisory and Development Council

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kilimanjaro Women Fight Against HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mshikamano Cultural Groups
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1182.08
System ID: 6489
Planned Funding(\$): \$1,800,000
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 Area Programs: MTCT - PMTCT

Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Anglican Church of Tanzania - Diocese of Mara
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Evangelical Lutheran Church in Tanzania - Southern Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Roman Catholic Diocese of Rulenge
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Makongoro Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mnazi Mmoja Referral Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Magomeni Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Uzima Counseling Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Moravian VCT Centre Tabora

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: African Inland Church Diocese of Shinyanga

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Aga Khan Medical Centre Morogoro

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Songea Municipal Council

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Faraja

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Bukoba Rural District Council
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Kigoma Clinic VCT Centre
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Marangu Hospital
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Machame Hospital
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Sumbawanga Municipal Council
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Uhai Baptist Centre Mbeya
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Bunda Designated District Hospital
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Hope Clinic
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Ngara Voluntary Counseling & Testing Site
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Roman Catholic Njombe Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Nzega District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Muhimbili Health Information Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Roman Catholic Diocese of Sumbawanga
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Biharamulo District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Dareda Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Anglican Church Central Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Anglican Church of Tanzania - Diocese of Tanga

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mennonite Church in Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Seventh Day Adventist Makao Mapya VCT Site Arusha

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Southern Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Central Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mara Conference of Seventh Day Adventists, Musoma

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Al Jumaa Mosque Charitable Health Centre

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Uviwana Dispensary (& VCT Centre)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Mwambani Designated District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: St Walburg Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Evangelical Lutheran Church of Tanzania, Same Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Tunduma Holy Family Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Matumaini VCT Centre -Mugumu - Kanisa la Menonite Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Magomeni Seventh Day Adventist VCT
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Temeke Seventh Day Adventist VCT
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Bwambo Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: St. Benedictine Ndanda Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: St. Francis Hospital, Ifakara
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Njombe VCT Centre Evangelical Lutheran Church of Tanzania Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: African Inland Church of Tanzania, Shinyanga (Isaka and Nzega)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: African Inland Church of Tanzania, Shinyanga VCT Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Ifakara Research Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Shirati Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Tumaini VCT Centre Korogwe
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Chumbageni VCT Centre, Tanga

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Katandala Health Centre VCT Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Kazilankanda Dispensary VCT Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Nyangao Hospital VCT Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Tunduma Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mvumi Hospital VCT Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mnazi Mmoja Health Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Karagwe VCT Site

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Makambako VCT Site

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Makete VCT Centre
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Same District Hospital
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Kilimatinde VCT Centre
Planned Funding: \$0

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1217.08
System ID: 6490
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5413.08
System ID: 6491
Planned Funding(\$): \$400,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7575.08
System ID: 7575
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: African Wildlife Foundation
New Partner: Yes

Sub-Partner: Babati District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3505.08
System ID: 6492
Planned Funding(\$): \$632,714
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Africare
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1169.08
System ID: 6493
Planned Funding(\$): \$950,000
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 Area Programs: HKID - OVC

Sub-Partner: Baraza la Akina Mama wa Kiislamu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Muzdalifa Orphan Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Faraja Human Development Fund
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Adopt Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Child Parents & Destitute Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Evangelical Assemblies of God
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Shukurani
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Save HIV/AIDS Orphans Tanzania Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Kongwa Huduma kwa Watoto Yatima, na Malaria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Ukimwi na Jamii Kibaigwa
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4780.08
System ID: 6494
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

Mechanism Name: Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3555.08
System ID: 6495
Planned Funding(\$): \$1,800,000
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 Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Southeastern Synod of Iowa Evangelical Lutheran Church in America
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Gonja Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Boulder Community Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HLAB - Laboratory Infrastructure

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1508.08
System ID: 6496
Planned Funding(\$): \$587,731
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 Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3578.08
System ID: 6497
Planned Funding(\$): \$655,551
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: 7581.08
System ID: 7581
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Analytical Sciences, Inc.
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PPP DeBeers

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8240.08
System ID: 8240
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: 3572.08
System ID: 6498
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: 7576.08
System ID: 7576
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: 4896.08
System ID: 6499
Planned Funding(\$): \$1,501,140
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
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Tanzania Episcopal Conference (TEC)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: National Muslim Council of Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2290.08
System ID: 6500
Planned Funding(\$): \$1,284,000
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1178.08
System ID: 6501
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1506.08
System ID: 6502
Planned Funding(\$): \$177,057
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1514.08
System ID: 6503
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:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2368.08
System ID: 6504
Planned Funding(\$): \$15,350,000
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 Area Programs: MTCT - PMTCT

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Constella Futures
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Lushoto District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: District Designated Hospital/Hospitali Tuele Muheza
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sekou Toure Regional Hospital, Mwanza
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Geita District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Magu Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: St. Luke Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Makongoro Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Pangani District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Bumbuli Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Bombo Regional Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

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

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: MTCT - PMTCT

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

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Musoma Regional Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: MTCT - PMTCT

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

New Partner: No
Associated Area Programs: MTCT - PMTCT

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

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Constella Futures Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5027.08

System ID: 6505

Planned Funding(\$): \$1,350,000

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 Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1177.08
System ID: 6506
Planned Funding(\$): \$850,000
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: 3582.08
System ID: 6507
Planned Funding(\$): \$485,000
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

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1512.08
System ID: 6508
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: 1221.08
System ID: 6509
Planned Funding(\$): \$11,400,000
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 Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mchukwi Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Baptist Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services
Sub-Partner: Bukoba Rural District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Nyakahanga Designated District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Ndolage Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Kagera Regional Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Deloitte Touche Tohmatsu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HLAB - Laboratory Infrastructure
Sub-Partner: Medecins du Monde
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HLAB - Laboratory Infrastructure
Sub-Partner: Biharamulo Designated District Hospital PMTCT Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Bugando Medical Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: Ocean Road Cancer Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HLAB - Laboratory Infrastructure

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8547.08

System ID: 8547

Planned Funding(\$): \$200,000

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: 8030.08

System ID: 8030

Planned Funding(\$): \$10,285,000

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: Deloitte Consulting

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8840.08

System ID: 9536

Planned Funding(\$): \$0

Procurement/Assistance Instrument:

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Deloitte Consulting Limited

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Fac Based/RFE

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1197.08

System ID: 6510

Planned Funding(\$): \$16,610,554

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 Area Programs: MTCT - PMTCT

Sub-Partner: AFRICARE Zanzibar

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Afya Women's Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Consolata sisters Allamano Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Archdiocese of Arusha

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Centre for Counselling, Health & Nutrition

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Jipeni Moyo Women and Community Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Diocese of Central Tanganyika

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

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 Area Programs: MTCT - PMTCT

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 Area Programs: MTCT - PMTCT

Sub-Partner: Faraja Orphans and Training Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Family Health International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Ikwiriri Mission Clinic and Dispensary

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Kikundi cha Wajane Kondo

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Lugoda Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: Mwanza Outreach Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT
Sub-Partner: Pamoja Tupambane na UKIMWI
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: The Mosques Council of Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Uhakika Kituo cha Ushauri Nasaha
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: Ukerewe Adventist Community Health Outreach Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Umoja wa Majeshi Kibaha, Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: African Palliative Care Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Africare
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Alpha Dancing Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

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

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Tanzania Women Lawyers Association (TAWLA)
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Tanzania Network of Women Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Cultural Practice
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Apex Engineering
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

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 Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: Archdiocese of Mwanza
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services
Sub-Partner: Allamano Centre, Iringa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: Emerging Markets
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: Dodoma Regional Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services
Sub-Partner: Mafinga District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Iringa Regional Hospital, Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Bulongwa Lutheran Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Ilembula PMTCT Centre
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Makiungu Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC

Mechanism Name: DCC

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8838.08

System ID: 9538

Planned Funding(\$): \$0

Procurement/Assistance Instrument:

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: 1511.08

System ID: 6511

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: 2369.08

System ID: 6512

Planned Funding(\$): \$8,688,236

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 Area Programs: MTCT - PMTCT

Sub-Partner: John Snow, Inc.

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1158.08
System ID: 6513
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 Area Programs: MTCT - PMTCT

Sub-Partner: Kilimanjaro Christian Medical Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Masasi District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Newala District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Tandahimba District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Nkinga Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Urambo District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Uyui District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Maswa District Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5096.08
System ID: 6514
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 Area Programs: MTCT - PMTCT

Sub-Partner: Mbulu Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name: YouthNet

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1321.08
System ID: 6515
Planned Funding(\$): \$0
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1219.08
System ID: 6516
Planned Funding(\$): \$1,800,000
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: 3490.08
System ID: 6517
Planned Funding(\$): \$3,593,286
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
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: PATH
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Howard University/PACE Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: AngloCharity Dispensary
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Tunduma Holy Family Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Tunduma Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Taqwa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Makambako Health Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Makambako Women's Development Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: ABC-Tunduma
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Voices for Humanity
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church in Tanzania - Southern Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: UJANA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4907.08
System ID: 6518
Planned Funding(\$): \$4,905,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Africare
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: African Medical and Research Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Tanzania Gender & Networking Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Instituto Promundo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Femina TV Talk Show

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: TRACE
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: National Organization of Peer Educators
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Dhi Nureyn Islamic Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Support Makete to Self Support
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Usawa Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Family Life Action Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
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 Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7862.08
System ID: 7862
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Geneva Global
New Partner: Yes

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1513.08
System ID: 6519
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: 3621.08
System ID: 6520
Planned Funding(\$): \$9,410,600
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 Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

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

Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7567.08
System ID: 7567
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ifakara Research Center
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5258.08
System ID: 6521
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: International Broadcasting Bureau, Voice of America
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3532.08
System ID: 6522
Planned Funding(\$): \$200,000
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: 3501.08
System ID: 6523
Planned Funding(\$): \$912,500
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 Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Tanzania Young Women's Christian Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Tanzania Scouts Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Tanzania Young Men's Christian Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Global Development Alliance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4108.08
System ID: 6524
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International Youth Foundation
New Partner: No

Mechanism Name: CAPACITY

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1225.08
System ID: 6525
Planned Funding(\$): \$3,760,000
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 Area Programs: HKID - OVC

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Waliokatika Mapambano Ya Ukimwi Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5218.08

System ID: 6526

Planned Funding(\$): \$2,010,000

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Mechanism Name: TACARE Project

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4900.08

System ID: 6527

Planned Funding(\$): \$130,000

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 Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: God's Ambassadors Development Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Deeper Christian Life Ministry

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: UMFAA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Baptist Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1171.08
System ID: 6528
Planned Funding(\$): \$743,016
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: 1192.08
System ID: 6529
Planned Funding(\$): \$2,213,249
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

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7625.08
System ID: 7625
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: 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: 1028.08

System ID: 6530

Planned Funding(\$): \$1,340,725

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 Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Iringa Residential and Training Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Serve Tanzania (SETA)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mango Tree

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Igogwe Roman Catholic Mission Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Diocese of Western Tanganyika

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Oak Tree Tanzania;
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Namanyere Roman Catholic Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: SEDECO-Service Development Cooperative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing
Sub-Partner: Umoja Social Support and Counseling Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Mbeya Regional Medical Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Ruvuma Regional Medical Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Rukwa Regional Medical Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Kilimanjaro

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8839.08
System ID: 9560
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kilimanjaro International
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3548.08
System ID: 6531
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kilombero Community Trust
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1209.08
System ID: 6532
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: No

Mechanism Name: M&L

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1215.08
System ID: 6533
Planned Funding(\$): \$1,740,000
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

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Tanzania Commission for AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Ministry of Health and Social Welfare, Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1441.08
System ID: 6534
Planned Funding(\$): \$413,417
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: SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9564.08
System ID: 9564
Planned Funding(\$): \$200,000
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

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7570.08
System ID: 7570
Planned Funding(\$): \$2,778,389
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Mbeya HIV Network Tanzania
New Partner: Yes
Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Oak Tree Tanzania;
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Serve Tanzania (SETA)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Iringa Residential and Training Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Igogwe Roman Catholic Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Umoja Social Support and Counseling Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Anglican Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Mango Tree
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Moravian Church Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Mbozi Mission Hospital VCT Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

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 Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: ABC-Tunduma
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Mbeya HIV Network Tanzania

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8625.08
System ID: 9565
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Mbeya HIV Network Tanzania
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1027.08
System ID: 6535
Planned Funding(\$): \$4,143,670
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Mbeya Referral Hospital
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1135.08
System ID: 6536
Planned Funding(\$): \$3,888,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Mbeya Regional Medical Office
New Partner: No

Mechanism Name: MEDA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5241.08
System ID: 6537
Planned Funding(\$): \$700,000
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: 4083.08
System ID: 6538
Planned Funding(\$): \$750,000
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
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Kilimanjaro Christian Medical Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Regional Medical Office/Ministry of Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Rainbow Centre - Moshi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	6516.08	<p>Early funding is requested for Mildmay to support expansion of palliative care activities into a new region of Tabora. This expansion is part of the regionalization exercise for the palliative care partners. Mildmay has a model home-based palliative care program comprising a cadre of trained health professional in Kilimanjaro, and established patient support centers that act as referral hub for home-based care (HBC) services, especially linking Care in facilities and the community.</p> <p>The early funding will provide Mildmay with funds to initiate HBC in Tabora Region with a model developed in Kilimanjaro to support the national program, using the basic service package and wraparound possibilities in the community. Mildmay will carry out a situation analysis of palliative care and engage with government structures to set up HBC services and initiate work in Tabora region by establishing an office, staff recruitment and orientation.</p>	\$500,000	\$750,000

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3511.08

System ID: 6539

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

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: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4920.08

System ID: 6540

Planned Funding(\$): \$3,500,000

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1130.08
System ID: 6541
Planned Funding(\$): \$2,515,680
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 Area Programs: HMBL - Blood Safety

Mechanism Name: ZACP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4781.08
System ID: 6542
Planned Funding(\$): \$2,117,000
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

Mechanism Name: MUCHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9308.08
System ID: 9308
Planned Funding(\$): \$100,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDSTAR II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7930.08
System ID: 7930
Planned Funding(\$): \$340,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Families Matter

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6160.08
System ID: 7910
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Fishing Camp

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6162.08
System ID: 6462
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: IP Audit

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8027.08
System ID: 8027
Planned Funding(\$): \$325,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Male circumcision assessment

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6161.08

System ID: 9494

Planned Funding(\$): \$0

Procurement/Assistance Instrument:

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8872.08

System ID: 8872

Planned Funding(\$): \$485,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Nutrition

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6165.08

System ID: 6464

Planned Funding(\$): \$1,250,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: PEPFAR II Track 1.0 ART CRS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7946.08

System ID: 7946

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR II Track 1.0 CU

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7948.08
System ID: 7948
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 EGPAF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7949.08
System ID: 7949
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 Harvard

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7947.08
System ID: 7947
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PHE TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8703.08
System ID: 8703
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PHE TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8704.08
System ID: 8704
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PwP Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6164.08
System ID: 6463
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Tx Performance Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8705.08
System ID: 8705
Planned Funding(\$): \$6,091,544
Procurement/Assistance Instrument: Contract
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Unallocated M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8706.08
System ID: 8706
Planned Funding(\$): \$5,848,624
Procurement/Assistance Instrument: Contract
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4084.08
System ID: 6474
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: AB Program Evaluation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5187.08
System ID: 6484
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: ARV Tx Multi Country

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8033.08
System ID: 8033
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: BCC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8549.08
System ID: 8549
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CT Eval Multi Country

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8032.08
System ID: 8032
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: CT follow on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4976.08
System ID: 6482
Planned Funding(\$): \$2,750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: CT Technical Evaluation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6176.08
System ID: 6467
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: CT Test Day

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4902.08
System ID: 6479
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: District Strengthening

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8121.08
System ID: 8121
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: DOD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4124.08
System ID: 6476
Planned Funding(\$): \$952,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Hotline

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8550.08
System ID: 8550
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: IEC Materials

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8117.08
System ID: 8117
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Insurance PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6175.08
System ID: 6466
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: IP DQA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8241.08
System ID: 8241
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Local CoAg

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5220.08
System ID: 6485
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Local Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4901.08
System ID: 6478
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: M&E Grad Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8235.08
System ID: 8235
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: M&E Resident Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8244.08
System ID: 8244
Planned Funding(\$): \$1,800,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Male Involvement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4903.08
System ID: 6480
Planned Funding(\$): \$2,360,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: MARPS in DSM - Interventions

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4922.08
System ID: 6481
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Muhimbili

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8551.08
System ID: 8551
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: MVCC for CBOs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8239.08
System ID: 8239
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: OVC Employability

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8036.08
System ID: 8036
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Palliative Care Follow on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3740.08
System ID: 6473
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Pediatric AIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5293.08
System ID: 6469
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Pediatrics Multi Country

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8034.08
System ID: 8034
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PlayPumps

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5098.08
System ID: 6483
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PLHAs Agents of Change

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8236.08
System ID: 8236
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Policy

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8119.08

System ID: 8119

Planned Funding(\$): \$1,775,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Sub-Partner: Anti-Female Genital Mutilation Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Legal And Human Rights Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Gender & Networking Programme

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Women Lawyers Association (TAWLA)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Christian Council of Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Africa Alive Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: PPP Solar Power

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8023.08
System ID: 8023
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PPP-Lake Zone

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8024.08
System ID: 8024
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Sesame Street

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6182.08
System ID: 6468
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: STI Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8237.08
System ID: 8237
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: STRADCOM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4023.08
System ID: 6472
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Treatment Site Graduation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4122.08
System ID: 6475
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TZ Police and Prisons

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6174.08
System ID: 6465
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Uniformed Forces Prev Prog

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5244.08
System ID: 6486
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Universal CT PHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8238.08
System ID: 8238
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Zanzibar MARPS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3603.08
System ID: 9497
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 5294.08
System ID: 6470
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: 8289.08
System ID: 8289
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: 1056.08
System ID: 6543
Planned Funding(\$): \$2,850,000
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 Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: University of Dar es Salaam, University Computing Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Tanzania Youth Aware Trust Fund (TAYOA)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: AIDS Business Coalition
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1153.08
System ID: 6544
Planned Funding(\$): \$1,620,000
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 Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1253.08
System ID: 6545
Planned Funding(\$): \$2,350,000
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: 5257.08
System ID: 6546
Planned Funding(\$): \$371,000
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:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1109.08

System ID: 6547

Planned Funding(\$): \$5,000,000

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 Area Programs: HKID - OVC

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Family Health International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Jane Goodall Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Kagera Development And Credit Revolving Fund

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Karagwe District Education Fund

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Karagwe Youth Development Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Rulenge Diocesan Development Office
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Saidia Wazee Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Tabora NGOs Cluster
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Tukolene Youth Development Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Youth Advisory and Development Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4790.08
System ID: 6548
Planned Funding(\$): \$30,703,193
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 Area Programs: HTXD - ARV Drugs

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Voxiva, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: PATH

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing, HTXD - ARV Drugs

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3745.08

System ID: 6549

Planned Funding(\$): \$3,467,850

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: 1415.08

System ID: 6550

Planned Funding(\$): \$5,800,000

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 Area Programs: HVCT - Counseling and Testing

Sub-Partner: Tanga Aids Working Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Axios Partnerships in Tanzania

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Waliokatika Mapambano Ya Ukimwi Tanzania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1136.08
System ID: 6551
Planned Funding(\$): \$4,305,700
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 Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Tanzania Prisons Service
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Tanzania Police Forces
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7408.08
System ID: 7408
Planned Funding(\$): \$2,847,500
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 Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Tanzania Prisons Service
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7578.08
System ID: 7578
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: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3623.08
System ID: 6552
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7626.08
System ID: 7626
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2244.08
System ID: 6553
Planned Funding(\$): \$9,372,111
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7571.08
System ID: 7571
Planned Funding(\$): \$895,160
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Resource Oriented Development Initiatives
New Partner: Yes

Sub-Partner: Anglican Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

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 Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Kirando Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: RODI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8626.08

System ID: 9587

Planned Funding(\$): \$0

Procurement/Assistance Instrument:

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: Resource Oriented Development Initiatives

New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1138.08

System ID: 6554

Planned Funding(\$): \$2,285,000

Procurement/Assistance Instrument: Contract

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: Rukwa Regional Medical Office

New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7577.08

System ID: 7577

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Rural Urban Development Initiatives

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1139.08
System ID: 6555
Planned Funding(\$): \$2,280,000
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 Area Programs: MTCT - PMTCT

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3502.08
System ID: 6556
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: 3506.08
System ID: 6557
Planned Funding(\$): \$1,120,000
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: 5240.08
System ID: 6558
Planned Funding(\$): \$700,000
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: 7573.08
System ID: 7573
Planned Funding(\$): \$410,000
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: Yes

Sub-Partner: National Institute for Medical Research
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4082.08
System ID: 6559
Planned Funding(\$): \$1,613,568
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: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7580.08
System ID: 7580
Planned Funding(\$): \$738,566
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: SONGONET-HIV Ruvuma
New Partner: Yes

Sub-Partner: SEDECO-Service Development Cooperative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Peramiho Roman Catholic Mission Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: SONOGONUT-HIV Ruvuma
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

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 Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: SONGO-NET

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8627.08
System ID: 9594
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: SONGONET-HIV Ruvuma
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SUNY

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5219.08
System ID: 6560
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: State University of New York
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7569.08
System ID: 7569
Planned Funding(\$): \$2,930,000
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: Yes

Sub-Partner: Media for International Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HTXS - ARV Services

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7572.08
System ID: 7572
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The ACQUIRE Project
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7878.08
System ID: 7878
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: Yes

Mechanism Name: Health Policy Initiative (HPI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3616.08
System ID: 6561
Planned Funding(\$): \$0
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: 7922.08
System ID: 7922
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: Yes

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8546.08
System ID: 8546
Planned Funding(\$): \$730,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8548.08
System ID: 8548
Planned Funding(\$): \$300,000
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

Mechanism Name: CTC2 Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8068.08
System ID: 8068
Planned Funding(\$): \$250,000
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 Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3538.08
System ID: 6562
Planned Funding(\$): \$0
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: PMTCT Support (UTAP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8545.08
System ID: 8545
Planned Funding(\$): \$631,493
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1213.08
System ID: 6563
Planned Funding(\$): \$100,000
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: 7574.08
System ID: 7574
Planned Funding(\$): \$220,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of Rhode Island
New Partner: Yes

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4960.08
System ID: 6564
Planned Funding(\$): \$3,558,983
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 Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Francois Xavier Bagnoud Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1199.08
System ID: 6565
Planned Funding(\$): \$1,600,000
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

Mechanism Name: M&S

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1228.08
System ID: 6566
Planned Funding(\$): \$7,170,376
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: Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1470.08
System ID: 6567
Planned Funding(\$): \$3,783,000
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	9576.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$167,910	\$167,910
14-OHPS	9575.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$88,000	\$88,000
05-HVOP	16374.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$7,800	\$7,800
06-HBHC	9419.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$74,300	\$74,300
11-HTXS	9399.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$150,829	\$150,829
02-HVAB	9423.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$289,961	\$289,961
03-HMBL	9473.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$56,400	\$56,400

07-HVTB	9250.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$89,000	\$89,000
15-HVMS	3521.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$2,614,167	\$2,614,167
01-MTCT	9433.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$37,635	\$37,635
09-HVCT	9608.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$42,600	\$42,600
12-HLAB	9475.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$164,398	\$164,398

Mechanism Name: GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4950.08

System ID: 6568

Planned Funding(\$): \$6,769,171

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 Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National Institute for Medical Research

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	5353.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$401,500	\$2,498,802
01-MTCT	3518.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$251,396	\$276,365
13-HVSI	3519.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$600,000	\$1,600,100

Mechanism Name: M&S**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 1143.08**System ID:** 6569**Planned Funding(\$):** \$1,845,234**Procurement/Assistance Instrument:** USG Core**Agency:** Department of Defense**Funding Source:** GHCS (State)**Prime Partner:** US Department of Defense**New Partner:** No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CSCS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7438.08

System ID: 7438

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

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Department of State

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	16461.08	Early funding is requested to a) cover salaries, training, travel and housing so that program operations do not cease and b) cover any non personal services contracts that will expire prior to April 30, 2008. It is understood that these early funds are requested for ongoing, necessary activities and are not for discretionary or new activities.	\$100,000	\$100,000

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7437.08

System ID: 7437

Planned Funding(\$): \$611,598

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Mechanism Name: M&S

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1442.08

System ID: 6570

Planned Funding(\$): \$548,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Grants

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8067.08
System ID: 8067
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7629.08
System ID: 7629
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: US National Institutes of Health
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1026.08
System ID: 6571
Planned Funding(\$): \$1,097,100
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: P4H

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8553.08
System ID: 8553
Planned Funding(\$): \$950,000
Procurement/Assistance Instrument:
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Voxiva
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4691.08
System ID: 6572
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: WVI Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3504.08
System ID: 6573
Planned Funding(\$): \$396,000
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 Area Programs: HVAB - Abstinence/Be Faithful

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	AIDS Business Coalition	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kay's Hygiene	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Marie Stopes Tanzania	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Ministry of Labor, Youth Development, and Sports, Tanzania	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Muslim Council of Tanzania	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Shely's Pharmaceuticals	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tanzania Football Federation	N	\$0
1175.08	6487	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	The Word and Peace Organization	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Africa Inland Church of Tanzania	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of Tanzania	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Baraza Kuu la Waislam Tanzania -Mwanza	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Deeper Life Christian Ministry Church	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Kilimanjaro Women Fight Against HIV/AIDS	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Mshikamano Cultural Groups	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Seventh Day Adventist Church	N	\$0
3500.08	6488	Adventist Development & Relief Agency	U.S. Agency for International Development	Central GHCS (State)	Youth Advisory and Development Council	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church Diocese of Shinyanga	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church of Tanzania, Shinyanga (Isaka and Nzega)	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	African Inland Church of Tanzania, Shinyanga VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Aga Khan Medical Centre Morogoro	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Al Jumaa Mosque Charitable Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church Central Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church of Tanzania - Diocese of Mara	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Anglican Church of Tanzania - Diocese of Tanga	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Biharamulo District Council	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bukoba Rural District Council	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bunda Designated District Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Bwambo Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Chama cha Uzazi na Malezi Bora Tanzania (UMATI)	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Chumbageni VCT Centre, Tanga	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Dareda Mission Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Southern Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Central Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Karagwe Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Southern Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania, Same Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Faraja	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Hope Clinic	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ifakara Research Center	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Karagwe VCT Site	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Katandala Health Centre VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kazilankanda Dispensary VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kigoma Clinic VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Kilimatinde VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Machame Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Magomeni Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Magomeni Seventh Day Adventist VCT	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makambako VCT Site	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makete VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makongoro Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mara Conference of Seventh Day Adventists, Musoma	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Marangu Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Matumaini VCT Centre - Mugumu - Kanisa la Menonite Tanzania	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mennonite Church in Tanzania	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mnazi Mmoja Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mnazi Mmoja Referral Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moravian VCT Centre Tabora	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Muhimbili Health Information Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mvumi Hospital VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Mwambani Designated District Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ngara Voluntary Counseling & Testing Site	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Njombe VCT Centre Evangelical Lutheran Church of Tanzania Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nyakahanga Designated District Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nyangao Hospital VCT Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nzega District Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Diocese of Rulenge	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Diocese of Sumbawanga	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Roman Catholic Njombe Diocese	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Same District Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Seventh Day Adventist Makao Mapya VCT Site Arusha	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Shirati Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Songea Municipal Council	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St Walburg Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St. Benedictine Ndanda Hospital	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	St. Francis Hospital, Ifakara	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Sumbawanga Municipal Council	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Temeke Seventh Day Adventist VCT	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tumaini VCT Centre Korogwe	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tunduma Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Tunduma Holy Family Health Centre	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uhai Baptist Centre Mbeya	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uviwana Dispensary (& VCT Centre)	N	\$0
1182.08	6489	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Uzima Counseling Centre	N	\$0
7575.08	7575	African Wildlife Foundation	U.S. Agency for International Development	GHCS (State)	Babati District Council	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Adopt Africa	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Baraza la Akina Mama wa Kiislamu	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Child Parents & Destitute Foundation	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Evangelical Assemblies of God	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Faraja Human Development Fund	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Kongwa Huduma kwa Watoto Yatima, na Malaria	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Muzdalifa Orphan Centre	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Pamoja Tupambane na UKIMWI	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Save HIV/AIDS Orphans Tanzania Foundation	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Shukurani	N	\$0
1169.08	6493	Africare	U.S. Agency for International Development	GHCS (State)	Ukimwi na Jamii Kibaigwa	N	\$0
3555.08	6495	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Boulder Community Hospital	N	\$0
3555.08	6495	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Evangelical Lutheran Church of Tanzania Diocese of Pare	N	\$0
3555.08	6495	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Gonja Hospital	N	\$0
3555.08	6495	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Southeastern Synod of Lowa Evangelical Lutheran Church in America	N	\$0
1508.08	6496	American Red Cross	U.S. Agency for International Development	Central GHCS (State)	Tanzanian Red Cross Society	N	\$0
4896.08	6499	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	Christian Council of Tanzania	N	\$0
4896.08	6499	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Muslim Council of Tanzania	N	\$0
4896.08	6499	Balm in Gilead	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzania Episcopal Conference (TEC)	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bombo Regional Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bumbuli Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bunda Designated District Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures Group	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	District Designated Hospital/Hospitali Tuele Muheza	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Geita District Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Interchurch Medical Assistance	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Lushoto District Hospital	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Magu Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Makongoro Health Centre	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Musoma Regional Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ngudu Dist Hospital (Kwimba)	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Pangani District Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sekou Toure Regional Hospital, Mwanza	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Luke Health Centre	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sumve Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Tarime District Hospital	N	\$0
2368.08	6504	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	University of Maryland, Institute of Human Virology	N	\$0
5027.08	6505	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Roman Catholic Njombe Diocese	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baptist Hospital	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Biharamulo Designated District Hospital PMTCT Centre	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bugando Medical Centre	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bukoba Rural District Council	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Deloitte Touche Tohmatsu	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kagera Regional Hospital	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kigoma Municipal Council	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mchukwi Mission Hospital	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medecins du Monde	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ndolage Hospital	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyakahanga Designated District Hospital	N	\$0
1221.08	6509	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ocean Road Cancer Institute	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	African Inland Church Diocese of Mwanza	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	African Palliative Care Association	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	AFRICARE Zanzibar	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Afya Women's Group	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Allamano Centre, Iringa	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Alpha Dancing Group	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Apex Engineering	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Arusha	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Mwanza	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Archdiocese of Mwanza, Faraja Community Outreach Program	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Bulongwa Lutheran Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Centre for Counselling, Health & Nutrition	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Consolata sisters Allamano Centre	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Cultural Practice	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Diocese of Central Tanganyika	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Dodoma Regional Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Emerging Markets	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - East of Lake Victoria Diocese	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Northern Diocese, Karatu Lutheran Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Faraja Orphans and Training Center	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ikwiriri Mission Clinic and Dispensary	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ilembula PMTCT Centre	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Iringa Regional Hospital, Tanzania	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Jipeni Moyo Women and Community Organization	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Kikundi cha Wajane Kondo	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Lugoda Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Mafinga District Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Makiungu Hospital	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Mwanza Outreach Group	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Pamoja Tupambane na UKIMWI	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Promotion of Rural Initiatives and Development Enterprises Limited - Pride Tanzania	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Tanzania Network of Women Living with HIV/AIDS	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Tanzania Women Lawyers Association (TAWLA)	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	The Mosques Council of Tanzania	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Uhakika Kituo cha Ushauri Nasaha	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Ukerewe Adventist Community Health Outreach Project	N	\$0
1197.08	6510	Deloitte Consulting Limited	U.S. Agency for International Development	GHCS (State)	Umoja wa Majeshi Kibaha, Tanzania	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Karatu Designated District Hospital	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kilimanjaro Christian Medical Centre	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Masasi District Council	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Maswa District Council	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Newala District Council	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nkinga Mission Hospital	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Tandahimba District Council	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Urambo District Council	N	\$0
1158.08	6513	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Uyui District Council	N	\$0
2369.08	6512	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	John Snow, Inc.	N	\$0
2369.08	6512	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of California at San Francisco	N	\$0
5096.08	6514	Engender Health	U.S. Agency for International Development	GHCS (State)	Hanang Hospital	N	\$0
5096.08	6514	Engender Health	U.S. Agency for International Development	GHCS (State)	Mbulu Hospital	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	ABC-Tunduma	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	AngloCharity Dispensary	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - Southern Diocese	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Howard University/PACE Center	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Makambako Health Centre	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Makambako Women's Development Association	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	PATH	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Solidarity Center	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Taqwa	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Tunduma Health Centre	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Tunduma Holy Family Health Centre	N	\$0
3490.08	6517	Family Health International	U.S. Agency for International Development	GHCS (State)	Voices for Humanity	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	African Medical and Research Foundation	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Africare	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Anti-Female Genital Mutilation Network	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Dhi Nureyn Islamic Foundation	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church in Tanzania - South Central Diocese	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Family Life Action Trust	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Femina TV Talk Show	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Instituto Promundo	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Support Makete to Self Support	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Tanzania Gender & Networking Programme	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	TRACE	N	\$0
4907.08	6518	Family Health International	U.S. Agency for International Development	GHCS (State)	Usawa Group	N	\$0
3621.08	6520	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Dar es Salaam City Council	N	\$0
3621.08	6520	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
3501.08	6523	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Scouts Association	N	\$0
3501.08	6523	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Young Men's Christian Association	N	\$0
3501.08	6523	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzania Young Women's Christian Association	N	\$0
3501.08	6523	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Tanzanian Red Cross Society	N	\$0
1225.08	6525	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	AIDS Business Coalition	N	\$0
1225.08	6525	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	National Institute for Medical Research	N	\$0
1225.08	6525	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Waliokatika Mapambano Ya Ukimwi Tanzania	N	\$0
5218.08	6526	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Dar es Salaam, University Computing Center	N	\$0
4900.08	6527	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Baptist Hospital	N	\$0
4900.08	6527	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Deeper Christian Life Ministry	N	\$0
4900.08	6527	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	God's Ambassadors Development Organization	N	\$0
4900.08	6527	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	Seventh Day Adventist Church	N	\$0
4900.08	6527	Jane Goodall Institute	U.S. Agency for International Development	GHCS (State)	UMFAA	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Anglican Diocese of Western Tanganyika	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Igowe Roman Catholic Mission Hospital	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Iringa Residential and Training Foundation	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Mango Tree	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Mbeya Regional Medical Office	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Namanyere Roman Catholic Mission Hospital	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Oak Tree Tanzania;	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Roman Catholic Diocese of Mbeya	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Rukwa Regional Medical Office	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Ruvuma Regional Medical Office	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	SEDECO-Service Development Cooperative	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Serve Tanzania (SETA)	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);	N	\$0
1028.08	6530	Kikundi Huduma Majumbani	Department of Defense	GHCS (State)	Umoja Social Support and Counseling Association	N	\$0
1215.08	6533	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ministry of Health - Zanzibar, Tanzania	N	\$0
1215.08	6533	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ministry of Health and Social Welfare, Tanzania	N	\$0
1215.08	6533	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Tanzania Commission for AIDS	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	ABC-Tunduma	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Anglican Church	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Evangelical Lutheran Church of Tanzania Konde Diocese	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Igowe Roman Catholic Mission Hospital	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Iringa Residential and Training Foundation	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Mango Tree	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Mbozi Mission Hospital VCT Centre	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Moravian Church Mission Hospital	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Moravian Mission Hospital in Mbozi	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Oak Tree Tanzania;	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Serve Tanzania (SETA)	N	\$0
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7570.08	7570	Mbeya HIV Network Tanzania	Department of Defense	GHCS (State)	Umoja Social Support and Counseling Association	N	\$0
4083.08	6538	Mildmay International	U.S. Agency for International Development	GHCS (State)	Kikundi cha Wanawake Kilimanjaro Kupambana na Ukimwi wa Kiwakkuki	N	\$0
4083.08	6538	Mildmay International	U.S. Agency for International Development	GHCS (State)	Kilimanjaro Christian Medical Centre	N	\$0
4083.08	6538	Mildmay International	U.S. Agency for International Development	GHCS (State)	Rainbow Centre - Moshi	N	\$0
4083.08	6538	Mildmay International	U.S. Agency for International Development	GHCS (State)	Regional Medical Office/Ministry of Health	N	\$0
1130.08	6541	Ministry of Health and Social Welfare, Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzanian Red Cross Society	N	\$0
1056.08	6543	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Business Coalition	N	\$0
1056.08	6543	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhimbili University College of Health Sciences	N	\$0
1056.08	6543	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanzania Youth Aware Trust Fund (TAYOA)	N	\$0
1056.08	6543	National AIDS Control Program Tanzania	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Dar es Salaam, University Computing Center	N	\$0
1153.08	6544	National Institute for Medical Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Health and Social Welfare, Tanzania	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Department of Social Welfare	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church of Tanzania Karagwe Diocese	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Jane Goodall Institute	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Kagera Development And Credit Revolving Fund	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Karagwe District Education Fund	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Karagwe Youth Development Network	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rulenge Diocesan Development Office	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Saidia Wazee Tanzania	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tabora NGOs Cluster	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tukolene Youth Development Centre	N	\$0
1109.08	6547	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Youth Advisory and Development Council	N	\$0
4790.08	6548	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents	N	\$0
4790.08	6548	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
4790.08	6548	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	PATH	N	\$0
4790.08	6548	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva, Inc.	N	\$0
1415.08	6550	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Axios Partnerships in Tanzania	N	\$0
1415.08	6550	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Interchurch Medical Assistance	N	\$0
1415.08	6550	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tanga Aids Working Group	N	\$0
1415.08	6550	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Waliokatika Mapambano Ya Ukimwi Tanzania	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1136.08	6551	PharmAccess	Department of Defense	GHCS (State)	Lugalo Military Hospital	N	\$0
1136.08	6551	PharmAccess	Department of Defense	GHCS (State)	Tanzania Police Forces	N	\$0
1136.08	6551	PharmAccess	Department of Defense	GHCS (State)	Tanzania Prisons Service	N	\$0
7408.08	7408	PharmAccess	U.S. Agency for International Development	GHCS (State)	Tanzania Police Forces	N	\$0
7408.08	7408	PharmAccess	U.S. Agency for International Development	GHCS (State)	Tanzania Prisons Service	N	\$0
7571.08	7571	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Anglican Church	N	\$0
7571.08	7571	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Kirando Hospital	N	\$0
7571.08	7571	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Namanyere Roman Catholic Mission Hospital	N	\$0
7571.08	7571	Resource Oriented Development Initiatives	Department of Defense	GHCS (State)	Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)	N	\$0
1139.08	6555	Ruvuma Regional Medical Office	Department of Defense	GHCS (State)	Peramiho Roman Catholic Mission Hospital	N	\$0
7573.08	7573	Savannas Forever Tanzania / World Wildlife Fund Tanzania	U.S. Agency for International Development	GHCS (State)	National Institute for Medical Research	N	\$0
7580.08	7580	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	Peramiho Roman Catholic Mission Hospital	N	\$0
7580.08	7580	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	SEDECO-Service Development Cooperative	N	\$0
7580.08	7580	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	Service Health Development for People Living Positevely with HIV/AIDS (SHIDEPHA)	N	\$0
7580.08	7580	SONGONET-HIV Ruvuma	Department of Defense	GHCS (State)	SONOGONUT-HIV Ruvuma	N	\$0
7569.08	7569	Strategic Radio Communication for Development	U.S. Agency for International Development	GHCS (State)	Media for International Development	N	\$0
4960.08	6564	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Francois Xavier Bagnoud Center	N	\$0
4960.08	6564	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	IntraHealth International, Inc	N	\$0
4960.08	6564	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
4950.08	6568	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Institute for Medical Research	N	\$0
4950.08	6568	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of California at San Francisco	N	\$0
3504.08	6573	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 Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$22,372,346

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

With more than 1.4 million births annually and 8.7% HIV prevalence at antenatal clinics (ANC), approximately 122,000 HIV+ women deliver annually in Tanzania. Assuming a 35% transmission rate without intervention, an estimated 42,000 children will become HIV-infected each year. About 98% of pregnant women attend ANC at least once, which provides an excellent opportunity to prevent pediatric HIV infections and provide care and ART for HIV+ women and their families. The Government of Tanzania (GOT) has expanded PMTCT services from five sites in FY 2004 to 659 sites (323 dispensaries, 191 health centers, 137 hospitals, eight refugee camps) in FY 2007, of which 502 (76%) are directly supported by USG. Moreover, 490,150 pregnant women attending ANC and labor and delivery (L&D) are expected to receive counseling and testing (CT) by the end of FY 2007 at USG-supported sites, representing 35% of all ANC attendees nationally. Current uptake of CT at ANC is 86%, and is expected to improve as routine CT is more widely implemented. In addition, USG supported early infant diagnosis services in FY 2007; 680 infants were tested at one site by June 2007. Despite the considerable expansion of PMTCT, only 12% of health facilities currently provide PMTCT services. In order to further strengthen the program, significant improvements are needed: increased access to services; increased utilization of CT services at L&D wards; increased uptake of ARV prophylaxis; strengthened postnatal follow-up and infant feeding support; increased provision of basic preventive care to mothers and infants; and strengthened linkages to care and ART. An additional concern is the weak referral systems between PMTCT and ARV services. Between October 2006 and March 2007, only 2.7% of new ART patients were pregnant women. To rapidly expand comprehensive PMTCT services, and align better with the USG 5-Year Strategy, USG will 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 are expected to work with regional and district authorities to coordinate and strengthen implementation of PMTCT sites and linkages between PMTCT and adult and pediatric care and ART, including early infant diagnosis. By March 2008, MOHSW will have fully shifted from a role of implementation to a role of national program coordination and management. Regionalization of PMTCT will follow the success of ART regionalization, address staffing constraints at MOHSW, strengthen linkages between ART and PMTCT services, and support an integrated approach to care and treatment. In that ART and PMTCT services will be supported by the same USG partners, we expect that referral systems between PMTCT and ARV services will be strengthened.

The following are FY 2008 priorities: a) increase coverage of PMTCT services; b) increase uptake of PMTCT ARVs and more efficacious regimens; c) increase child follow-up (including infant diagnosis and cotrimoxazole (CTX); and d) strengthen PMTCT M&E. USG will support primarily ART partners to expand PMTCT to 1,000 sites by the end of FY 2008 and 1,270 sites by the end of FY 2009. In using a district network approach, implementing partners will provide technical assistance and mentoring to district health authorities rather than solely providing facility-based support. USG will also work with care and ART partners to implement: provider-initiated counseling and testing; WHO-tiered ARV approach; support for exclusive breastfeeding with early weaning; growth monitoring; nutritional supplementation; CTX prophylaxis for HIV-exposed infants; infant diagnosis by dried blood spot (DBS) DNA PCR or other methods; TB screening; family planning; and bed-nets for exposed infants and HIV+ pregnant women. PLWHA groups will be used to assist with referrals and follow-up, and invitation letters will be used as one way to increase male involvement. 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). To ensure all HIV+ pregnant women receive at least the minimum ARV prophylaxis regimen, the MOHSW adopted a new policy to provide single dose Nevirapine (SD NVP) at time of HIV diagnosis rather than waiting until 28 weeks of gestational age as previously practiced. More efficacious regimens will be implemented where capacity allows. Partners will ensure that all ART sites with ANC or L&D are providing PMTCT services and strengthen referrals between PMTCT and care and ART programs. ART partners will prioritize activities at urban, high-volume, high prevalence sites to maximize impact. Traditional Birth Attendants (TBAs) and local communities will be sensitized to support HIV+ mothers to access PMTCT services, refer them to deliver in health facilities, and assist with follow-up. Radio will be used as an additional community sensitization media. To ensure effective PMTCT-ART linkages, quality improvement teams will be formed at sites to develop facility-based referral mechanisms; the team will also work with smaller PMTCT facilities surrounding hospitals to maximize referrals upward to ART centers. In FY 2008, 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 treatment (9%) than most African countries (median 7%), the proportion is significantly below the GOT target of 25%. A USG-funded assessment of the barriers to pediatric care identified a number of areas where policy changes and technical assistance should increase the number of children in care. In FY 2008, these activities will include active identification of HIV-exposed infants and initiation of HIV care at immunization clinics, raising health care worker awareness and clinical skills in pediatric care, promotion of provider-initiated testing among children, and recording mothers' HIV-status to the child health card. A particular focus will be to develop regional networks for the diagnosis of early pediatric HIV infection through DBS PCR testing. Out of the PEPFAR Tanzania funds received in addition to the country budget, \$1,000,000 is dedicated for early infant diagnosis, with \$200,000 going toward implementation and \$800,000 to training health care workers and laboratory staff on identification of HIV-exposed infants, specimen collection, transportation, and testing.

In close collaboration with MOHSW, 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 SD NVP, provider-initiated testing, and the development of job aids to support infant feeding counseling. In FY 2008, support will build on these contributions through consistent implementation of the national policy and guidelines; decentralizing supportive supervision to the district level and developing supportive supervision tools; disseminating PMTCT job aids to service sites; and training and retraining service providers. Several other donors also contribute to PMTCT in Tanzania, including the German Agency for Technical Cooperation 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, USG will support the MOHSW to facilitate quarterly PMTCT stakeholders meetings. In addition, to ensure USG-integrated and coordinated PMTCT programs, the USG in-country PMTCT thematic group, including MOHSW, will continue quarterly USG PMTCT partner meetings. Sustainability will be ensured by working within existing health care systems, implementing national guidelines, training curricula (both pre-service and in-service) and monitoring and evaluation tools, building local government capacity, and ensuring PMTCT activities are incorporated into comprehensive council health plans.

Strengthening monitoring and evaluation (M&E) of the PMTCT program is a key focus in FY 2008. USG will provide technical assistance at the national, regional, district, and site levels in the roll-out and implementation of revised M&E tools, promotion of data use and synthesis, and strengthened supportive supervision. In addition, USG will support public health evaluations to: 1) Identify personal and programmatic enablers and barriers to women receiving PMTCT regimens or initiating ART during pregnancy; 2) Examine effectiveness of linkages between PMTCT and care and ART programs; and 3) Determine if training reproductive and child health service providers in non-ART care and clinical staging will lead to an increase in the number of HIV+ pregnant women and HIV-exposed infants enrolled into HIV care and ART. The PMTCT budget for FY 2008 has increased two-fold in order to facilitate implementation of regionalization and to allow this strong program to go further, faster. The proposed activities will be achieved by partners working nationally to inform policy decisions in improving service uptake and strengthening M&E and data use for decision-making. An estimated 871,400 pregnant women attending ANC and L&D at USG-supported sites will receive CT, and 58,700 women will be provided with prophylaxis in FY 2009 using the average national ANC HIV prevalence of 8.7% and an estimated 80% uptake of ARV prophylaxis. This will achieve a 63% national ANC coverage in CT, and a 49% national coverage in prophylaxis uptake at USG sites alone. An estimated 8,000 and 12,000 pediatric infections will be averted in FY 2008 and FY 2009 respectively.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1279
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	871412
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	58696
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	4792

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1182.08	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 3432.08	Planned Funds: \$300,000
Activity System ID: 13424	

Activity Narrative: 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 self-governed 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 HIV-infected 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7671

Related Activity: 13529, 13554, 13582, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23352	3432.23352.09	U.S. Agency for International Development	African Medical and Research Foundation	10065	1182.09	AMREF	\$300,000
7671	3432.07	U.S. Agency for International Development	African Medical and Research Foundation	4512	1182.07	USAID	\$0
3432	3432.06	U.S. Agency for International Development	African Medical and Research Foundation	2852	1182.06	USAID	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13582	3402.08	6555	1139.08		Ruvuma Regional Medical Office	\$350,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,830	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	960	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	90	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2368.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 12379.08

Activity System ID: 13450

Mechanism: N/A

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$2,000,000

Activity Narrative: 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12379

Related Activity: 13473, 13554, 13602, 13448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23358	12379.2335 8.09	HHS/Health Resources Services Administration	Catholic Relief Services	10123	10123.09		\$2,000,000
12379	12379.07	HHS/Health Resources Services Administration	Catholic Relief Services	4525	2368.07	AIDRelief Consortium TZ Budget	\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13473	12382.08	6514	5096.08		Engender Health	\$1,200,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
13448	3471.08	6502	1506.08	Track 1.0	Catholic Relief Services	\$177,057

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	48	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	71,820	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	190	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Babati
Hanang
Kiteto
Mbulu
Simanjiro
Bunda
Musoma
Musoma Urban (prior to 2008)
Serengeti
Tarime
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani
Tanga
Mkinga

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8219.08

Activity System ID: 13457

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$2,040,000

Activity Narrative: TITLE: Expansion of PMTCT-Plus Services in Three Regions of Tanzania

NEED AND ADVANTAGE: Columbia University (CU) will implement PMTCT services in three regions of Tanzania (Kagera, Kigoma, and Pwani) where HIV prevalence ranges from 2% to over 7%. The main focus in 2007 and beyond is 'elimination of MTCT' by ensuring broader coverage, increasing uptake through opt-out testing and counseling, and using more efficacious regimens. Focus will also be on expansion of the early infant diagnosis program to all PMTCT sites.

By September 30, 2009, CU will support 21 district health authorities for PMTCT services in 59 new facilities; approximately 50,600 pregnant women receiving CT; 3,300 pregnant women receiving ARV prophylaxis; 450 health care workers (HCW) training in PMTCT services; and 300 trained in additional infant feeding counseling.

In 10 health centers per region, CU will support establishment of the Reproductive Child Health (RCH) platform which offers integrated CT and treatment services. An additional 30 health centers will provide HIV CT services and clinical care; patients meeting criteria for treatment will be linked with treatment centers and monitored to prevent loss to follow-up.

ACCOMPLISHMENTS: During FY 2006 and FY 2007, three innovative approaches were used to scale-up PMTCT and enhance linkages to HIV care and treatment: 1) Integration of HIV CT within the RCH Platform of services; 2) Use of partner invitation letters for PMTCT; and 3) The PMTCT+ district network. In FY 2006, 19,158 pregnant women received HIV CT, and 827 mother-infant pairs were provided NVP prophylaxis. In FY 2007, approximately 9,720 pregnant women will receive HIV and 340 HIV positive women will receive PMTCT prophylaxis. This takes into account the decreased number of CU supported service outlets due to regionalization.

By June 30th 2007, 790 HIV-exposed infants (HEI) were identified at eight sites and 743 of these were given cotrimoxazole prophylaxis; 161 HIV positive infants were diagnosed through polymerase chain reaction (PCR) HIV-testing via dried blood spot (DBS) and referred to care and treatment clinics.

ACTIVITIES:

1) Expand PMTCT services to 59 new lower level facilities in Kigoma, Kagera and Pwani regions. 1a) Partner with Council Health Management Teams (CHMTs) to plan, implement, and strengthen PMTCT services in the district; 1b) Continue support to 92 existing sites; 1c) Train approximately 280 health care workers (HCW) using the revised national PMTCT curriculum; 1d) Procure HIV test kits and related consumables; 1e) Support implementation of more efficacious PMTCT regimens where capacity allows (NVP 813, AZT+NVP 380, ART 174); 1f) Conduct joint supportive supervision visits with CHMT members; 1g) Establish PMTCT rapid start-up teams in each district; 1h) Establish opt-out counseling and testing in all points of service at RCH clinics and advocate for same-day test results; 1i) Increase male involvement in PMTCT services by provision of partner invitation letters; 1j) Support renovations in the facilities to create room for service delivery; 1k) Support communication and stationary required at the site; 1l) Sensitize traditional birth attendants (TBA) and community-based organizations in each district to promote hospital deliveries, counseling and testing, and to increase utilization of services; 1m) Hire 60 nurse counselors; 1n) Train 300 staff on additional infant feeding counseling;

2) Create linkages to care and treatment. 2a) Establish HIV care clinics in 30 rural health centers. The care clinics will provide services to HIV-infected mothers, their HIV-exposed infants and partners; 2b) Support minor renovations and furniture; 2c) Purchase motorcycles for blood sample transportation; 2d) Supply adult and pediatric cotrimoxazole for prophylaxis; 2e) Supply standard package of opportunistic infection drugs; 2f) Train approximately 280 staff on clinical staging and management of opportunistic infections; 2g) Provide PCR early infant diagnosis HIV-testing via DBS for HEI identified in all PMTCT sites; 2h) Establish two-way referral systems between PMTCT and care and treatment services;

3) Promote adherence to PMTCT regimens, retention into care, and linkages with other programs. 3a) Support formation of family support groups for HIV positive mothers and their families; 3b) Establish linkages with the community by partnering with community-based organizations {e.g. Tanzania Development and AIDS Prevention (TADEPA) in Kagera region} for provision of psychosocial support and home-based care (HBC) services; 3c) Train 10 peer counselors per district on adherence support; 3d) Strengthen linkages with nutrition centers, family planning clinics, and malaria programs providing insecticide treated bednets. CU will work with districts and facilities to identify organizations, such as World Food Program, that can provide food support. Assessment will be based on growth monitoring and national guidelines drawn from WHO; 3e) Establish linkages with PLWHA groups such as Zanzibar Association of People living with HIV and AIDS (ZAPHA+) for promotion of services, psychosocial support, stigma reduction, nutritional support and HBC services.

4) Support the national PMTCT program. 4a) Continue providing technical assistance on policy issues and data use for decision-making; 4b) Provide technical assistance on finalization and roll-out of PMTCT monitoring and evaluation (M&E) tools; 4c) Hire a M&E officer to support the PMTCT program at the national level.

5) Funds will be used to expand the number of family support groups (FSGs) to 5 per region, and improve client recruitment by introducing the buddy system for new HIV positive patients in ANC and Labor and Delivery. Additionally, funds will support ICAP and other USG partners to expand FSGs and document and share experiences across programs.

To improve information sharing and encourage an enabling policy environment for working with PLHAs in the PMTCT program, ICAP will sponsor a DVC to bring together MOH, USG PMTCT partners and other countries implementing FSGs. The program will engage the MOH officials to encourage development of national guidelines and tools. Lastly, locally developed IEC materials with core messages pertinent in PMTCT settings will support counseling sessions for PMTCT services and FSGs. Messages will focus on basic knowledge on HIV transmission, adherence to care, infant feeding, partner disclosure, HIV testing, importance of CD4 count, and positive living.

LINKAGES: CU will partner with community-based and faith-based organizations to support local

Activity Narrative: communities and work closely with PLHAs (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. CU will continue to collaborate with districts supported by the Global Fund and will strengthen linkages between facilities. CU provides technical assistance on implementation and creates linkages for infected mothers, their infants, and partners to the care clinic and to the nutrition program provided by ZAPHA+.

CHECK BOXES: Activities will include training of HCW, partnering with community-based organizations, renovation of infrastructure, and strengthening M&E at the site and national level. The efforts 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.

M&E: a) CU will continue technical support to the National AIDS Control Program in revision and finalization of national M&E tools. Once finalized, CU will work with partners to train, pilot, and implement the tools; b) Data will be collected and reported using national PMTCT tools: ante-natal clinic and labor and delivery 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 92 facilities, 21 districts and three regional offices; f) CU will support implementation of national PMTCT database; 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8219

Related Activity: 13529, 13554, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23355	8219.23355.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$2,274,000
8219	8219.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$1,050,720

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	151	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	50,590	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,520	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	450	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Biharamulo

Biharamulo (prior to 2008)

Bukoba

Bukoba Urban (prior to 2008)

Karagwe

Muleba

Ngara

Chato

Misenye

Kasulu

Kibondo

Kigoma

Kigoma Urban (prior to 2008)

Kibaha

Bagamoyo

Kisarawe

Mafia

Mkuranga

Rufiji

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 12380.08

Activity System ID: 13461

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$2,000,000

Activity Narrative: 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 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

Activity Narrative: (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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12380

Related Activity: 13602, 13463, 13464, 13467, 13541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23353	12380.2335 3.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$2,000,000
12380	12380.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13463	8707.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13464	12463.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	166	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	78,570	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,470	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	710	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Dodoma

Konoo

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Kilolo

Ludewa

Makete

Mufindi

Njombe

Iramba

Manyoni

Singida

Singida Urban (prior to 2008)

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1158.08

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 of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3415.08

Planned Funds: \$4,537,965

Activity System ID: 13472

Activity Narrative: 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 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

Activity Narrative: 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 resources. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7707

Related Activity: 13529, 13554, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23349	3415.23349.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	10062	1158.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Construction/Renovation

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	580	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	330,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	22,970	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1,650	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Karatu
Longido
Hai
Moshi
Mwanga
Rombo
Same
Siha
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Geita
Magu
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5096.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: MTCT

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Activity ID: 12382.08

Planned Funds: \$1,200,000

Activity System ID: 13473

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12382

Related Activity: 13450, 13554, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23364	12382.23364.09	U.S. Agency for International Development	Engender Health	10077	5096.09		\$1,200,000
12382	12382.07	U.S. Agency for International Development	Engender Health	5096	5096.07		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	125,880	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,760	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	700	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Iringa

Kilolo

Ludewa

Makete

Mufindi

Njombe

Babati

Hanang

Kiteto

Mbulu

Simanjiro

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3621.08

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3414.08

Activity System ID: 13488

Mechanism: N/A

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$900,600

Activity Narrative: 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;

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

Activity Narrative: 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 sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7720

Related Activity: 13554, 13602, 16409, 16408

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23359	3414.23359.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10048	3621.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
16409	16409.08	7408	7408.08		PharmAccess	\$360,000
16408	16408.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$164,320
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	37	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	88,800	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,180	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	250	False

Indirect Targets

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Ilala

Kinondoni

Temeke

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3532.08

Prime Partner: International Rescue
Committee

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4904.08

Activity System ID: 13492

Mechanism: N/A

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$100,000

Activity Narrative: TITLE: IRC PMTCT Services in Nduta and Kanembwa Refugee Camps

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 Kibondo district.

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.

With the support from PEPFAR, IRC has been running PMTCT and VCT programs serving 55,300 refugees and host populations in the camps located in Kibondo district since 2003. There are only three PMTCT facilities in the Kibondo district, one at the district hospital and two in the camps run by IRC. The two IRC facilities are characterized by high service utilization, partner enrollment and developed referral system with other components of its program, IRC contributes significantly to the reduction of HIV morbidity and mortality as well as mitigates stigma and other consequences of HIV epidemic in the district.

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. Along with the refugees, IRC provides health care to the host communities neighboring Kibondo refugee camps. Currently nearly 19.6% of our beneficiaries, visiting IRC PMTCT centers are coming from the host 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 the host populations.

ACCOMPLISHMENTS: Building on its solid HIV/AIDS programming expertise and leveraging from its multisectoral program and partners, IRC with the support from PEPFAR-CDC established a successful PMTCT project, as a part of its wider HIV/AIDS program, that is consistent with the national HIV and the country five-year PEPFAR strategies.

Strong community health program, health education, effective referral links between IRC programs and comprehensive support enables enrolment of more than 95% of pregnant women in beneficiary communities in our antenatal clinic (ANC) services. All pregnant women in our program receive comprehensive medical follow up as well as supplementary foods for six months during pregnancy and three months postpartum. HIV positive mothers receive supplementary foods and formula if opted for artificial feeding. Infant formula that complies with the "Codex standards for infant formula" is purchased locally from the suppliers certified by the Government of Tanzania. One hundred percent of the program's needs are met owing to the funding from UNHCR and BPRM. Solid procurement and supply storage systems and organization of the infant formula provision and monitoring of its use by mothers in the IRC program in Tanzania ensures safety of this feeding option for children in its beneficiary communities. All HIV+ pregnant women are advised to delay their repatriation until completion of six months of formula feeding.

During the period from October 2006 to end of June 2007 2,345 women made their first antenatal visit on the occasion of current pregnancy and all of them accepted to be tested for HIV as did 1,699 of their spouses (72.5%). Of the mothers who were tested positive (31), 100% agreed to receive PMTCT services. The HIV-positive rate among women in our PMTCT program is 1.32 % which is lower than the estimated HIV prevalence in Kigoma region. During the reporting period 21 HIV+ women delivered and received NVP.

ACTIVITIES: The activities that will be implemented under PMTCT with FY 2008 funds include: 1. Strengthen counseling and testing provided in two IRC PMTCT sites –Through this more women will learn their serostatus which will enable them to benefit from timely use of PMTCT as well as care and treatment services available at the IRC clinics. Counseling and disclosure will help guide women's and their partner's health and lifestyle choices. 1a) Ensure that at any time there are at least 10 staff trained on provision of counseling and testing at PMTCT sites. (20 people will be trained to compensate for rapid turnover of staff) 1b) Purchase necessary quantities of HIV whole blood rapid tests and other supplies for smooth functioning of two PMTCT CT sites from the local suppliers certified by the Tanzania Food and Drug Authority 1c) Refer patients who are tested positive to other services within and outside the IRC program.

2. Promote PMTCT services through community sensitization campaigns and referrals from IRC other projects. This will increase community awareness about availability and rationale of PMTCT services and increase demand for PMTCT. 2a) Carry out small group meeting sessions for informing communities about PMTCT and discuss its benefits for maternal and child health. 2b) Carry out community mobilization campaigns and promote mass awareness about IRC PMTCT services through radio programs. 2c) Develop and disseminate health education materials informing beneficiaries about PMTCT. 2d) Maintain and strengthen referral links between PMTCT and other services within and outside IRC program in Kibondo. 2e) Continue to develop linkages with HIV/AIDS organizations working outside the camps and government run health facilities to increase coverage and service utilization of PMTCT services.

3. Provide mothers and their children with timely and appropriate dose of antiretrovirals in accordance with the standards of the Ministry of Health of Tanzania. This will supply HIV positive mothers and their children with the appropriate dose of quality ARV-s to prevent HIV vertical transmission. 3a) Purchase ARVs to provide prophylaxis to at least 30 HIV positive mothers and their newborns from the local suppliers certified by the Tanzania Food and Drug Authority 3b) Purchase medical and non medical supplies to ensure smooth running of PMTCT services. 3c) Conduct refresher training to 20 health staffs according to the National PMTCT curriculum.

LINKAGES: The success of IRC PMTCT program in Kibondo is widely conditioned by its linkages it has with the beneficiary communities, local authorities and partners.

IRC will continue maintain and strengthen collaboration with the communities, involving beneficiaries in the program evaluation as well as with Kibondo District hospital and local NGOs as Tanganyika Christian Refugee Service (TCRS), Relief to Development Society (REDESOS) and Southern African Extension Unit (SAEU) in increasing coverage and utilization of PMTCT services in the district.

IRC PMTCT program will capitalize on collaboration with the National Aids control program for the facilitation of PMTCT trainings and Jesuit refugee service (JRS) – Radio Kwizera, that was established to inform refugee communities in Kigoma, Shinyanga, Mwanza and Kagera regions, for the mass awareness

Activity Narrative:

campaigns. IRC team in Tanzania has developed its own IEC materials such as posters, leaflets, cloth teaching flipcharts, t-shirts and booklets, that are based on the analysis of Kibondo camp dwellers' beliefs and traditions to effectively address issues facilitating spread of HIV in the IRC Tanzania beneficiary communities. New education materials are being developed and old ones modified absorbing the knowledge of lessons learnt and best practices from other HIV programs around the world.

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.

M&E: IRC data collection and reporting procedures fully correspond to Tanzania's Ministry of Health standards and procedures for PMTCT 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 PMTCT 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 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 communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7725

Related Activity: 13529, 13554, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7725	4904.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	4542	3532.07		\$150,000
4904	4904.06	Department of State / Population, Refugees, and Migration	International Rescue Committee	3532	3532.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,900	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	20	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	20	False

Indirect Targets

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Kibondo

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4781.08

Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3503.08

Activity System ID: 13528

Mechanism: ZACP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$357,000

Activity Narrative: 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 analysed. The quarterly and progress reports will be prepared and the analysed 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.

SUSTAINABILITY: This will be ensured through capacity building of staff, community participation and involvement, absorption of activities within the health sector work plans.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7756

Related Activity: 13457

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23362	3503.23362.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	9958	4781.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	40	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	240	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	60	False

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1056.08

Prime Partner: National AIDS Control
Program Tanzania

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3501.08

Activity System ID: 13529

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$900,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7760

Related Activity: 13554, 13595, 13541, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23344	3501.23344.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$889,282
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	75	False

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4790.08	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 12381.08	Planned Funds: \$2,000,000

Activity System ID: 13554

Activity Narrative: TITLE: Supply Chain Management for PMTCT

NEED and COMPARATIVE ADVANTAGE: The effectiveness of the set of interventions implemented under the PMTCT program has long been recognized as a key component of a comprehensive response against the HIV/AIDS pandemic. The main interventions includes counseling and testing pregnant women, followed by the use of appropriate medications to women who test positive and to their newly born infants as appropriate. Recent modifications of the guidelines for implementing the PMTCT program in Tanzania will introduce more effective treatment protocols involving the use of combination therapy using Lamivudine and Zidovudine. SCMS's capacity and expertise in this area will be of great use in leveraging activities for the benefit of the PMTCT program.

ACCOMPLISHMENTS: The USG team has supported the strengthening of the drug and commodity logistic system through implementation of the integrated logistic system and supporting the logistics management of HIV Test Kits and related supplies. Activities undertaken include: rolling out the ILS in 5 regions, ARV logistics training, annual quantification of ARVs, test requirements (including those for the PMTCT program) and a review of these needs.

ACTIVITIES: The SCMS objective in the area of PMTCT is to support PEFAR programs in Tanzania through the provision of high quality HIV/AIDS related commodities to support service delivery as described in the National Standard Treatment Guidelines (STGs). This will include the quantification, procurement and delivery of commodities to support of PMTCT activities. It will also include the Technical Assistance and Logistics Capacity Building activities provided to the MOHSW and the Implementing Partners. The current PMTC testing target is 750,000 clients, in 700 sites. SD Bio-line will be used as the screening test, and Determine will be used as the confirmatory test. Treatment protocols will adhere to National STGs. In the COP08, SCMS will undertake specific quantification of Test Kit and ARV needs for the PMTCT program. In the past, these have been taken within the broader context of quantification of requirements for the NACP. However with the modifications in the STGs for the PMTCT program, ARV commodity requirements will be much higher and more comprehensive, demanding more specific attention in this area of work. SCMS will procure PMTCT supplies and equipment including ARV prophylaxis for HIV infected pregnant women and their infants, drugs for the treatment of Opportunistic Infections, Test Kits and other related laboratory supplies. SCMS will work with the PMTCT Unit within the NACP to provide better tracking and accountability for commodities used. This will be accomplished by building Supply Chain Management capacity within the PMTCT program, through using existing models of Logistics management support within the national program and continue the national roll-out of the Integrated logistics system. SCMS will work to enhance the availability and quality of data on commodity usage for decision making and program monitoring and planning.

LINKAGES: SCMS will continue to work with the NACP in quantifying requirements for testing commodities and will inform the procurement plans developed for both the GOT's own resources and those obtained through GFATM grants and other partners. SCMS will continue to share information and synchronize procurement plans among the different partners to ensure coordination of commodity availability and an uninterrupted supply of Test Kits and related supplies. In 2006/2007 Abbott made significant donations of test kits to Tanzania in addition to the targeted donation for the PMTCT program. SCMS will provide support to track donations of test kits and related supplies to avoid overstock. Other supplies, such as lancets, gloves, etc. are as important to a testing program as are the test kits themselves. SCMS will work with the MSD and donors to improve forecasting and procurement planning to ensure that there is the necessary synergy between these supply sources.

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 commodity performance. In part, most of the M&E activities will be initiated from the Supply Chain Management Field teams.

SUSTAINABILITY: Capacity building in various areas of Supply Chain Management for PMTCT Supplies is on-going through training of health care workers at various levels of the supply chain in functions relevant to their work. Through support from SCMS for the roll out of the Integrated Logistics System (ILS); sites will have greater control on the supply of commodities by determining their needs and placing orders consistent with their requirements. Through Supply Chain Monitoring Teams, support will be provided directly to the sites and the MSD zonal stores to improve logistics activities and generate a sustain and accurate reporting system.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12381

Related Activity: 13424, 13450, 13457, 13472,
13473, 13488, 13529, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12381	12381.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13473	12382.08	6514	5096.08		Engender Health	\$1,200,000
13424	3432.08	6489	1182.08		African Medical and Research Foundation	\$300,000
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13488	3414.08	6520	3621.08		Harvard University School of Public Health	\$900,600
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000

Targets

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

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1136.08	Mechanism: N/A
Prime Partner: PharmAccess	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 3393.08	Planned Funds: \$250,000
Activity System ID: 13568	

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7788

Related Activity: 13554, 13602, 16444, 16422, 13571, 13393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23346	3393.23346.09	Department of Defense	PharmAccess	9984	1136.09		\$355,000
7788	3393.07	Department of Defense	PharmAccess	4572	1136.07		\$150,000
3393	3393.06	Department of Defense	PharmAccess	2838	1136.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
16444	16444.08	7408	7408.08		PharmAccess	\$300,000
16422	16422.08	6551	1136.08		PharmAccess	\$150,000
13393	12466.08	7408	7408.08		PharmAccess	\$400,000
13571	3394.08	6551	1136.08		PharmAccess	\$749,500

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	240	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arusha

Monduli

Kinondoni

Temeke

Kaskazini A (North A)

Kibaha

Tanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1138.08

Prime Partner: Rukwa Regional Medical Office

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3398.08

Activity System ID: 13580

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$350,000

Activity Narrative: TITLE: PMTCT Services in Rukwa Region

NEED and COMPARATIVE ADVANTAGE: Rukwa has a recorded general HIV prevalence of around 6% with prevalence at antenatal clinics recorded at 7%. To effectively scale-up services in Rukwa, ANC will 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 (MRH) and the National AIDS Control Program (NACP) in Dar is difficult. The poor conditions of their roads isolates them even further, particularly during the rainy season in which they are impassible, and makes oversight of services through out the region challenging.

ACCOMPLISHMENTS: Funding from FY 2006 was used to train six counselors at the ANC at each of three facilities under USG support. Integration of PMTCT services as part of regular antenatal care at these sites improved uptake of services with 3,000 pregnant women accepting counseling and testing and approximately 150 of those women identified as HIV+ receiving ARV 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 16 by September 30, 2009 covering 100% of 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 four 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 care and treatment clinic (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 HIV-exposed 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) Encouraged 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 Rukwa 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 Rukwa 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 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 Rukwa 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 FY 2008.

Activity Narrative: 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: 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 Regional AIDS Control Program the DHMT, and 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 level and health facility level thereby building capacity and sustainability at the level where the services are provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7796

Related Activity: 13554, 13602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23347	3398.23347.09	Department of Defense	Rukwa Regional Medical Office	10039	1138.09		\$550,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	16	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,850	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	960	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1139.08

Mechanism: N/A

Prime Partner: Ruvuma Regional Medical Office

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3402.08

Planned Funds: \$350,000

Activity System ID: 13582

Activity Narrative: 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 HIV-exposed 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7799

Related Activity: 13473, 16449, 13583

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23348	3402.23348.09	Department of Defense	Ruvuma Regional Medical Office	10040	1139.09		\$550,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13473	12382.08	6514	5096.08		Engender Health	\$1,200,000
16449	16449.08	6555	1139.08		Ruvuma Regional Medical Office	\$100,000
13583	3399.08	6555	1139.08		Ruvuma Regional Medical Office	\$1,830,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	24	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	940	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4082.08

Mechanism: N/A

Prime Partner: Selian Lutheran Hospital - Mto
wa Mbu Hospital

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8220.08

Activity System ID: 13587

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$91,968

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8220

Related Activity: 13472, 13529, 13589, 13590,
13591

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23361	8220.23361.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$91,968
8220	8220.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$60,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13589	6517.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$150,000
13590	8662.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$272,600
13591	6518.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$774,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	7	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,200	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	150	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	20	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Arumeru

Arusha

Monduli

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4950.08

Mechanism: GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3518.08

Planned Funds: \$276,365

Activity System ID: 13640

Activity Narrative: 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 quality-assured 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. In-country 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. In-country 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7832

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23363	3518.23363.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$120,750
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

Targets

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

Indirect Targets

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1470.08	Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 9433.08	Planned Funds: \$37,635
Activity System ID: 13620	

Activity Narrative: TITLE: PMTCT Activities, Management and Staffing (Base)

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 quality-assured 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. In-country 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. In-country 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9433

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23357	9433.23357.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$75,919
9433	9433.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$37,635

Targets

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

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1199.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3510.08

Planned Funds: \$800,000

Activity System ID: 13602

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7827

Related Activity: 13529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23354	3510.23354.09	U.S. Agency for International Development	University Research Corporation, LLC	10067	1199.09		\$600,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9214.08

Prime Partner: Access FP

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16402.08

Activity System ID: 16402

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$1,300,000

Activity Narrative: 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 post-partum 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

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

Activity Narrative: 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/ACCESS-FP will also introduce a strategy of recognition of high-achieving facilities and CHWs as a further incentive for continued work.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13602, 16978, 13424, 13472, 17022

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13424	3432.08	6489	1182.08		African Medical and Research Foundation	\$300,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
17022	17022.08	7572	7572.08		The ACQUIRE Project	\$0
16978	16978.08	6528	1171.08		JHPIEGO	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

* Safe Motherhood

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16403.08

Activity System ID: 16403

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$0

Activity Narrative: Title of Study: Evaluation of the implementation of revised PMTCT guidelines incorporating more complex PMTCT regimens and ART to HIV positive pregnant women. (A similar evaluation is being conducted at Columbia University (CU)-supported sites in Mozambique).

Expected Timeframe of Study: Protocol development to completion: 2 years.

Local Co-investigator: TBD/Columbia University

Project Description: The Tanzanian national PMTCT guidelines were recently revised to recommend more effective PMTCT regimens including zidovudine (AZT) from 28 weeks of pregnancy, AZT, lamivudine (3TC) and nevirapine (NVP) in labour and AZT and 3TC for mother and baby post-partum. ART is recommended for HIV positive pregnant women who are eligible for treatment. CU proposes to evaluate to what extent the new guidelines are being implemented and identify programmatic and personal factors associated with the uptake of more effective PMTCT regimens and ART in pregnancy. The PHE results would provide useful feedback for the refinement of PMTCT programs by highlighting enablers/barriers to implementation.

Evaluation Question: The primary objectives are

1. To measure the proportion of HIV-infected pregnant women who receive single dose nevirapine (Sd-NVP), or more complex regimen for PMTCT over a 12 month period after the implementation of the new guidelines
2. To determine the proportion of pregnant women who initiate combination ART in pregnancy over a twelve month period after the implementation of the new guidelines
3. To identify personal and programmatic enablers and barriers to women receiving PMTCT regimens or initiating combination ART during pregnancy.

The secondary objectives are:

1. To determine variation in MTCT rates before and after revision of guidelines
2. To examine effectiveness of linkages between PMTCT and care and treatment programs

Methods: This will be a prospective study of patients attending for antenatal care (ANC) at selected CU-supported PMTCT sites over a 12 month period after the change in guidelines. Interviews with HIV positive women at selected time points will provide information on personal and programmatic barriers to accessing the different PMTCT regimens or to starting ART, and adherence to those regimens. Data will be collected on infant feeding practices, and HIV-exposed infants born to women enrolled in the study will be linked to the Early Infant Diagnosis (EID) program to determine MTCT rates through HIV polymerase chain reaction (PCR) testing from six weeks of age. Site characteristic data collected as part of CU routine reporting will be used in the analyses of the impact of programmatic and site level data. There will also be a retrospective component with chart reviews and data abstraction on PMTCT practices prior to the change in guidelines. A challenging issue will be ensuring follow-up of women during pregnancy and the post-partum period and funds will be set aside for active follow-up to determine final outcomes.

Population of Interest: All HIV positive pregnant women attending for ANC in the study period will be included.

Information Dissemination Plan: Interim analyses will be conducted six months into the study and final analyses at conclusion of follow-up. Results will be shared at site, district, regional and national levels, and presented at stakeholder meetings. A PHE report will be disseminated to the National AIDS Control Programme (NACP) and the Ministry of Health (MOH) and other partners and results will also be disseminated through national and international workshops and conferences as well as peer-reviewed publications.

Budget Justification: Salary/fringe benefits: \$80,000

Equipment: \$10,000

Supplies: \$5000

Travel: \$70,000

Participant Incentives: \$5000

Laboratory testing: nil

Other: nil

Total: \$170,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7408.08

Mechanism: N/A

Prime Partner: PharmAccess

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16409.08

Planned Funds: \$360,000

Activity System ID: 16409

Activity Narrative: 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 dependants 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 role-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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13554, 13602, 16444, 16422, 13571, 13393

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
16444	16444.08	7408	7408.08		PharmAccess	\$300,000
16422	16422.08	6551	1136.08		PharmAccess	\$150,000
13393	12466.08	7408	7408.08		PharmAccess	\$400,000
13571	3394.08	6551	1136.08		PharmAccess	\$749,500

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	26	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	170	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arusha
Monduli
Kinondoni
Temeke
Dodoma
Iringa
Bukoba
Kaskazini A (North A)
Moshi
Mbeya
Morogoro
Nyamagana
Kibaha
Songea
Tabora
Tanga
Magharibi (West)

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1135.08

Prime Partner: Mbeya Regional Medical Office

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16410.08

Activity System ID: 16410

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$350,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13473, 13554, 13602, 13472, 16530, 16442, 13519

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13473	12382.08	6514	5096.08		Engender Health	\$1,200,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
16530	16530.08	6536	1135.08		Mbeya Regional Medical Office	\$200,000
16442	16442.08	6536	1135.08		Mbeya Regional Medical Office	\$100,000
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	33	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,640	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,650	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	70	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbozi

Rungwe

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1175.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16364.08

Planned Funds: \$600,000

Activity System ID: 16364

Activity Narrative: 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 utilizing 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.

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.

Activity Narrative: 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/T-MARC 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13529, 17868, 13414, 13422, 17009

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
17868	17868.08	7569	7569.08		Strategic Radio Communication for Development	\$200,000
17009	17009.08	7573	7573.08		Savannas Forever Tanzania / World Wildlife Fund Tanzania	\$300,000
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk 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

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Ilala
Kinondoni
Temeke
Iringa
Kilolo
Ludewa
Makete
Mufindi
Njombe
Hai
Moshi
Mwanga
Rombo
Same
Siha
Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Mbinga
Namtumbo
Songea
Tunduru
Bariadi
Bukombe
Kahama

Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8545.08

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

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16411.08

Activity System ID: 16411

Mechanism: PMTCT Support (UTAP)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$631,493

Activity Narrative: TITLE: Strengthen PMTCT Scale-up and Sustainability Through Capacity Development.

NEED AND COMPARATIVE ADVANTAGE: The activities address the need to strengthen supervisory and management capacity at the national, regional, and district levels to support scale-up of quality PMTCT services that will meet national targets. A training-of-trainers (TOT) model will be instrumental in the successful rollout of the updated PMTCT guidelines and PMTCT Supervisor's Guide, which includes topics such as documentation of skills expected after PMTCT training, barriers to quality service delivery, and problem-solving strategies. This will be undertaken concurrently with technical assistance to support national leadership to maintain up-to-date guidelines and strengthen the coordination of PMTCT and pediatric HIV services. The activities build on Francois-Xavier Bagnoud's (FXB's) previous accomplishments in Tanzania and Zanzibar, and provide continuity of technical assistance and training development to facilitate PMTCT program sustainability and enhance quality standardization of PMTCT service delivery. FXB has extensive global experience in providing technical assistance and developing training for implementation and scale-up of PMTCT and pediatric HIV services.

ACCOMPLISHMENTS: FXB worked with the PMTCT Technical Working Group (TWG) to 1) revise Tanzania and Zanzibar PMTCT guidelines; 2) develop the National and Zanzibar PMTCT training packages including manuals, slides, and wall charts; 3) and develop a preliminary version of a computer program and user guide for monitoring PMTCT training to support decision-making in human resource management; 4) initiate revision of the PMTCT Supervisor's Guide; and 5) develop clinical mentorship materials for Zanzibar.

ACTIVITIES: 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 a Federal Opportunity Agreement (FOA) can be developed and competed. Activities are the same as Activity ID # 140 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.

1) Develop and implement training on program management and supervision for national PMTCT Unit and PMTCT staff at district level, reaching 120 district managers, 15 trainers and 40 national and regional PMTCT staff. Training will support development of management capacity needed for scale-up of PMTCT services in accord with the National Strategic Plan. FXB will directly implement training for regional PMTCT staff, focusing on program management tools and skills and advancing content introduced in FY 2007 workshops. To reach district level staff, a series of three model workshops using a TOT approach will support future rollout through regional workshops to reach all PMTCT district managers. 1a) Conduct follow-up evaluation of FY 2007 manager training for regional PMTCT staff to assess outcomes/effectiveness and use results to inform training for FY 2008 1b) Develop and conduct a five-day workshop for national/regional PMTCT staff in consultation with the Ministry of Health and Social Welfare (MOHSW). 1c) Develop a plan for district managers' workshop and TOT, including identification of specific topics, exercises, and logistics in consultation with MOHSW. 1d) Develop TOT model workshop materials. 1e) Implement three 3-day TOT model workshops (one in each of three regions) 1f) Develop and conduct process evaluations of each workshop.

2) Provide technical assistance to the PMTCT TWG for periodic review and revision of Tanzania's PMTCT guidelines and training materials. This activity supports the delivery of high quality, up-to-date PMTCT services. 2a) Work with TWG to identify relevant changes in national and international care guidelines. 2b) Develop written report outlining areas to be revised or added to guidelines and updated in training materials.

3) Provide technical assistance to and collaborate with the PMTCT and Pediatric TWGs to facilitate the development of a Joint PMTCT/Pediatric Operational Plan, harmonizing and aligning clinical guidelines, curricula, and training materials with the National PMTCT/Pediatric Strategic Plans. A coordinated approach assures that scale-up plans and activities provide for a continuum of PMTCT and pediatric HIV services, reduces loss to follow-up, and promotes early HIV diagnosis and access to HIV treatment. 3a) Review existing guidelines and curricula for the care of HIV-exposed and HIV-infected children and develop a report about modifications and updates needed to meet the goals and objectives of the National Strategic Plan. 3b) Assess and identify training needs among PMTCT staff to assure the coordinated care and treatment of HIV-exposed and HIV-infected children. 3c) Collaborate with the PMTCT and Pediatric HIV TWGs to plan and implement a meeting to review findings of sub-activities 3a and 3b and to develop a draft Joint Operational Plan. 3d) Provide technical assistance to support review and finalization of Joint Operational Plan.

LINKAGES: FXB is committed to ensuring that our work is integrated into existing infrastructure to ensure buy-in from stakeholders as well as sustainability. 1) Training on program management and supervision will be planned in collaboration with the MOHSW and national and district PMTCT staff; plans for the TOT will be developed in partnership with MOHSW, who will ensure that it meets staff needs and prepares staff to meet the needs of the program. FXB will work with I-TECH to implement these trainings through the Zonal Training Centers. 2 & 3) FXB will work with the PMTCT TWG on periodic review and revision of the PMTCT guidelines and training materials. FXB will work with both the PMTCT and Pediatric TWGs to develop the Joint Operational Plan. These groups represent a wide range of organizations including major regional hospitals, the Centers for Disease Control and Prevention, World Health Organization, Elizabeth Glaser Pediatric AIDS Foundation, MOHSW and the National AIDS Control Program (NACP). Working with the TWGs ensures that the periodic review of the guidelines and training materials as well as the development of the Operational Plan are undertaken in consultation with a range of stakeholders.

CHECK BOXES: Training on program management and supervision, and the revision of tools for PMTCT care such as the guidelines, address the in-service management training needs of National PMTCT Unit staff and district PMTCT staff, as well as the needs of healthcare workers, and supports the standardization and scale-up of quality PMTCT services. Increased capacity will support scale-up of PMTCT services, which target pregnant or recently-delivered women, women with HIV and their infants.

M&E: Monitoring and evaluation is an integral component of each activity. FXB will develop evaluation forms for each training and workshop using standard templates. The scope and time frame require a focus on process evaluations; perceived change in knowledge/skill in target areas will also be assessed as an indicator of effectiveness. Follow up evaluation of FY 2007 managers' workshop with regional PMTCT staff will be used to evaluate the effectiveness of training for management capacity. These results will inform

Activity Narrative: development of FY 2008 training. FXB has systems in place for monitoring work plan activities and timely deliverables; progress is reviewed, summarized and reported quarterly with MOHSW, I-TECH and other partners as indicated. Approximately 5% of budget is used for overall M&E purposes.

SUSTAINABILITY: By focusing on program management capacity development at multiple levels and developing a model workshop to be rolled out using a TOT approach, the activities are designed to develop sustainable training and capacity development. Such capacity supports implementation and scale-up of PMTCT services at facilities in all districts in accord with the National Strategic Plan for PMTCT in Tanzania. MOHSW collaboration in the development and implementation of these trainings will facilitate effective linkages with other training efforts. The process of national level technical assistance for periodic review of the PMTCT guidelines and training materials is designed to increase sustainable capacity for program direction and leadership.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13529, 13472

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8545.08

Mechanism: PMTCT Support (UTAP)

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16509.08

Planned Funds: \$0

Activity System ID: 16509

Activity Narrative: TITLE: Strengthen the National PMTCT Program and linkages between PMTCT and pediatric care.

NEED and COMPARATIVE ADVANTAGE: Following the development of the national PMTCT/Pediatric scale-up plan for Tanzania, activities are needed to build upon the strategic plan and aid in the implementation of targets and achievement of the plan's goals. Activities are also needed to ensure implementation of the revised PMTCT guidelines and corresponding monitoring and evaluation (M&E) tools.

ACTIVITIES: 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 # 144 but cover the second half of the FY 2008 funding period.

1) Hold district-level workshops to orient district health teams to new scale-up/strategic plan. Facilitate the Ministry of Health and Social Welfare's (MOHSW) PMTCT unit's work in developing the Council Health Management Team's capacity in program planning, management, and programming quality assurance; 1a) Organize and facilitate the training of district managers in PMTCT, with specific emphasis on target setting, drug forecasting and M&E.

2) Strengthen linkages between PMTCT and pediatric care while building the capacity of staff with maternal and child health (MCH) and pediatric clinical care responsibilities to detect HIV infection and HIV exposure and deliver the minimum package of care for the HIV-exposed infant;. 2a) Work with the PMTCT/Pediatric HIV care technical working group (following strategic plan development) in developing a joint operational plan (PMTCT and pediatric HIV) and ensuring the technical accuracy, alignment and harmonization of all the various technical guidelines and strategies for PMTCT and pediatrics. 2b) Review existing curricula for the care of HIV-exposed and HIV-infected children and modify to meet the goals and objectives of the Tanzania scale-up plan for pediatric HIV care. Assess training needs and develop introductory and refresher training materials as indicated. 2c) Develop clinician support tools for the identification and management of HIV-exposed and HIV-infected infants and children. 2d) Develop patient information materials that focus on linkages between PMTCT, pediatric HIV care and treatment, and basic child health services. 2e) Develop a clinical mentorship/preceptorship program to support health care workers delivering pediatric HIV care.

3) Strengthen program management and coordination and ensure accountability for PMTCT scale up by all stakeholders; 3a) Improve the capacity of the national PMTCT team with expertise in the areas of forecasting and district planning. Set up resource sites at regional offices or at zonal training centers. Provide access to online journals at computer stations; 4) Assist the National AIDS Control Program (NACP) with implementation of the new PMTCT Guidelines, including the more efficacious drug regimens, key policy changes, and linkages to paediatric care and treatment; 5) Assist NACP with implementation of revised M&E tools and their use for program planning.

LINKAGES: Linkages between PMTCT and Pediatric services, as well as, other services included in the continuum of care will be strengthened. Linkages to care and treatment clinics for HIV-positive pregnant women who are eligible for ART will be strengthened to ensure the new PMTCT guidelines are implemented.

CHECK BOXES: Activities will focus on training of health care workers and building human capacity at various levels of government.

M&E: The National M&E tools will be incorporated into trainings and used to report to NACP the number of health care workers trained and progress towards strengthening linkages between continuum of care services. Will work with NACP on implementation and use of the M&E tools for program planning and decision making.

SUSTAINABILITY: Activities are all focused around sustainable capacity building of district managers and health care staff at all levels of the health system.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	120	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2369.08

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16401.08

Planned Funds: \$0

Activity System ID: 16401

Activity Narrative: Title of Study: To assess the impact of an HIV management (non-ART) training course for Reproductive and Child Health (RCH) service providers on outcomes for HIV positive mothers and HIV-exposed children

Expected Timeframe of Study: 18 months

Development of protocols, sampling frame and standardized data collection tools: 3months

Baseline assessment, training intervention and data collection: 12 months

Data analysis and dissemination: 3 months

Local Co-investigator: Elizabeth Glazier Pediatric AIDS Foundation (EGPAF) TANZANIA

W.Schimana

I. Indile

E.Assenga

A. Nsheha

D. Tindyebwa

A. Giphart

Project Description: Reproductive and Child-health Nurses in Tanzania currently do not provide any specialized care for HIV infected women and their children other than counseling and testing for PMTCT. There are many missed opportunities for improved care of these patient groups at RCH (antenatal, postnatal and child-health) clinics. HIV infected pregnant women or HIV-exposed children often fail to reach Care and Treatment Centres (CTCs) from RCH clinics for several reasons including perhaps that RCH nurses aren't knowledgeable facilitators of these referrals. This study aims to assess the impact of a newly developed training course designed to improve the RCH nurses' skills in non-ART care and to improve onward referral for patients needing ART.

Evaluation Question: Primary hypothesis: Training RCH service providers in clinical staging and non-ART-care may lead to enhanced care for HIV positive pregnant women/mothers and their infants.

Primary objective:

1. To document the impact of a new training program for RCH cadres on providers' HIV knowledge and practice and clinical activities for HIV positive mothers and HIV-exposed children

Secondary objective:

2. To document the impact of RCH Provider HIV training on referral of patients (pregnant women, HIV-exposed children and HIV positive mothers) from RCH into CTCs and their retention in CTCs.

3. To document specific additional challenges for RCH providers at lower health facilities concerning non ART care, and linkages to CTCs.

Methods: The Intervention: After development and field testing of a curriculum RCH-nurses will be trained in non-ART care and clinical staging. The 4-day training has already been pre-tested and has 4 modules: Introduction; natural causes and disease progression of HIV/ AIDS; common clinical manifestations of HIV/AIDS and WHO staging of HIV-positive clients; basic principles of disease management; and treatment counseling. The goal of the training is to improve knowledge and skills in RCH service providers in managing HIV positive pregnant women, HIV positive mothers and HIV-exposed children and encourage referral and ongoing attendance at CTCs where appropriate.

Study Design

The study will take 18 months. Ten districts will be selected from the current 35 EGPAF supported districts and of these service providers in five will receive the intervention and the other five will form control districts.

The main outcome measures may include:

1. RCH service provider pre-and post-training knowledge and practice in HIV care

2. For pregnant women: clinical staging, CD4 measurement (in some clinics), appropriate referral to CTC, registration at CTC, administration of cotrimoxazole, and reduction of early loss of follow-up after referral.

3. For children attending RCH clinics: HIV exposure identification rates (via PMTCT results on charts, and new tests)

4. For HIV-exposed children identified: clinical staging, administration of cotrimoxazole, appropriate referral to CTC, retention in RCH for follow-up to 18 months

5. HIV positive mothers of children attending RCH: enhanced knowledge on caring for an exposed child, referral to CTC if not yet registered or not continuing to attend

Instruments used will include: training participant description forms; knowledge test (case based) and interview guide; patient registers connoting clinical activities (e.g. clinical staging, cotrimoxazole administration), and/or referral slips (if they don't exist), patient exit questionnaires.

The study, to be carried out by consultants in collaboration with EGPAF, will assess the outcomes of the intervention by comparing intervention districts with comparison districts where no training has taken place. Some outcomes will also be compared using retrospective data from the year prior to the intervention. Post-training knowledge assessment will be done at 3 months and clinical data collection will cover 6-9 months following the training.

Population of Interest: Intervention aims at RCH services in health centers and dispensaries as primary contact points for mothers and their infants. Only districts which are comparable will be involved after gaining consent from the local authorities. Sampling frame is yet to be decided depending upon ability to match districts and also ability to provide training courses in random fashion. Sampling frame will be explored early in the protocol development phase. Patient care will always follow the national guidelines.

Information Dissemination Plan: Results will be shared with the district authorities as well as with the National AIDS Control program. Any results of wider interest will be submitted for presentation at national and international meetings, as well as publishing in peer-reviewed journals.

Budget Justification for year one (US\$): Salary/fringe benefits: 33400

Equipment: 100

Activity Narrative: Supplies: 1 000
Travel: 22,500
Participant Incentives: 15,000
Laboratory testing: None
Other: planning meetings, dissemination of results, training, miscellaneous: 38,000
Total: 110,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3745.08

Prime Partner: Pastoral Activities & Services
for People with AIDS

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16408.08

Activity System ID: 16408

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$164,320

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13488, 13529, 13554, 13602, 16441, 13563, 16453, 13564

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13602	3510.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13488	3414.08	6520	3621.08		Harvard University School of Public Health	\$900,600
13554	12381.08	6548	4790.08		Partnership for Supply Chain Management	\$2,000,000
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13563	8708.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$700,000
16453	16453.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$300,000
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	14	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,830	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,450	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Ilala

Kinondoni

Temeke

Kibaha

Kisarawe

Mkuranga

Rufiji

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7569.08

Mechanism: N/A

Prime Partner: Strategic Radio
Communication for
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17868.08

Planned Funds: \$200,000

Activity System ID: 17868

Activity Narrative: 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.

SUSTAINABILITY: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13472, 13529, 13400, 17008,
17015, 13402, 13403

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
17015	17015.08	7569	7569.08		Strategic Radio Communication for Development	\$300,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000
13403	5567.08	7569	7569.08		Strategic Radio Communication for Development	\$700,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Ilala
Kinondoni
Temeke
Iringa
Moshi
Mbeya
Morogoro
Nyamagana

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1171.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17870.08

Activity System ID: 17870

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$200,000

Activity Narrative: TITLE: Strengthening HIV/AIDS Theory and Clinical Practice Components in Pre-service Medical Education

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.

ACCESS is USAID's global program to improve maternal and newborn health, and is being implemented by JHPIEGO. JHPIEGO/ACCESS works to expand key maternal and newborn health services, including the prevention and treatment of HIV/AIDS, mainly through training and supportive follow-up of providers. JHPIEGO/ACCESS uses a competency-based approach to training in order to improve the skills and knowledge of health care providers in evidence-based best practices. Examples of areas where JHPIEGO/ACCESS has trained extensively include focused antenatal care, safe labor and delivery, and PMTCT. JHPIEGO/ACCESS has been active not only in in-service training, but also in strengthening pre-service education of nurse/midwives.

ACCOMPLISHMENTS: With USAID/TZ funding, JHPIEGO/ACCESS has been working to improve teaching of PMTCT in pre-service nurse/midwifery schools, at both certificate, and diploma levels. This work built on previously-established relationships with pre-service schools for integrating focused antenatal care (FANC) into their curricula. In FY 2008, JHPIEGO/ACCESS plans to expand the FANC work to medical schools with funding from the Presidential Malaria Initiative. This will enable JHPIEGO/ACCESS to develop a strong relationship with medical schools that will allow for successful expansion into subsequent strengthening of HIV teaching.

JHPIEGO has experience working on HIV/AIDS in pre-service education in many countries. For example, currently, JHPIEGO is implementing a large PEPFAR-funded project in Ethiopia with a focus on introducing PICT (provider-initiated counseling and testing) to pre-service schools.

ACTIVITIES: JHPIEGO/ACCESS will provide technical assistance to the MOHSW, including the Reproductive and Child Health Section, the National AIDS Control Program and the Human Resources Development Directorate, to strengthen the theory and clinical practice content for comprehensive HIV care in the pre-service curriculum of training institutions such as Muhimbili University College of Health Sciences (MUCHS), Kilimanjaro Christian Medical College (KCMC), and others. Content for Comprehensive HIV care will include: PMTCT, PICT, ART basics, selected Opportunistic Infections (OIs) and management of the TB/HIV co-infected patient.

JHPIEGO/ACCESS will work with the MOHSW to implement the following activities:

- 1) Conduct a needs assessment and curriculum review of current medical institution curricula and teaching practices. The needs assessment will build on assessments previously completed and will use tools developed by WHO in collaboration with JHPIEGO. The purpose of the assessment will be to determine the status of each school in teaching updated, evidence-based and competency-based practices related to comprehensive HIV care, the structure and suitability of the clinical practice component, any faculty/preceptor training needs, any teaching or clinical practice equipment needs, etc.
- 2) Stakeholders meeting to disseminate reports on needs assessment findings to USAID/TZ and MOHSW. Participants at the stakeholders' meeting will include key members of the MOHSW, Administrators from the medical institutions and representatives from professional associations. The stakeholders' meeting will not only serve to present results of the assessment, but also to introduce plans for strengthening comprehensive HIV education at the targeted schools.
- 3) Support the development of a Learning Resource Package (including faculty teaching guide, student handbook, classroom presentations for faculty, clinical practice guide, etc.) on Comprehensive HIV services with MOHSW partners and medical education professionals. JHPIEGO has many examples of such packages from neighboring East African countries, like Ethiopia. Upon completion, the Learning Resource Package will be: 3a) printed and 3b) delivered to all medical schools.
- 4) Training instructors from medical institutions and clinical preceptors from affiliated clinical sites on comprehensive HIV content, including infection prevention (infection prevention training modules have been previously developed by JHPIEGO with PEPFAR funding). JHPIEGO/ACCESS will use a competency-based approach to training where instructors and providers are assessed on their both knowledge and clinical skills before being declared competent in the subject area. At least 25 instructors and 25 clinical preceptors will be trained from a variety of institutions.
- 5) Develop and implement standards for quality pre-service teaching (i.e., the standards for a good educational program – teaching skills, clinical practice components, equipment and materials, etc.) in order to strengthen the capacity of medical school instructors to ensure a strong educational experience for medical students. Using a standards-based approach, JHPIEGO/ACCESS, MOHSW and representatives from medical institutions will develop performance standards for teaching. The standards will be adapted into tools that will allow instructors to conduct self-assessments leading to improved teaching skills. A similar tool has already been developed for nurse/midwifery schools which can be adapted for the medical training setting.
- 6) Supply equipment for state-of-the-art teaching. JHPIEGO 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 build on previous experience. For developing content areas of the HIV curriculum, JHPIEGO will collaborate with other organizations for their technical expertise such as JSI on medical injection safety and EGPAF and ACQUIRE on PMTCT. The area of emphasis for this program is Human Capacity Development through pre-service training for medical professionals and educators.

The target populations are adolescent and adult men and women who are HIV+ and require a wide array of comprehensive HIV treatment services.

Activity Narrative:

M& E: The knowledge and competencies of medical school educators regarding comprehensive HIV services will be assessed and evaluated during training. JHPIEGO will use the training information management system (TIMS) database to capture names and numbers of persons trained. Furthermore, results from quality improvement assessments will evaluate the level of teaching skills of physician educators on HIV prevention and treatment. M&E will account for 5% 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 develop strong trainers who will have the capacity to scale up comprehensive HIV education to all medical institutions and affiliated clinical teaching sites. This will ensure that new providers graduate with the necessary skills to provide adequate care to HIV+ women.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support**Public Private Partnership****Target Populations****General population**

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1228.08

Mechanism: M&S

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17869.08

Planned Funds: \$75,000

Activity System ID: 17869

Activity Narrative: 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 non-governmental 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$18,183,501

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$50,000

Program Area Context:

The Government of Tanzania (GOT), through its new National Multisectoral Strategic Framework (NMSF) 2008 – 2012, has identified its #1 priority as the prevention of new HIV infections. In support of this renewed emphasis and focus on prevention, the USG/Tanzania's Prevention Theme Group has proposed an increase in sexual prevention funding of 69% and an increase in AB funding of 55%.

The Tanzania HIV/AIDS indicator Survey 2003-2004 (THIS) indicates that Tanzania is facing a generalized epidemic of HIV. The national HIV prevalence is about 7% of the population aged 15-49, with females having a slightly higher rate (7.7%) than males (6.3%). Since the first AIDS cases were reported in 1983, HIV infection has spread to all regions and districts of the country. There are important variations in HIV prevalence rates across the country resulting in multiple localized HIV epidemics with regional and district dimensions that must be carefully considered for effective programming. The epidemic in the Zanzibar archipelago, for example, is very different from that of the mainland with an overall prevalence rate of less than 1% and a concentrated epidemic among MARPs.

The vast majority of new HIV infections in Tanzania are transmitted through sexual contact (80%) and yet relatively few individuals (5% of women and 7% of men) are aware of their HIV status. THIS data also point to elevated levels of high risk sex and multiple sexual partnerships in Tanzania with 5% of married & 10% of unmarried women and 25% of married & 32% of unmarried men having had more than 1 partner in the 12 months before the survey. According to the THIS, almost 24% of sexually active women and 46% of sexually active men had engaged in sex with a non-cohabitating partner in the 12 months prior to the survey. Despite this, only about 4 in 10 Tanzanian adults indicated that they were at risk of becoming infected with HIV. Trans-generational sex is also a fairly common and accepted practice in Tanzania.

The recently drafted NMSF postulates that the number one priority for Tanzania is to increase and scale-up prevention efforts nationally. According to the NMSF, while it is critical to serve the needs of those infected with and affected by HIV, it is imperative

that the country devote concerted attention and effort to protecting 93% of the population who are not HIV infected so as to mitigate and reduce the impact/burden of the epidemic on Tanzanian families both now and in the future.

Key prevention priorities for PEPFAR's AB program are to: 1) empower young people with the knowledge and skills to dialogue about sexuality, adopt attitudes and practices that protect them against HIV-infection and improve access to youth friendly services; 2) reduce risk of infection among those most vulnerable due to socio-cultural factors, gender inequality and sexual abuse; and 3) increase the involvement of public and private sector enterprises and informal sector operators in the development and implementation of comprehensive workplace interventions with special attention for mobile and migrant workers; and 4) address risk behaviors which place women and men at increased HIV risk, including engaging in multiple, concurrent partnerships and transactional sex. The USG priorities listed above fall within the GOT's Strategic Framework.

Critical contextual factors to address in the fight against HIV/AIDS include poverty and transactional sex, high risk sexual behaviors attributable to detrimental male gender norms, substance abuse and its relationship to risk behaviors and labor mobility which leads to separation of spouses and higher risk sexual relationships.

The USG PEPFAR program aims to support the GOT through multiple culturally appropriate and targeted initiatives focused on reducing individual risk through behavior change programming; as well as through broader efforts to support an enabling environment in which socio-cultural and gender norms facilitating reduced risk of HIV infection, are mainstreamed. In FY 2008, the PEPFAR AB program will be brought to scale in order to keep 93% of HIV negative Tanzanians "HIV-free" and intensify interventions which reach the most vulnerable populations.

The USG AB portfolio will build on gains achieved in prevention with youth particularly in addressing primary and secondary abstinence, delayed sexual debut and the development of personal risk reduction strategies through life skills programming, peer education/support and youth friendly services. Youth programming will also focus more intensively on "gatekeepers" such as teachers, parents, community and religious leaders and health service providers to foster a more supportive and enabling environment. Additionally, the AB portfolio will bring to scale programs targeting youth and adults with strengthened 'B' activities addressing socio-cultural and gender norms that promote high risk behaviors such as multiple partners, trans-generational sex, gender-based violence, and increased sexual risk taking related to alcohol use/abuse as well as other substance abuse such as IDU. The underlying economic and socio-cultural gender dynamics that increase the risk of HIV infection among the most vulnerable populations such as girls and women are also addressed by several programs that incorporate girls' education and economic strengthening for poor households. The USG AB portfolio continues to place a high priority on establishing strong linkages between prevention programs and care and treatment services to adequately address individual needs throughout the prevention to care continuum. This is particularly evident in the high proportion of activities that actively partner with VCT and other care service providers. The USG remains committed to supporting these targeted and community based initiatives with robust mass media efforts.

The 2008 USG AB program includes a broad portfolio of implementing partners, spanning public and private sectors and coordinating closely with national, regional and local governments. These include: 3 GOT partners working to expand behavioral interventions through schools, communities and local government entities; 13 NGO and FBO partners working on geographically concentrated behavior change interventions at the community level, including 4 who are also working at the national level to ensure coordination; and 10 NGO/CBO partners delivering messages and activities that directly address faithfulness and healthy social norms (male norms, multiple partnering, trans-generational sex, gender-based violence, alcohol and substance abuse). In addition, all Peace Corps Volunteers (PVCs) are trained on HIV/AIDS issues and apply a multi-sectoral response to HIV/AIDS in their work. PVCs working on the health education projects are placed in communities and work as health educators, primarily addressing HIV/AIDS prevention and linking people to care and treatment services as needed.

Additionally, a new USG organizational structure has been created which is designed to further strengthen the medical and sexual prevention programs by pairing them with the counseling and testing program under a single Prevention and Testing Strategic Results Unit (SRU). The USG Prevention SRU recognizes the vital importance of fostering partnerships and close coordination among USG implementing partners, the GOT and other key stakeholders including other donors, civil society, faith based organizations and people living with HIV/AIDS. One highlight to date has been the collaboration between 4 key partners in OP in developing two new joint initiatives focused on high risk youth and HIV/alcohol programming. In 2008, the USG prevention SRU will work to facilitate regular meetings of all USG prevention partners to share lessons learned and best practices and to improve collaboration and coordination to maximize synergies and minimize duplication particularly in materials and curriculum development. The SRU will also proactively engage key GOT counterparts to re-examine USG prevention programming and ensure that PEPFAR efforts are fully aligned with and supportive of key priorities as identified in the new NMSF.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4250455
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	621552
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	24959

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7570.08

Prime Partner: Mbeya HIV Network Tanzania

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17020.08

Activity System ID: 17020

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$456,490

Activity Narrative: 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 festival, World AIDS 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 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 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 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 MHNT 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, MHNT will determine awards; ensure regional coverage, proper fiscal management, and oversight of sub-partner service implementation. MHNT will be also well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17004, 16986, 16967

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17004	17004.08	7570	7570.08		Mbeya HIV Network Tanzania	\$396,550
16986	16986.08	7570	7570.08		Mbeya HIV Network Tanzania	\$800,000
16967	16967.08	7570	7570.08		Mbeya HIV Network Tanzania	\$170,995

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	450,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	75,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	90	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbeya Urban (prior to 2008)

Mbozi

Mpanda

Nkasi

Sumbawanga

Sumbawanga Urban (prior to 2008)

Mbinga

Namtumbo

Songea

Songea Urban (prior to 2008)

Tunduru

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7571.08

Prime Partner: Resource Oriented
Development Initiatives

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17021.08

Activity System ID: 17021

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$97,230

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17005	17005.08	7571	7571.08		Resource Oriented Development Initiatives	\$95,200
16968	16968.08	7571	7571.08		Resource Oriented Development Initiatives	\$217,760

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

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Sumbawanga Urban (prior to 2008)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7572.08

Mechanism: N/A

Prime Partner: The ACQUIRE Project

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17022.08

Planned Funds: \$0

Activity System ID: 17022

Activity Narrative: TITLE: This activity narrative refers the central Gender Initiative, "PEPFAR Gender Initiative on Male Norms and Behaviors"

The PEPFAR gender initiative on male norms and behaviors has been developed as part of a set of PEPFAR special gender initiatives. The evidence of the importance of certain male norms and behaviors' impact on HIV risk and the AIDS epidemic, as well as the potential for positive male engagement in HIV risk reduction and mitigation of the effects of the AIDS epidemic continues to grow. The program aims to strengthen male engagement programs in three focus countries (Namibia, Tanzania and Ethiopia) by: providing PEPFAR and national program managers with technical resources and support to develop and manage a more strategic, intensive, and coordinated approach to addressing male norms and behaviors that can lead to HIV/STI risk through the development of a national strategy; providing technical assistance to in country partners in these countries to facilitate integration and application of evidence-based approaches and to support appropriate adaptation and program innovation; and evaluating the program in these countries, including the national strategic plan and capacity-building process among local partners, and outcomes related to both male participant attitudes and behaviors. The feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings will be a focus of this program.

In FY 2007-FY 2008, the ACQUIRE Project and Instituto Promundo will work with USG and the government of Tanzania (GOT) to implement a large scale national stakeholders dialogue to increase support and buy-in for addressing male involvement and HIV/AIDS among key in-country partners. The initiative will also focus on increasing collaboration between stakeholders and increasing the capacity of in-country partners to address male gender norms.

The design for the program in Tanzania was developed based on the results of discussions held with PEPFAR partners in Tanzania in April 2007. Although many of the PEPFAR partners were interested in engaging men in HIV related programs, few partners had successfully done so because many did not have the capacity. The discussions highlighted the need to orient key partners about state of the art male engagement approaches and how to integrate these into HIV prevention and care and treatment programs.

The outcomes from the stakeholders' dialogue in October will inform a planning process that will include training and technical assistance support to PEPFAR partners to integrate male engagement approaches into their programs. To assess the impact of the project, a process evaluation will be carried out. The process evaluation will focus on the capacity building/strategic planning process related to incorporating a focus on gender/engaging men in HIV prevention, care and treatment among PEPFAR partners. It will include an assessment of ways in which the PEPFAR partners have integrated male engagement into their programs because of the technical assistance they have received from the project partners. Additionally, the process evaluation will focus on ways that the TA has contributed to the skills of staff in the area of male engagement and HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13414

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7408.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16386.08

Activity System ID: 16386

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$250,000

Activity Narrative: 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.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,360	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Arusha

Ilala

Kinondoni

Temeke

Dodoma

Iringa

Bukoba

Moshi

Mbeya

Morogoro

Nyamagana

Songea

Tabora

Tanga

Mjini (Urban)

Magharibi (West)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3490.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16395.08

Activity System ID: 16395

Mechanism: ROADS

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$840,000

Activity Narrative: TITLE: Expanding HVAB in Makambako and Tunduma, TanZam Highway

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 coordinates closely with Walter Reed/DOD to ensure synergy in AB programming 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 Safe-T-Stop 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 Safe-T-Stop launch in Tunduma in May 2007.

CHECK BOXES: For this activity, ROADS focuses on addressing male 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 be collected by the ROADS Site Coordinators in liaison with indigenous volunteer groups reporting to districts and ROADS. Through case studies and success stories, the project will document person-level impact. 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/Safe-T-Stop. Training of 100 peer educators/community mobilizers will include training on 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 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, and planning implementation activities convenient to volunteers and their immediate networks) to minimize attrition and enhance sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13422

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	47,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	22,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Njombe
Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Kahama

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7580.08

Prime Partner: SONGONET-HIV Ruvuma

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16966.08

Activity System ID: 16966

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$105,060

Activity Narrative: 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 NGOs had yet to be 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 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 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 cassette 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 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 NGOs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

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

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	800	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	45	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1225.08

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16390.08

Activity System ID: 16390

Mechanism: CAPACITY

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$50,000

Activity Narrative: 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) 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$50,000

Target Populations

Other

Business Community

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16389.08

Activity System ID: 16389

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$700,000

Activity Narrative: 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; 5) 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. 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Business Community

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4781.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16392.08

Planned Funds: \$150,000

Activity System ID: 16392

Activity Narrative: 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 pre-marriage 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13400, 13584, 13423, 13440

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13440	8687.08	6499	4896.08		Balm in Gilead	\$750,000
13584	4882.08	6556	3502.08	Track 1.0	Salesian Mission	\$0
13423	4859.08	6488	3500.08	Track 1.0	Adventist Development & Relief Agency	\$737,229
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Coverage Areas

Kaskazini A (North A)

Kaskazini B (North B)

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1136.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16394.08

Activity System ID: 16394

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$250,000

Activity Narrative: TITLE: Providing HIV/AIDS Prevention programs to TPDF

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, basic training, special 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 35,000 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, awareness, peer education, and critical issues of gender such as GBV 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.

ACCOMPLISHMENTS:

With FY 2007 plus up funds, PAI will support assessments of the policy environment and development of IEC materials specifically related to issues of GBV at 36 military sites. These activities will cover about 20,000 military personnel and civilians, and 40 peer educators will be trained. Currently, 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. Condoms are procured by Tanzania Marketing and Communications company (T-MARC) 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 funds. This AB component of PAI's program will be done in conjunction with their OP activities.

ACTIVITIES:

Pharmaccess believes that 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. 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 480 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, and the training camps of the National Services. 4) Establishing post-test group sessions of HIV-positive persons with referrals to critical care and treatment services.

LINKAGES: PAI and the TPDF will 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 existing 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 2008 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).

CHECK BOXES: Funding will support establishing post-test group, training of counselors and peer educators, executing education activities, and the distribution of condoms.

M&E: Quantification of the effect of prevention activities is not yet standardized. TPDF management will collect and report data and will have adequate training to guarantee as much standardization as possible in doing so. PAI will prepare a written M&E plan and will begin implementation upon 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 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. Based on the outcomes and findings of this pilot, the 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	303	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arusha

Monduli

Kinondoni

Temeke

Dodoma

Iringa

Bukoba

Kaskazini A (North A)

Moshi

Mbeya

Morogoro

Nyamagana

Kibaha

Songea

Tabora

Tanga

Magharibi (West)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1026.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4868.08

Activity System ID: 13676

Mechanism: N/A

USG Agency: Peace Corps

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$40,300

Activity Narrative: 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 in-service 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23372	4868.23372.09	Peace Corps	US Peace Corps	9909	1026.09		\$35,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13522	4863.08	6539	3511.08		Ministry of Education and Culture, Tanzania	\$500,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,100	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arusha
Monduli
Karatu
Dodoma
Moshi Urban (prior to 2008)
Hanang
Masasi
Mtwara
Newala
Nanyumbu
Mbinga
Songea
Iramba
Singida
Pangani
Tanga
Mjini (Urban)
Magharibi (West)
Ludewa
Makete
Njombe
Wete
Chakechake
Mkoani
Bunda
Musoma
Korogwe
Lushoto
Muheza

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3504.08

Prime Partner: World Vision International

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4885.08

Activity System ID: 13683

Mechanism: WVI Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$396,000

Activity Narrative: TITLE: HIV Prevention among Youth through Abstinence and Risk Avoidance (ARK)

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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7852

Related Activity: 16395

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23385	4885.23385.09	U.S. Agency for International Development	World Vision International	10097	3504.09	Track 1.0	\$425,779
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16395	16395.08	6517	3490.08	ROADS	Family Health International	\$840,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1470.08

Mechanism: Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9423.08

Planned Funds: \$289,961

Activity System ID: 13623

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9423

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23380	9423.23380.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$124,240
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: 4950.08

Mechanism: GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9422.08

Planned Funds: \$21,000

Activity System ID: 13643

Activity Narrative: TITLE: Management and Staffing

ACTIVITIES: This activity is split-funded between GAP and GHAI. Please refer to activity #9423.08 for the activity narrative.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9422

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23392	9422.23392.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$24,000
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: 1228.08

Mechanism: M&S

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9410.08

Planned Funds: \$275,000

Activity System ID: 13606

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9410

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23379	9410.23379.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$351,000
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 Mechanism

Mechanism ID: 3502.08

Prime Partner: Salesian Mission

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4882.08

Activity System ID: 13584

Mechanism: Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: TITLE: Salesian Missions – Life Choices Program

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, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9061

Related Activity: 13522, 13536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25088	4882.25088.09	U.S. Agency for International Development	Salesian Mission	10659	3502.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13536	8682.08	6543	1056.08		National AIDS Control Program Tanzania	\$200,000
13522	4863.08	6539	3511.08		Ministry of Education and Culture, Tanzania	\$500,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	8,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Coverage Areas

Ilala

Kinondoni

Temeke

Dodoma

Iringa

Shinyanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1056.08

Mechanism: N/A

Prime Partner: National AIDS Control Program Tanzania

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Activity ID: 8682.08

Activity System ID: 13536

Program Area Code: 02

Planned Funds: \$200,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8682

Related Activity: 13535, 13400, 13495, 13414, 13440

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23374	8682.23374.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$100,000
8682	8682.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13440	8687.08	6499	4896.08		Balm in Gilead	\$750,000
13495	4860.08	6523	3501.08	Track 1.0	International Youth Foundation	\$912,500
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	75	False

Indirect Targets

Coverage Areas

Dodoma
Kondoa
Kongwa
Mpwapwa
Chamwino
Bahi
Kilombero
Kilosa
Morogoro
Mvomero
Ulanga
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani
Tanga
Mkinga

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3511.08

Prime Partner: Ministry of Education and Culture, Tanzania

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4863.08

Activity System ID: 13522

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$500,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7754

Related Activity: 13388, 16384, 13535, 13400,
13536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23386	4863.23386.09	HHS/Centers for Disease Control & Prevention	Ministry of Education and Culture, Tanzania	10098	3511.09		\$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13536	8682.08	6543	1056.08		National AIDS Control Program Tanzania	\$200,000
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	70,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1028.08

Prime Partner: Kikundi Huduma Majumbani

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3374.08

Activity System ID: 13504

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$630,000

Activity Narrative: 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. Since 2000, KIHUMBE and 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), 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7734

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23373	3374.23373.09	Department of Defense	Kikundi Huduma Majumbani	9983	1028.09		\$620,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13505	8723.08	6530	1028.08		Kikundi Huduma Majumbani	\$171,550
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13507	3376.08	6530	1028.08		Kikundi Huduma Majumbani	\$150,000
13508	8660.08	6530	1028.08		Kikundi Huduma Majumbani	\$166,975

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Chunya

Ileje

Mbarali

Mbeya

Rungwe

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3501.08

Prime Partner: International Youth Foundation

Mechanism: Track 1.0

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4860.08

Planned Funds: \$912,500

Activity System ID: 13495

Activity Narrative: TITLE: IYF Abstinence and Behavior Change for Youth Project in Tanzania

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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7727

Related Activity: 13423, 13425

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23384	4860.23384.09	U.S. Agency for International Development	International Youth Foundation	10096	3501.09	Track 1.0	\$678,185
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13423	4859.08	6488	3500.08	Track 1.0	Adventist Development & Relief Agency	\$737,229
13425	3431.08	6489	1182.08		African Medical and Research Foundation	\$1,500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Teachers

Coverage Areas

Pwani (prior to 2008)

Bagamoyo

Dodoma

Njombe

Bukoba

Hai

Moshi

Chakechake

Musoma

Mbeya

Tandahimba

Geita

Kwimba

Nyamagana

Sengerema

Ukerewe

Rufiji

Songea

Shinyanga

Manyoni

Igunga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4900.08

Prime Partner: Jane Goodall Institute

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8681.08

Activity System ID: 13499

Mechanism: TACARE Project

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$80,000

Activity Narrative: TITLE: Youth Involvement and Education

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. To 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8681

Related Activity: 13500

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23389	8681.23389.09	U.S. Agency for International Development	Jane Goodall Institute	10101	4900.09		\$0
8681	8681.07	U.S. Agency for International Development	Jane Goodall Institute	4900	4900.07	TACARE Project	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13500	9501.08	6527	4900.08	TACARE Project	Jane Goodall Institute	\$50,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	15,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4907.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8691.08

Activity System ID: 13484

Mechanism: UJANA

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$3,905,000

Activity Narrative: TITLE: Abstinence/Be Faithful Prevention Interventions for Youth

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 T-MARC), 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8691

Related Activity: 16395, 13421, 13400

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23391	8691.23391.09	U.S. Agency for International Development	Family Health International	10568	4907.09	UJANA	\$3,701,125
8691	8691.07	U.S. Agency for International Development	Family Health International	4907	4907.07	UJANA	\$3,504,847

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16395	16395.08	6517	3490.08	ROADS	Family Health International	\$840,000
13421	3425.08	6487	1175.08		Academy for Educational Development	\$1,900,000
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	360,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	120,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Business Community

Religious Leaders

Teachers

Coverage Areas

Ilala

Kinondoni

Temeke

Dodoma

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Kilolo

Ludewa

Makete

Mufindi

Njombe

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbozi

Rungwe

Kilombero

Kilosa

Morogoro

Mvomero

Ulanga

Kibaha

Bagamoyo

Kisarawe

Mafia

Mkuranga

Rufiji

Mjini (Urban)

Magharibi (West)

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3500.08

Prime Partner: Adventist Development &
Relief Agency

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4859.08

Activity System ID: 13423

Mechanism: Track 1.0

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$737,229

Activity Narrative: TITLE: Abstinence and Behavior Change for Youth

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. Schoolchildren 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.

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; educational 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 mass 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. Specific information on the number of people reached through radio broadcasting will be gathered from the partner media houses. 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 the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9063

Related Activity: 13425, 13495, 13484

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23383	4859.23383.09	U.S. Agency for International Development	Adventist Development & Relief Agency	10095	3500.09	Track 1.0	\$689,004
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13484	8691.08	6518	4907.08	UJANA	Family Health International	\$3,905,000
13495	4860.08	6523	3501.08	Track 1.0	International Youth Foundation	\$912,500
13425	3431.08	6489	1182.08		African Medical and Research Foundation	\$1,500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	75,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,630	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Hai

Moshi

Mwanga

Rombo

Same

Siha

Bunda

Musoma

Serengeti

Geita

Ilemela

Kwimba

Magu

Misungwi

Nyamagana

Sengerema

Ukerewe

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4896.08

Prime Partner: Balm in Gilead

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8687.08

Activity System ID: 13440

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$750,000

Activity Narrative: 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 2008, 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 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 community-based 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 faith-based 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 evaluators at the partner level and one at the national level. Tools are in place for the collection of data from service

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8687

Related Activity: 13535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23388	8687.23388.09	HHS/Centers for Disease Control & Prevention	Balm in Gilead	10024	4896.09		\$750,000
8687	8687.07	HHS/Centers for Disease Control & Prevention	Balm in Gilead	4896	4896.07	Balm in Gilead	\$845,000

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

Human Capacity Development

- * Task-shifting
- * Retention strategy

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	30,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Dodoma

Ludewa

Micheweni

Kigoma

Lindi

Tarime

Shinyanga

Iramba

Manyoni

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1508.08

Prime Partner: American Red Cross

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 3472.08

Activity System ID: 13437

Mechanism: Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$587,731

Activity Narrative: TITLE: Together We Can (TWC) Program

At 3.2%, young men's sero-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). The Tanzania Red Cross Society (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:

"Together We Care" (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 PE's host multiple training sessions to impart 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 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9060**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23381	3472.23381.09	U.S. Agency for International Development	American Red Cross	10093	1508.09	Track 1.0	\$1,168,904
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

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

Local Organization Capacity Building

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	33,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	False

Indirect Targets

Mechanism ID: 7569.08

Prime Partner: Strategic Radio
Communication for
Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3452.08

Activity System ID: 13400

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$950,000

Activity Narrative: TITLE: STRADCOM Support of Be Faithful Campaign and Alcohol and HIV

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 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.

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 co-produce 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.

LINKAGES: N/A

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. Our design teams will review technical content. Selected magazine programs will be translated into English for review. The existing Program Monitoring Plan (PMP) will be updated. STRADCOM's PMP calls for a mid-term population-based evaluation in early 2008 to measure impact.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7810

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23395	3452.23395.09	U.S. Agency for International Development	Strategic Radio Communication for Development	9997	7569.09	STRADCOM	\$800,000
7810	3452.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$860,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1175.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3425.08

Planned Funds: \$1,900,000

Activity System ID: 13421

Activity Narrative: 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 5% of married and 10% of unmarried women; and 25% of married and 32% of unmarried men had more than one partner in the 12 months before the survey. Building on FY 2006 and FY 2007 efforts, AED will scale up through the Sikia Kengele: Tulia na Wako (Listen to the Bell: Stick to your Partner) initiative. FY 2008 provides an opportunity to build on Kengele's successes and go deeper and wider to reach individuals most at risk from HIV in communities along the transportation corridors. AED will also address the link between alcohol and HIV as it relates to multiple partner behaviors.

ACCOMPLISHMENTS: In FY 2006, AED launched Sikia Kengele targeting sexually active adults in high-risk communities primarily along the transport corridors. Community mobilization, stakeholder involvement, and supportive media (in collaboration with STRADCOM) activities were implemented, and a faithfulness curriculum for Christian groups was drafted and tested. In FY 2007, Kengele will expand along the northern transport corridor, develop a curriculum for Muslim groups, award NGO grants via Africare to keep Kengele "alive" in communities, and with FY 2007 plus up funds, the program will expand to the lake zone.

ACTIVITIES: The kengele (bell) is a strong symbol in Tanzania as a call for change and reflection. Kengele addresses perceived social norms supporting multi-partner behavior, 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 will continue to strengthen Kengele, working with USAID prevention partners such as Ujana and STRADCOM to implement "Safe Passages" (an initiative reaching high-risk youth), NGOs, and local GOT entities to deepen the impact and expand the reach to additional audiences. Kengele activities will continue to focus on the communities along the transport corridor. A strong link to locally available counseling and testing services is also a key feature of Kengele in FY 2008. T-MARC AB activities are implemented in the same communities where OP interventions take place. Kengele is intended to be protective of the wider community, while OP activities for programs such as Dume and Vaa Kondom target those practicing the highest risk behaviors. FY 2008 IPC activities will continue to focus on male norms while community events will also address multiple concurrent partnerships in women and sexually active youth. In FY 2008, Kengele will also address the contributing factors to multiple concurrent partnerships, particularly alcohol use which is a major contributing factor to infidelity, sexual violence, and gender inequalities. These activities include a rapid response capability, which can allow them to be mobilized in support of specific workplace program requests.

In FY 2008, AED will:

1. Increase the frequency and prevalence of Kengele in communities along the transportation corridors.
 - 1a. Implement 140 "big bell" activities in the ten highest HIV prevalence regions down to the level of district towns to bring together communities in a public discussion of faithfulness, values, and norms.
 - 1b. Award grants to approximately 20 NGOs/CBOs/FBOs in Kengele communities to implement IPC activities via outreach, peer education, edutainment theatre, and delivery of sermons.
 - 1c. Use national events such as the Uhuru Torch (a Mardi gras type festival that reaches every district in Tanzania), Nane Nane agricultural fairs, and Saba Saba trade fairs to spread Kengele messages.
 - 1d. Coordinate with Ujana and STRADCOM initiatives to ensure involvement of sexually active youth and mass media support via the "Safe Passages" initiative.
 - 1e. Develop public-private partnerships (PPP) with Selcom (an SMS company that supports all mobile phone companies in Tanzania) to support Kengele, taking advantage of widespread presence of mobile phones along corridor (to send messages) and interest in radio contests (where messages can be "texted" in).
2. Develop the next generation of Kengele tools and materials.
 - 2a. In collaboration with Ujana and STRADCOM, Kengele will lead the process of working with advertising agencies to develop umbrella tools to be used by all partners.
 - 2b. Print materials targeting adults and develop a dissemination plan to ensure materials are used by NGO/CBO/FBOs, USAID/GOT partners, and the private sector.
 3. Finalize and print media regarding the faithfulness curricula, and train faith leaders in the Christian and Muslim communities on the fundamentals of the curricula.
 - 3a. Hold workshops with pre-test trainers and key faith leaders from WAPO and BAKWATA to finalize curricula developed in FY 2006 and FY 2007.
 - 3b. Layout and print 300 copies of each curriculum.
 - 3c. Roll out training of curricula (linked to NGO/CBO/FBO grants and with collaboration of WAPO, BAKWATA, and other national FBOs).
 4. Increase link between Sikia Kengele initiative and counseling and testing and PMTCT partners. (See AED CT and PMTCT submissions.
 5. Launch and implement HIV and alcohol initiative with Ujana and STRADCOM.
 - 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. Integrate initiative into Kengele activities (grants, training, mobilization, etc.) along transport corridor. (See concept note for additional details.)
 - Also, implement a limited number of HIV and alcohol events with the launch of initiative.

LINKAGES: AED's activities will be coordinated with other USAID prevention partners (e.g., STRADCOM and Ujana for "Safe Passages"). T-MARC will link with other partners (Walter Reed, ROADS Project, and C&T agencies). T-MARC will collaborate with district and regional GOT officials (district medical officers (DMO), regional medical officers (RMO), 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. WAPO, BAKWATA, and other TBD NGOs/CBOs/FBOs will play key roles in the implementation of this initiative on the ground.

M&E: In FY 2008, AED will implement the second round of the T-MARC KAP study (the first was in FY 2005/FY 2006), which will examine the reach and recall of Kengele and reported behaviors and attitudes of the target populations. Additionally, hired experiential media agencies, and NGOs/FBOs/CBOs working on this initiative, will provide monthly reach data. This will be submitted into the T-MARC Project monitoring database. AED will conduct spot checks of activities in the field to check on data quality. In FY 2008, T-MARC will reach 925,000 with combined upstream and downstream activities, 500,000 of whom will be reached via community mobilization.

SUSTAINABILITY: A major deliverable of AED is to spin off a Tanzanian communications and marketing company that is sustainable and capable of implementing high quality initiatives. The T-MARC Company

Activity Narrative: "spun" off this project in April 2007 and AED continues to provide technical assistance to the company in BCC. Other NGOs/CBOs/FBOs funded through this initiative will also benefit from technical and management skills building activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7668

Related Activity: 16395, 17008, 13400, 13484

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23376	3425.23376.09	U.S. Agency for International Development	Academy for Educational Development	9985	1175.09		\$1,810,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13484	8691.08	6518	4907.08	UJANA	Family Health International	\$3,905,000
16395	16395.08	6517	3490.08	ROADS	Family Health International	\$840,000
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	550,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk 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

Other

Religious Leaders

Coverage Areas

Ilala
Kinondoni
Temeke
Iringa
Hai
Moshi
Mwanga
Rombo
Same
Siha
Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Mbinga
Namtumbo
Songea
Tunduru

Bariadi
 Bukombe
 Kahama
 Maswa
 Meatu
 Shinyanga
 Kishapu
 Igunga
 Nzega
 Sikonge
 Tabora
 Urambo
 Uyui

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety
 Budget Code: HMBL
 Program Area Code: 03

Total Planned Funding for Program Area: \$5,918,086

Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$200,000

Program Area Context:

HIV transmission through the transfusion of contaminated blood is a preventable public health problem and forms a key component in addressing HIV/AIDS prevention strategies within the Government of Tanzania's (GoT) HIV/AIDS policy, the USG Five Year Strategy, the National Multi-Sectoral Strategic Framework (NMSF) 2003 – 2007, and the Health Sector Strategy on HIV/AIDS (HSS). Blood Safety is paramount in the fight against HIV/AIDS because it prevents infections through transfusions as well as among potential donors. The National Blood Transfusion service (NBTS) is the MOHSW unit responsible for the provision of safe and adequate blood and blood products in Tanzania. The American Association of Blood Banks (AABB) provides technical assistance to the NBTS.

The USG supported Blood Safety program has demonstrated significant progress in improving Tanzania's safe blood supply. There has been an increase in the proportion of donors that are voluntary non-remunerated (VNRBD) from 20% to 80% of whom 20% are recurrent donors. This increase in donations from VNRBD has resulted in a decrease in the HIV prevalence from 7% to less than 4% between 2005 and 2007. Using a modified population-based method, Tanzania's annual blood transfusion needs are estimated at 500,000 units. Currently 50% of transfusions are administered to children less than 5 years of age due to malaria-associated anemia, 30% for pregnancy related anemia, 15% for trauma and surgical patients, and 5% by medical cases. By the end of 2007, NBTS plans to fulfill more than 20%, or 120,000 units, of the country's estimated blood requirements. The target for FY 2008 is 140,000 units, scaling-up to 180,000 units for FY 2009. An important element to achieve this is the formation and sustenance of donor clubs. FY 2008 activities will expand donor clubs from the existing 12 regions to an additional six regions. Both the public and private mass media have provided the NBTS with free and subsidized announcements related to blood safety activities and mobilization. The NBTS will continue to expand its pool of VNRBD through community mobilization and education utilizing mass media and strategically distributed IEC materials.

The National capacity to provide safe blood throughout the country was significantly expanded through the PEPFAR funded construction of seven zonal blood centers located in Dar es Salaam (which houses the NBTS headquarters), Mwanza, Kilimanjaro, Mbeya, Zanzibar, Tabora, and Mtwara. These centers have enabled the NBTS to collect, transport, store, screen, and distribute safe blood and blood products to health facilities. In FY 2008, at least 50 % of collected blood will be processed into components following the procurement of component separation equipment in four zonal centers. More than 80% of blood is collected by mobile teams and all the blood is screened for HIV, HBV, HCV, and syphilis prior to distribution. This effort is

constrained by a lack of transportation, affecting issues from testing to storage. Currently there are ten vehicles for the NBTS program, two for each of the four initial zones, one for Zanzibar, and another for the NBTS Headquarters. An additional 17 vehicles will be procured for the four initial zones as well as for the three zones that recently opened. These will be utilized by additional blood collection teams and serve as transportation from collection sites to the zonal BTS centers.

To enhance accessibility and distribution of safe blood from the zonal centers to the districts, in FY 2008, USG funds will equip with cold chain equipment, 13 of the 26 regional hospital blood banks which will be renovated by the Abbot Fund. In addition the USG, through the Supply Chain Management Systems (SCMS), will assist the NBTS to ensure that adequate and safe blood is available by procuring supplies to avoid stock outs of test kits and providing technical assistance on supplies management.

The NBTS, with technical assistance from AABB, has developed policies and guidelines, which have been distributed to referral, regional, and district hospitals. In FY08 there will be training on these policies and guidelines for phlebotomists on safe blood collection methods, laboratory staff on screening and processing of blood, for clinicians on safe transfusion practices and for donor counselors and recruiters to ensure good donor selection, screening, and donor notification of test results. The NBTS, with technical assistance from AABB, will design educational materials to train hospital physicians and committees at various levels of service in FY 2008 because by involving hospital based transfusion committees, hospitals can implement and monitor best practices in blood transfusion.

Close collaboration with voluntary counseling and testing (VCT) partners will focus on the development of consistent messages for both programs. Donors are recruited through a process involving administration of a donor questionnaire and pre-donation counseling. Post donation results are issued by the counselors to the donor within two to four weeks after donation. Messages will encourage HIV-negative donors to remain negative and negative VCT clients to become VNRBD. The In FY 2008, the NBTS will ensure that 25,000 donors receive their test results, a number that will increase to 50,000 in FY 2009. HIV-positive clients will be referred for further counseling, testing, and evaluation for care and treatment (C&T).

The NBTS will link with PMI and Malaria Program to promote malaria prevention among repeating donors by promoting use of insecticide treated nets (ITNS), in addition to linking with private businesses for sponsorship of non-monetary donor incentive systems. Further linkages will be created by collaborating with the injection safety section in training NBTS staff in post exposure prophylaxis (PEP) and proper waste disposal.

In FY 2007 a quality plan covering documents, records, error management, process control and validation was developed, as well as data collection documents. In FY08 NBTS and AABB will continue to implement the monitoring and evaluation program. This will monitor blood donor recruitment and retention, percentage of donors receiving test results, blood collection, processing, storage distribution, and utilization and the prevalence of transfusion transmissible infections. This information, in addition to the PEPFAR indicators on the number of service outlets and people trained will demonstrate the effectiveness of the blood safety program to supply safe and adequate blood and blood products. These indices will form the basis for quarterly supportive supervisory visits by NBTS management.

In FY 2007, the USG supported MOHSW to implement standardized data collection tools and computer software to capture essential information. This system will be rolled out to the other zonal centers enabling efficient data flow to NBTS headquarters for analysis and decision-making. In FY 2008 data efficiency, accuracy and timely reporting will be increased by automation of the data collection and blood processing process. Enhanced data flow and communication will be facilitated by procurement and use of personal digital assistants (PDAs) and through public private partnership with Phones for Health which will subsidize mobile phone messages. Both of these will be linked to the computer database.

To ensure sustainability, the GoT is incorporating the NBTS into its national planning strategies (MTEF) while MOHSW is in the process of establishing the NBTS as an executive agency, which will give it legal status and greater autonomy. In FY 2008, the USG will support the NBTS by collectively developing a three-year strategy to guide program implementation toward maintaining, expanding, and improving best practices. Other efforts will be directed toward determining blood-processing cost per unit, determining the actual blood needs, promoting rational use of blood and blood products and expanding collaboration with additional partners such as the Norwegian Agency for Development Cooperation and the Abbot Fund. The Norwegian Agency is providing training to NBTS staff on computerization of the NBTS and together with AABB providing technical assistance for cost recovery mechanisms, and blood component production.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	23
3.2 Number of individuals trained in blood safety	182

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4780.08	Mechanism: Track 1.0
Prime Partner: American Association of Blood Banks	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 8223.08

Planned Funds: \$500,000

Activity System ID: 13431

Activity Narrative: 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 cost-recovery 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 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: 8223

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23480	8223.23480.09	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	10168	4780.09	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

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	42	False

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4920.08	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: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 8720.08	Planned Funds: \$3,500,000

Activity Narrative: TITLE: Rapid strengthening of the Blood Safety Program in Tanzania

NEED and COMPARATIVE ADVANTAGE: In the past, blood transfusion services in Tanzania have been predominantly hospital-based and reliant on replacement donations. This system was susceptible to higher prevalence of transfusion transmissible infections. Tanzania has since established a centralized coordinated blood transfusion system that is responsible for collection, processing, storage, and distribution of blood and blood products to health facilities. This system relies on voluntary, non-remunerated repeat blood donors (VNRBD). The Ministry of Health and Social Welfare (MOHSW) – National Blood Transfusion Service (NBTS) is responsible for provision of safe and adequate blood to all Tanzanians.

ACCOMPLISHMENTS: Seven blood transfusion centers have been renovated, equipped, and staffed for utilization. Of these, four centers have been operational since 2006 and the remaining three were inaugurated in 2007.

Because of donation protocol, units of blood collected also represent the number of blood donors counseled and tested for HIV and other TTIs. This component of blood donation significantly contributes toward attaining the PEPFAR goal for people receiving counseling and testing for HIV/AIDS. Blood collection from VNRBD has increased from 20% before 2005 to 80% in 2007. Large sensitization campaigns addressing blood donation stigma are conducted through mass media including television, radio, and newspapers.

A quality systems manual and monitoring and evaluation (M&E) tools (both paper-based and electronic forms) were developed and are currently being distributed to all implementers. In FY 2006, a computer system was implemented for management of NBTS information and is operational in one out of the seven zones in Tanzania. Currently, this system is undergoing implementation in the three additional zones and plans are underway for provision of nationwide coverage. Utilizing FY 2008 funds, the new centers will be technologically advanced. MOHSW management is presently in the process of establishing the NBTS as an executive agency through an act of Parliament.

ACTIVITIES: These activities will be accomplished through bilateral funding to complement Track 1.0 funding.

The Abbott Foundation will renovate 13 regional hospital based blood bank facilities while USG funding will support NBTS in procuring and installing equipment for storage and distribution in these facilities. This includes blood testing equipment, refrigerators, and cool boxes..

Access to adequate and safe blood transfusions will be accomplished through increasing opportunities, and a growing desire by the public, to participate in blood donation. Generating interest will result from a public sensitization campaign distributing positive messages about donating blood. Mass media, through information, education, and communication (IEC) material production and distribution, has potential for very broad coverage of community sensitization messaging. Ten newly procured vehicles will improve logistics for blood transportation from mobile teams to the zonal center, in addition to improving blood distribution, mobilization campaigns, and supportive supervision. Phones for health and Personal Digital Assistant (PDA) equipment will be used by the mobile teams to enter data while in the field, reach donors for recall, and to send motivational messages to new and repeating donors. NBTS will also develop audio/visual prevention messages to be used during donor recruitment and sensitization campaigns. This will necessitate the procurement of audio/visual devices through which each team in the various zones can relay educational, preventive, counseling, and recruitment messages. Goals are in place to increase the blood donation rate in the population from 3.3 units per 1,000 to at least 20 units per 1000 people.

The NBTS will equip four of the seven zonal blood banks to perform automated screening for HIV, HBV, HCV, and Syphilis. This will decrease turn around times for blood, reduce staffing needs for screening, and reduce the margin of error for testing. Transfusing blood components significantly reduces the physical need for blood collection. NBTS will also equip four zonal blood transfusion centers with modern component separation equipment for the production of blood components.

The NBTS, in collaboration with the Tanzania Red Cross, will set up and maintain blood donor clubs in six additional regions to make a grand 18 regions of Tanzania with donor clubs, paving the way for sustainable blood stores for the people of Tanzania. With technical assistance from CDC and American Association of Blood Banks (AABB), the National Blood Transfusion Service (NBTS) will promote rational use of blood in hospitals by orientating and training physicians, members of the blood committees, and staff at the blood banks. NBTS will encourage organizations to utilize Government of Tanzania (GoT) and USG procurement systems (e.g., MSD and SCMS) to ensure a reliable and continuous supply of reagents, test kits, and supplies for blood collection and processing at zonal centers and regional blood banks. Technical assistance (TA) from AABB and NBTS will determine the cost of providing one unit of blood and establish mechanisms for cost recovery.

The NBTS will ensure the quality of services offered at all blood service sites by implementing a quality management plan, subject to continued review. Additionally, the NBTS will hold regular advocacy meetings with decision makers from hospitals in order to disseminate updated NBTS policy and guidelines. NBTS management will provide supportive supervision to monitor the quality of pre-and post-test counseling, recruitment, testing, blood collection, transportation, storage, and distribution. A standardized tool will be developed for this purpose and corrective training or advice will be solicited as needed.

In order to assess its quality, impact, efficiency, and effectiveness, the NBTS will implement a three-year strategic plan and a comprehensive monitoring and evaluation (M&E) plan. Existing data collection and reporting tools will be reviewed for accuracy and relevance. Feedback will be incorporated into the tools for improvement of the M&E tools. The NBTS will also formulate a staff retention program to ensure skills-based management training background for employees. The NBTS will work with the National Malaria Control Program and President's Malaria Initiative to promote malaria prevention and the use of ITNs among blood donors, general population, and pregnant women and children under five years of age. NBTS will also collaborate with the NACP to promote HIV prevention through donor messages.

LINKAGES: The NBTS will link with the National Malaria Control Programme (MACP) and PMI to promote Malaria prevention messages. The NBTS also intends to collaborate with NACP to promote VCT through outreach activities. Linkages will also occur in collaboration with private business to devise blood donor

Activity Narrative: incentive and retention.

The NBTS intends to collaborate with Phones for Health and local mobile phone companies for tracking data, donor notification, and incentives. The NBTS will also directly and indirectly link with the Ministry of Education and Vocational Training, to ensure that blood safety is included in the training curricula and advocate that culture and sports become part of blood safety activities, NACP to develop consistent messages for donor VCT and HIV prevention; the Injection Safety Department, to ensure injection safety and proper waste disposal; and Haukeland University Hospital, which also provides capacity building and quality improvement for NBTS.

CHECK BOXES: The blood safety program aims at ensuring adequate numbers of voluntary, non-remunerated repeating blood donors as a safe source of blood for transfusion. The program will target the general population.

M&E: The NBTS will collaborate with the AABB to develop an M&E program that will encompass all the key processes such as collection, processing, distribution, and utilization of blood. Gathering statistics on the number 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. The required PEPFAR indicators will constitute part of the monitoring tools to ensure planning, implementation, and effectiveness of project objectives. Qualified M&E personnel will be hired to achieve the COP 2008 M&E implementation plan and its roll out to the zonal centers.

Gap analyses will be performed to identify potential opportunities for enhancement and improvement. Subsequently, a model will be developed that incorporates existing NBTS procedures and desired industry M&E best practices.

SUSTAINABILITY: Currently there are plans to institute cost recovery mechanisms for the blood transfusion services offered by the NBTS. In addition, making the NBTS an executive agency will ensure Government Fiscal allocations to NBTS for blood safety program activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8720

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23482	8720.23482.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	10343	4920.09	Track 1.0	\$4,000,000
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

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	23	False
3.2 Number of individuals trained in blood safety	140	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1130.08

Prime Partner: Ministry of Health and Social Welfare, Tanzania

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 12387.08

Activity System ID: 13524

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$400,000

Activity Narrative: TITLE: Rapid strengthening of the Blood Safety Program in Tanzania

NEED and COMPARATIVE ADVANTAGE: The funding for this activity supplements Track 1.0 funding.

In the past, blood transfusion services in Tanzania have been predominantly hospital-based and reliant on replacement donations. This system was susceptible to higher prevalence of transfusion transmissible infections. Tanzania has since established a centralized coordinated blood transfusion system that is responsible for collection, processing, storage, and distribution of blood and blood products to health facilities. This system relies on voluntary, non-remunerated repeat blood donors (VNRBD). The Ministry of Health and Social Welfare (MOHSW) – National Blood Transfusion Service (NBTS) is responsible for provision of safe and adequate blood to all Tanzanians.

ACCOMPLISHMENTS: Seven blood transfusion centers have been renovated, equipped, and staffed for utilization. Of these, four centers have been operational since 2006 and the remaining three were inaugurated in 2007.

Because of donation protocol, units of blood collected also represent the number of blood donors counseled and tested for HIV and other TTIs. This component of blood donation significantly contributes toward attaining the PEPFAR goal for people receiving counseling and testing for HIV/AIDS. Blood collection from VNRBD has increased from 20% before 2005 to 80% in 2007. Large sensitization campaigns addressing blood donation stigma are conducted through mass media including television, radio, and newspapers.

A quality systems manual and monitoring and evaluation (M&E) tools (both paper-based and electronic forms) were developed and are currently being distributed to all implementers. In FY 2006, a computer system was implemented for management of NBTS information and is operational in one out of the seven zones in Tanzania. Currently, this system is undergoing implementation in the three additional zones and plans are underway for provision of nationwide coverage. Utilizing FY 2008 funds, the new centers will be technologically advanced. MOHSW management is presently in the process of establishing the NBTS as an executive agency through an act of Parliament.

ACTIVITIES: These activities will be accomplished through bilateral funding to complement Track 1.0 funding.

The Abbott Foundation will renovate 13 regional hospital based blood bank facilities while USG funding will support NBTS in procuring and installing equipment for storage and distribution in these facilities. This includes blood testing equipment, refrigerators, and cool boxes.

Access to adequate and safe blood transfusions will be accomplished through increasing opportunities, and a growing desire by the public, to participate in blood donation. Generating interest will result from a public sensitization campaign distributing positive messages about donating blood. Mass media, through information, education, and communication (IEC) material production and distribution, has potential for very broad coverage of community sensitization messaging. Ten newly procured vehicles will improve logistics for blood transportation from mobile teams to the zonal center, in addition to improving blood distribution, mobilization campaigns, and supportive supervision. Phones for health and Personal Digital Assistant (PDA) equipment will be used by the mobile teams to enter data while in the field, reach donors for recall, and to send motivational messages to new and repeating donors. NBTS will also develop audio/visual prevention messages to be used during donor recruitment and sensitization campaigns. This will necessitate the procurement of audio/visual devices through which each team in the various zones can relay educational, preventive, counseling, and recruitment messages. Goals are in place to increase the blood donation rate in the population from 3.3 units per 1,000 to at least 20 units per 1000 people.

The NBTS will equip four of the seven zonal blood banks to perform automated screening for HIV, HBV, HCV, and Syphilis. This will decrease turn around times for blood, reduce staffing needs for screening, and reduce the margin of error for testing. Transfusing blood components significantly reduces the physical need for blood collection. NBTS will also equip four zonal blood transfusion centers with modern component separation equipment for the production of blood components.

The NBTS, in collaboration with the Tanzania Red Cross, will set up and maintain blood donor clubs in six additional regions to make a grand 18 regions of Tanzania with donor clubs, paving the way for sustainable blood stores for the people of Tanzania. With technical assistance from CDC and American Association of Blood Banks (AABB), the National Blood Transfusion Service (NBTS) will promote rational use of blood in hospitals by orientating and training physicians, members of the blood committees, and staff at the blood banks. NBTS will encourage organizations to utilize Government of Tanzania (GoT) and USG procurement systems (e.g., MSD and SCMS) to ensure a reliable and continuous supply of reagents, test kits, and supplies for blood collection and processing at zonal centers and regional blood banks. Technical assistance (TA) from AABB and NBTS will determine the cost of providing one unit of blood and establish mechanisms for cost recovery.

The NBTS will ensure the quality of services offered at all blood service sites by implementing a quality management plan, subject to continued review. Additionally, the NBTS will hold regular advocacy meetings with decision makers from hospitals in order to disseminate updated NBTS policy and guidelines. NBTS management will provide supportive supervision to monitor the quality of pre-and post-test counseling, recruitment, testing, blood collection, transportation, storage, and distribution. A standardized tool will be developed for this purpose and corrective training or advice will be solicited as needed.

In order to assess its quality, impact, efficiency, and effectiveness, the NBTS will implement a three-year strategic plan and a comprehensive monitoring and evaluation (M&E) plan. Existing data collection and reporting tools will be reviewed for accuracy and relevance. Feedback will be incorporated into the tools for improvement of the M&E tools. The NBTS will also formulate a staff retention program to ensure skills-based management training background for employees. The NBTS will work with the National Malaria Control Program and President's Malaria Initiative to promote malaria prevention and the use of ITNs among blood donors, general population, and pregnant women and children under five years of age. NBTS will also collaborate with the NACP to promote HIV prevention through donor messages.

Activity Narrative: LINKAGES: The NBTS will link with the National Malaria Control Programme (MACP) and PMI to promote Malaria prevention messages. The NBTS also intends to collaborate with NACP to promote VCT through outreach activities. Linkages will also occur in collaboration with private business to devise blood donor incentive and retention.

The NBTS intends to collaborate with Phones for Health and local mobile phone companies for tracking data, donor notification, and incentives. The NBTS will also directly and indirectly link with the Ministry of Education and Vocational Training, to ensure that blood safety is included in the training curricula and advocate that culture and sports become part of blood safety activities, NACP to develop consistent messages for donor VCT and HIV prevention; the Injection Safety Department, to ensure injection safety and proper waste disposal; and Haukeland University Hospital, which also provides capacity building and quality improvement for NBTS.

CHECK BOXES: The blood safety program aims at ensuring adequate numbers of voluntary, non-remunerated repeating blood donors as a safe source of blood for transfusion. The program will target the general population.

M&E: The NBTS will collaborate with the AABB to develop an M&E program that will encompass all the key processes such as collection, processing, distribution, and utilization of blood. Gathering statistics on the number 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. The required PEPFAR indicators will constitute part of the monitoring tools to ensure planning, implementation, and effectiveness of project objectives. Qualified M&E personnel will be hired to achieve the COP 2008 M&E implementation plan and its roll out to the zonal centers.

Gap analyses will be performed to identify potential opportunities for enhancement and improvement. Subsequently, a model will be developed that incorporates existing NBTS procedures and desired industry M&E best practices.

SUSTAINABILITY: Currently there are plans to institute cost recovery mechanisms for the blood transfusion services offered by the NBTS. In addition, making the NBTS an executive agency will ensure Government Fiscal allocations to NBTS for blood safety program activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12387

Related Activity: 17026, 13644, 13574, 16510, 16512, 13411, 13431, 13523, 13624

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12387	12387.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	4562	1130.07		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16512	16512.08	8553	8553.08	P4H	Voxiva	\$200,000
13624	9473.08	6567	1470.08	Base	US Centers for Disease Control and Prevention	\$56,400
13644	5026.08	6568	4950.08	GHAJ	US Centers for Disease Control and Prevention	\$61,012
13431	8223.08	6494	4780.08	Track 1.0	American Association of Blood Banks	\$500,000
16510	16510.08	6548	4790.08		Partnership for Supply Chain Management	\$34,450
17026	17026.08	7626	7626.08	Track 1.0	Regional Procurement Support Office/Frankfurt	\$500,000
13574	12388.08	6553	2244.08		Regional Procurement Support Office/Frankfurt	\$666,224
13523	8720.08	6540	4920.08	Track 1.0	Ministry of Health and Social Welfare, Tanzania	\$3,500,000
13411	8221.08	8553	8553.08	P4H	Voxiva	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 2244.08

Prime Partner: Regional Procurement Support
Office/Frankfurt

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 12388.08

Activity System ID: 13574

Mechanism: N/A

USG Agency: Department of State / African
Affairs

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$666,224

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12388

Related Activity: 13524, 16510, 16512, 17026,
13644, 13431, 13624

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23479	12388.23479.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	9915	2244.09	RPSO	\$300,096
12388	12388.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13524	12387.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$400,000
16512	16512.08	8553	8553.08	P4H	Voxiva	\$200,000
13624	9473.08	6567	1470.08	Base	US Centers for Disease Control and Prevention	\$56,400
13644	5026.08	6568	4950.08	GHA1	US Centers for Disease Control and Prevention	\$61,012
13431	8223.08	6494	4780.08	Track 1.0	American Association of Blood Banks	\$500,000
16510	16510.08	6548	4790.08		Partnership for Supply Chain Management	\$34,450
17026	17026.08	7626	7626.08	Track 1.0	Regional Procurement Support Office/Frankfurt	\$500,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 5026.08	Planned Funds: \$61,012
Activity System ID: 13644	

Activity Narrative: 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 will collaborate 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 Counselling 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 targeted 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7837

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23483	5026.23483.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$97,600
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

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1470.08 **Mechanism:** Base
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Medical Transmission/Blood Safety
Budget Code: HMBL **Program Area Code:** 03
Activity ID: 9473.08 **Planned Funds:** \$56,400
Activity System ID: 13624
Activity Narrative: TITLE: Management and Staffing
 ACTIVITIES: This activity is split-funded between GAP and GHAI. Please refer to activity 5026.08 for the activity narrative.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 9473
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23478	9473.23478.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$47,478
9473	9473.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$61,680

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8553.08

Prime Partner: Voxiva

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 16512.08

Activity System ID: 16512

Mechanism: P4H

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$200,000

Activity Narrative: TITLE: Phones for Health: SMS for Blood Safety

NEED and COMPARATIVE ADVANTAGE: Information technology companies have not been absent from efforts to address HIV and AIDS in places like Sub-Saharan Africa. Participants in the first "Role of the Technology Sector in the Global Response to HIV/AIDS" working session shared specific experiences in using existing technologies to develop critical solutions to the capacity challenges in AIDS-affected environments. Private sector information technology and telephone companies are an increasingly more important component in addressing the HIV/AIDS epidemic globally. In order to increase data efficiency, accuracy, and timely reporting, there has been a move toward automation of the data collection process, and other blood service processes. This database helps the National Blood Transfusion Service (NBTS) to collect and store important data for communicating and monitoring blood donor management processes. Phones for Health will assist in telecommunications, serving as a recruitment tool for initial donors, a reminder to return for repeat donors, a means for giving and receiving feedback, and a means for motivation through subsidized SMS phone calls and generation of reports.

In FY 2007, the central database was established at headquarters and since its inception, telecommunications have proven successful at linking the zonal system with NBTS headquarters. The Eastern zone was the pilot experiment, and now logistics are in place to begin rolling out to the other 6 zonal centers. All of the data flows from the zonal centers to headquarters, which serves as a central point for analysis and decision-making. Previously, the NBTS manually collected data and then transferred it to the computer - a process that is slow, associated with transcription errors, and not amiable to broader information coverage. In order to increase data efficiency, accuracy, and timely reporting, there has been a positive shift toward automation of the data collection process, with the potential to apply automation initiatives to other blood service processes. In FY 2008, this will be achieved by procurement of personal digital assistants (PDAs), which will be used by data collection teams in all zones. Maintenance of the information system, database review, and occasional upgrading procedures will be conducted through a public-private-partnership working with Phones for Health to facilitate data collection, reporting, feedback, and information transfer to repeating blood donors through subsidized mobile phone messages. All of the information will be linked to the central computer database for convenience.

ACCOMPLISHMENTS: New activity

ACTIVITIES: In FY 2008, the NBTS plans to work with different cooperatives to establish and sustain ample resources of repeated blood donors who voluntarily and regularly come forward to donate blood without any remuneration. Activities include developing a mechanism for donor recall on regular and emergency bases, formulating dialogue to motivate previous donors, re-invite lapse donors, and sustain donor clubs by regularly keeping in touch with the implementing partner (NBTS) and advocating for blood donation as an altruistic and healthy behavior.

Phones for Health will assist NBTS tele-recruitment by subsidizing charges for simple messaging systems (SMS). Messages will be sent to non-remunerated voluntary repeated blood donor for the purpose of donor recall. Other uses of the phones could include emergency donation calls or mass distribution of preventive, and/or donor appreciation messages. Phones for Health may send messages on holidays or utilize telecommunications to thank the donor for giving life. Phones for Health will sponsor some of the NBTS advocacy messages through various media of communication (e.g., television, newspapers, and radios) and could potentially assist in monitoring and evaluation initiatives by providing a medium for donor feedback and reporting capability.

LINKAGES: Phones for Health will link with NBTS.

M&E: The activities will be monitored throughout the implementation of the program for expected outcome, and impact to blood donor management system.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$200,000

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4790.08

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 16510.08

Planned Funds: \$34,450

Activity System ID: 16510

Activity Narrative: TITLE: Supply Chain Management Systems (SCMS) for Blood Safety

NEED and COMPARATIVE ADVANTAGE: Tanzania is establishing a centralized coordinated blood transfusion system, which depends mainly on building a pool of voluntary non-remunerated blood donors who are mainly recruited through mobile sessions. In the past, the recruitment and intake information was often collected through paper-based tools which are eventually recorded into a computer database. The process is time consuming, requires a lot of labor, and has a very large potential for transcription error. In FY 2008, the National Blood Transfusion Service (NBTS) is looking to explore various methods to automate some of the recruitment processes by utilizing personal digital assistant (PDA) equipment in the field, which would enable users to send information back to the central computer database at the mere click of a button. With long-standing capacity and experience in negotiations concerning the supply chain management, SCMS will support the NBTS to procure and install PDA equipment.

ACCOMPLISHMENTS: SCMS has experience in procurement of different items for PEPFAR supported programs. In FY08 NBTS plans to ease the process of data collection in the field especially in mobile donation sessions through use of PDAs.

ACTIVITIES: SCMS will procure PDAs for integration, convenience, and accuracy of many different types of data.

LINKAGES: This activity is closely linked to NBTS-PPP-phone for health, and NBTS-RPSO-Renovation

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 NBTS headquarters in order to track performance, assess convenience of electronic tools compared to manual tools for information transfer.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7626.08	Mechanism: Track 1.0
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 17026.08	Planned Funds: \$500,000
Activity System ID: 17026	
Activity Narrative: 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.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13431, 13524, 13574, 16510,
16512, 13644, 13624

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13524	12387.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$400,000
16512	16512.08	8553	8553.08	P4H	Voxiva	\$200,000
13624	9473.08	6567	1470.08	Base	US Centers for Disease Control and Prevention	\$56,400
13644	5026.08	6568	4950.08	GHA1	US Centers for Disease Control and Prevention	\$61,012
13431	8223.08	6494	4780.08	Track 1.0	American Association of Blood Banks	\$500,000
16510	16510.08	6548	4790.08		Partnership for Supply Chain Management	\$34,450
13574	12388.08	6553	2244.08		Regional Procurement Support Office/Frankfurt	\$666,224

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$3,206,945

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Annually, in Tanzania, the World Health Organization (WHO) estimates that at least 5% of new HIV infections are attributable to unsafe injections. To assess current medical injection practices and extent of risk, USG supported the Infection Prevention and Control-Injection Safety (IPC-IS) program's cross-sectional assessment of five medical injection safety pilots at referral and consultant hospitals in 2004. The study evaluated infection control and safe injection practices among physicians, health workers, patients, and community members. The study found that unsafe injection practices occurred in 47% of instances, with high numbers of needle stick injuries among health workers (1-9 needle stick injuries per year). Another finding was the prevalence of inadequate disposal procedures (89%). The study also revealed that 50-90% of curative injections given were unnecessary and could have been avoided by a prescription of vitamins or antibiotics). Furthermore, post-exposure prophylaxis (PEP) is neither widely used nor consistently available. The most important factors contributing to unsafe practices, which can result in needle stick injuries to health staff, are the lack of safe disposal containers, improper disposal procedures, and disposal of hazardous waste in open and unguarded rubbish areas. Another review of the IPC-IS program was conducted in May 2007, the midpoint of the five-year program. The review included input from the Ministry of Health and Social Welfare (MOHSW), as well as other injection safety partners, and served as a means of evaluating the project to date by identifying achievements and discussing challenges. Current strategies were evaluated and lessons learned were used to inform strategic modifications aimed at sustaining the coverage and quality of the program's interventions in its final two years.

The Government of Tanzania (GOT) and the USG remain committed to ensuring safe, quality health care services to Tanzanians through the implementation of IPC-IS. With funding from the USG under the President's Emergency Plan for AIDS Relief (PEPFAR) to the MOHSW, John Snow, Inc research and training institute (JSI), and Johns Hopkins health program for international education in gynecology and obstetrics (JHPIEGO) are working in collaboration with other non USG partners to achieve the three-step strategy recommended by the WHO and the safe injection global network (SIGN). This includes supporting behavior change for healthcare workers and patients to ensure safe injection practices, ensuring availability of equipment and supplies, and introducing safe management procedures for disposal of medical waste. The objectives of the program are to strengthen the national capacity to establish policies for safe and appropriate use of injections; ensure industry standards and the quality and safety of injection devices; and guarantee the availability and affordability of injection devices. The program will also: ensure appropriate and cost-effective use of injections during percutaneous or per mucosal procedures performed in medical and other settings; ensure safe and appropriate health care waste and sharps management in all health care facilities; implement PEP for HIV exposure; and vaccinate all health workers at risk of Hepatitis B infection.

The program began implementing interventions in five sites in 2004 utilizing support from USG. By March 2007, the program had covered 143 regional, district, faith-based and private hospitals (12 in 2004/05, 70 in 2005/06 and 61 in 2006/07) and trained 15,000 health workers. This represents two-thirds of the 227 hospitals in the country. Through advocacy efforts and work with the stakeholders' forum, policy guidelines for injection safety and health care waste management have been developed. Additionally, health worker training has been decentralized through the MOHSW zonal training centers, and as of 2003, the MOHSW has incorporated injection safety (IS) into the infection prevention and control (IPC) training and national guidelines. Two injection safety-training manuals, Do No Harm for trainers and Participants, were developed, adapted, and harmonized to fit within the Tanzanian context. The program has developed a team of trained trainers (TOT) in each hospital comprised and this cascade training has rapidly expanded IPC-IS interventions into all public hospitals. Selected private sector and faith-based organization (FBO) hospitals in the country have also utilized IPC-IS interventions. MOHSW and partners have succeeded in including the reuse prevention syringes and safety boxes in the national essential drug list of Tanzania (NEDLIT), representing significant progress in safe injection commodity security. With encouragement from the JSI, international syringe manufacturers registered their reuse prevention injection devices with the Tanzania food and drug administration (TFDA), allowing the medical stores department (MSD) and local dealers to import their products and sell them in the local market. The MOHSW has coordinated the IPC-IS implementation by organizing stakeholders through Infection Prevention Control Committees and Health Care Waste Management Committees at both the Ministry level and facility levels. Through these bodies, the program ensures that the MOHSW goal for all healthcare workers to practice universal safety precautions across all services related to HIV/AIDS is achieved. The program has successfully established a safer environment where healthcare workers and patients are protected from transmission of HIV and other blood-borne pathogens via medical practices.

The program aims to contribute to the PEPFAR goal of averting an estimated 490,000 HIV infections that occur annually in Tanzania. This will be achieved through the prevention and control of infections, reducing the occurrence of sharps injuries and other exposures, and elimination of unsafe injection practices in Tanzania and therefore reduce the burden of bloodborne pathogens and other infections. Rolling out the program has been possible through a clear division of tasks between the three USG partners, namely, MOHSW, JSI, and JHPIEGO supplemented by other key actors in Tanzania. The decentralization of training to the zonal level has served to speed the implementation of the program, especially in the area of training health workers and has proven to be cost effective. Key challenges include the need to implement the PEP policy and guidelines for healthcare workers; ensuring continued quality training for healthcare workers in IPC-IS; and procurement of injection equipment with safety features, safety boxes for health facilities, and protective gear for waste handlers.

USG support in FY 2008 will focus on strengthening the IPC-IS program scale-up to 400 health centers and over 4,300 dispensaries in Tanzania. This will present an opportunity for the program to improve the quality of programming and increase its coverage. The USG will provide ongoing technical assistance and funding to MOHSW and other partners for the continued expansion of IPC-IS interventions to new regions. USG efforts, coordinated with the MOHSW and other donors, maximize both geographic and programmatic coverage. Capacity strengthening of referral hospitals and zonal training centers in the application of and education in standard safety precautions, including waste management, will be a critical component of the USG's activities fostering long-term sustainability. This will include the implementation of targeted advocacy and behavior change strategies; availability of adequate quantities of reuse prevention syringes; institutionalization of the supervision system to ensure that health workers apply what they have learned through regular monitoring planned by MOHSW and conducted quarterly in collaboration

with partners. A checklist was developed using international injection safety standards including IPC-IS in the curricula of medical and allied health sciences training institutions. Critical priorities include: continuing the decentralization of training to zonal training centers through the development of a model for training health care workers in lower-level facilities; developing a strategy for local production of injection equipment with safety features; and orientation of the regional health management teams, district health management teams, and hospital management teams on IPC-IS. Other activities include; incorporating IPC-IS commodities and supplies into annual plans; building the capacity of the TFDA and Tanzania bureau of Standards (TBS) to develop quality standards for injection devices and other supplies; sensitizing private sector suppliers so that local products can be available on the local market; and supporting pharmaceutical services unit/MSD to develop a maximum-minimum inventory control systems for injection devices and related supplies. Collaboration must be coordinated with DELIVER program so that syringes and related supplies are incorporated into the integrated logistic management information system. In addition, partners must lobby for vaccination of healthcare workers at risk of Hepatitis-B infection with Hepatitis-B vaccines; train tutors in health training institutions on IPC-IS; and integrate IPC-IS trainings into the existing training curriculum for health training institutions. The USG will support MOHSW develop a comprehensive strategy to continue improving and strengthening the quality of IPC-IS activities in health facilities. MOHSW will work closely the district and municipal councils to leverage resources for IPC-IS, support HMT in estimating the resource requirements for the activities. Lastly, advocacy to include IPC-IS activities in both the medium term expenditure framework and the Comprehensive Council Health Plans must be prioritized in order to ensure sustainability.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 9695

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1130.08	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: Medical Transmission/Injection Safety
Budget Code: HMIN	Program Area Code: 04
Activity ID: 3500.08	Planned Funds: \$600,680
Activity System ID: 13525	

Activity Narrative: 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 2008, 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 2,000 healthcare providers and conduct refresher training for IPC-IS core teams of 20 TOT on IPC-IS using the Kiswahili version of the guidelines and conduct an evaluation of the training program on IPC-IS for health workers in the lower level facilities.
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 1000 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, 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.

CHECK BOXES: With regard to human capacity development, in-service training will be conducted for healthcare workers. Tutors from health training institutions will be trained and will in turn train their students as well as reviewing the curriculum. Medical schools within Muhimbili University College of Health Sciences will be required to include IPC-IS and quality improvement subjects in their curriculum.

M&E: The MOHSW, through HSIU, is in the final stages of reviewing and updating supportive supervision guidelines. This will be utilized at all levels of health services provision during supervision. The guidelines will cater to internal and external supportive supervision/inspection requirements. The MOHSW will also strengthen capacity of RHMT in supervising CHMTs and individual facilities in their regions. Supervision visits will be conducted quarterly to ensure compliance. The MOHSW will collaborate with partners to track progress of the different activities through monthly work plan monitoring and reporting sessions.

SUSTAINABILITY: The MOHSW will advocate for inclusion of IPC-IS activities in Comprehensive Council Health

Plans (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.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 7759
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22546	3500.22546.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	9719	1130.09		\$500,680
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

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	2,000	False

Indirect Targets

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1171.08	Mechanism: N/A
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 3422.08

Planned Funds: \$393,016

Activity System ID: 13501

Activity Narrative: 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).

With FY 2008 funding, JHPIEGO/ACCESS will collaborate 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 2007 plus up funding to introduce the IPC performance standards and the QI approach. This initiative will come to fruition when FY 2008 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 IPC-IS, 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.

CHECK BOXES: The area of emphasis for this program is human capacity development through pre-service training institutions and health workers at selected hospitals. The target population is the general population who access health services at hospitals. Health care workers will also benefit from reduced instances of nosocomial infections, such as transmission of HIV.

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 in implementing infection prevention practices to standard guidelines. All work on the QI in the 26 facilities

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7730

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22544	3422.22544.09	U.S. Agency for International Development	JHPIEGO	9717	1171.09	MAISHA	\$332,669
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

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	195	False

Indirect Targets

Coverage Areas

Kibaha
Dodoma Urban (prior to 2008)
Mpwapwa
Bukoba Urban (prior to 2008)
Muleba
Mbeya Urban (prior to 2008)
Kilombero
Morogoro Urban (prior to 2008)
Sumbawanga Urban (prior to 2008)
Korogwe

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1192.08

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 3441.08

Activity System ID: 13503

Mechanism: Track 1.0

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$2,213,249

Activity Narrative: 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: 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.

CHECK BOXES: Training of in-service health workers in hospitals, dispensaries, and health centers to ensure capability, to maximize prevention control, disseminate information regarding injection safety practices. Activities also address health care waste management, IEC/behavioral change, training of hospital management team and DHMT on best practices to deliver supportive supervision and maintain a sustainable level of commodities within all health facilities.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7732

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22545	3441.22545.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	9718	1192.09	Track 1.0	\$637,034
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

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	7,500	False

Indirect Targets

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$11,569,616

Amount of total Other Prevention funding which is used to work with IDUs	\$600,000
Estimated PEPFAR contribution in dollars	\$250,000
Estimated local PPP contribution in dollars	\$250,000

Program Area Context:

The Government of Tanzania (GOT), through its new National Multisectoral Strategic Framework (NMSF) 2008 – 2012, has identified its #1 priority as the prevention of new HIV infections. In support of this renewed emphasis and focus on prevention, the USG/Tanzania's Prevention Theme Group has proposed an increase in sexual prevention funding of 69% and an increase in C&OP funding of 75%.

The Tanzania HIV/AIDS indicator Survey 2003-2004 (THIS) indicates that Tanzania is facing a generalized HIV epidemic with a national prevalence rate of 7% and with females having a slightly higher rate (7.7%) than males (6.3%). Since the first AIDS cases were reported in 1983, HIV infection has spread to all regions and districts of the country. There are important variations in HIV prevalence rates across the country resulting in multiple localized HIV epidemics with regional and district dimensions that must be carefully considered for effective programming. The epidemic in the Zanzibar archipelago, for example, is very different from that of the mainland with an overall prevalence rate of less than 1%, and a concentrated epidemic among MARPs, most notably, Injecting Drug Users (IDUs).

The vast majority of new HIV infections in Tanzania are transmitted through sexual contact (80%) and yet relatively few individuals (5% of women and 7% of men) are aware of their HIV status. THIS data point to elevated levels of high risk sex and multiple sexual partnerships in Tanzania with 5% of married & 10% of unmarried women and 25% of married & 32% of unmarried men having had more than 1 partner in the 12 months before the survey. According to the THIS, almost 24% of sexually active women and 46% of sexually active men had engaged in sex with a non-cohabitating partner. Condom use in Tanzania is low and inconsistent with only 38% of women and 50% of men who reported having recently had higher-risk sex, using a condom at last higher-risk sexual encounter. Despite the prevalence of high risk behaviors, perceptions of personal risk are low with only about 4 in 10 Tanzanian adults indicating that they are at risk of becoming infected with HIV. HIV infection among commercial sex workers (CSWs) is as high as 60% and anecdotal evidence points to increasing numbers of CSWs particularly in urban areas, ports, major trading points, border towns and along the transportation corridors.

Key prevention priorities for PEPFAR's Condom and Other Prevention program are to: 1) increase the proportion of the sexually active population, who use condoms correctly and consistently, especially in rural areas, and promote and expand the availability of female condoms as a female controlled method; 2) strengthen and scale up targeted interventions for most at-risk populations, including commercial sex workers, IDUs and truckers and for communities that interface closely with these populations; 3) empower young people with the knowledge and skills necessary to protect themselves against HIV-infection – including correct and consistent condom use for higher risk and sexually active youth; 4) reduce risk of infection among those most vulnerable due to socio-cultural factors, gender inequality and sexual abuse; 5) increase the involvement of public and private sector enterprises and informal sector operators in the development and implementation of comprehensive workplace interventions with special attention for mobile and migrant workers; 6) increase the number of Tanzanians who know their HIV status and who adopt appropriate measures to protect themselves and/or their partners from infection and re-infection (PWP); and 7) introduce and scale up emerging prevention interventions based on scientific evidence. The USG priorities listed above are in line with and fully support the GOT's new NMSF.

Key contextual factors which will continue to be addressed through PEPFAR programming include poverty and transactional sex, high risk sexual behaviors attributable to harmful male gender norms, substance abuse issues such as the consumption of alcohol and injecting drug use, and labor mobility which leads to separation of spouses and to increased temporary sexual relationships.

The USG PEPFAR program aims to support the GOT through multiple culturally appropriate and targeted initiatives focused on reducing individual risk through behavior change programming and through broader efforts to support an enabling environment in which socio-cultural and gender norms that facilitate reduced risk of HIV infection are mainstreamed. In FY 2008, the PEPFAR C&OP program will be brought to scale in order to keep 93% of HIV negative Tanzanians "HIV-free" and intensify the concentration of targeted interventions reaching the highest prevalence and most vulnerable populations.

The USG C&OP portfolio will build on gains made in empowering sexually active youth and adult populations to make safer choices and to protect themselves and their partners against HIV/AIDS infection and re-infection. In FY 2008, a focus of USG C&OP partners is to expand access to male and female condoms and to increase dosage/exposure to other prevention programming/messages in Tanzania's highest prevalence areas and HIV infection "hot spots." While some initiatives will target the general population with HIV knowledge and risk assessment programming, the majority of C&OP programs will target higher risk populations such as truckers, commercial sex workers, uniform service members (including Tanzania People's Defense Force, police, prison guards and immigration officials), high risk youth, migrant populations in the agricultural, fishing, mining and environmental protection sectors and communities that live in close proximity to these focus populations.

Large scale mass media, drama and "edutainment" programs that maximize synergy with national and regional festivals and other annual events will be complemented by targeted interpersonal communication strategies including the use of community based gatherings led by popular opinion leaders, participatory village level discussion/program development age and gender cohort groups, adult and youth peer educators/counselors, peer support groups, workplace counselors and PLWHA post-test clubs for prevention with positives and discordant couples. All programs will address gender issues, gender based violence, alcohol/substance abuse as related to sexual risk taking, and other socio-cultural and human rights factors that increase risk and vulnerability to HIV infection. Some programs will also incorporate socio-economic strengthening activities to reduce vulnerability

caused by poverty and economic disempowerment particularly among women and orphans.

Two programs will directly address injecting drug users and overlapping populations in Zanzibar and in targeted venues on the Tanzanian mainland where this high risk behavior is becoming more prevalent. Peace Corps Volunteers (PCVs) will continue to incorporate C&OP programming into their multi-sectoral work. Health Education PCVs will primarily use a life skills approach with secondary school youth, parents and teachers. In FY 2008, the USG will continue to fund a male circumcision assessment that will serve as a precursor to establishing effective and culturally appropriate adult male circumcision programs in country under the leadership of the GOT.

The 2008 USG C&OP program includes a broad portfolio of implementing partners, spanning public and private sectors and coordinating closely with national, regional and local governments to address the key prevention priorities of the GOT. These include: 9 NGO/CBOs addressing detrimental socio-cultural/gender norms, high risk behaviors, personal risk assessments, correct/consistent male and female condom use and distribution and alcohol/substance abuse among adults and high risk youth at both the national and regional/district levels; 5 NGOs/CBOs addressing workplace C&OP programming including condom distribution particularly among migrant or highly mobile laborers; and 5 NGO/CBOs targeting specific high risk populations such as truckers, commercial sex workers and injecting drug users in areas where high risk sex is taking place. Over 10 USG partners explicitly link target populations to Voluntary Counseling and Testing (VCT) services and the majority of these partner with PLWHA post-test clubs and support groups to implement prevention with positive initiatives including working with discordant couples. All partners are strengthening their capacity to link and refer individuals to the full spectrum of services along the prevention to care continuum.

Additionally, a new USG organizational structure has been created which is designed to further strengthen the medical and sexual prevention programs by pairing them with the counseling and testing program under a single Prevention and Testing Strategic Results Unit (SRU). The USG Prevention SRU recognizes the vital importance of fostering partnerships and close coordination among USG implementing partners, the GOT and other key stakeholders including other donors, civil society, faith based organizations and people living with HIV/AIDS. One highlight to date has been the collaboration between 4 key partners in OP - in developing two new joint initiatives focused on high risk youth and HIV/alcohol programming. In 2008, the USG prevention SRU will work to facilitate regular meetings of all USG prevention partners to share lessons learned and best practices and to improve collaboration and coordination to maximize synergies and minimize duplication particularly in materials and curriculum development. The SRU will also proactively engage key GOT counterparts to re-examine USG prevention programming and ensure that PEPFAR efforts are fully aligned with and supportive of key priorities as identified in the new NMSF.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	28112
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3365150
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4911

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1028.08	Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 8723.08	Planned Funds: \$171,550
Activity System ID: 13505	

Activity Narrative: 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 Rwanda, 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 dramas 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8723

Related Activity: 17004, 17008, 13506, 13507, 13422, 13481, 13508

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23268	8723.23268.09	Department of Defense	Kikundi Huduma Majumbani	9983	1028.09		\$191,550
8723	8723.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
17004	17004.08	7570	7570.08		Mbeya HIV Network Tanzania	\$396,550
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13507	3376.08	6530	1028.08		Kikundi Huduma Majumbani	\$150,000
13508	8660.08	6530	1028.08		Kikundi Huduma Majumbani	\$166,975

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	44	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	900,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Nkasi
Chunya
Kyela
Mbarali
Mbeya
Rungwe
Mpanda
Sumbawanga
Mbinga
Namtumbo
Tunduru

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1136.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 3392.08

Activity System ID: 13569

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$236,200

Activity Narrative: TITLE: Providing HIV/AIDS Prevention programs to TPDF.

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 procure and develop IEC and life skills materials specific for military populations. A video, a card game, and several other printed materials have been produced and distributed to all camps and health facilities, many supplied through UN programs for militaries. Twenty-four TOTs and 480 peer educators have been trained. Condoms are procured by Tanzania marketing and communications (T-MARC) and MSD and distributed to 86 outlets. Prevention for positives counseling through health facilities for HIV-positive individuals concerning the risk of HIV transmission has already been initiated under FY 2007 funds.

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.

2) Execute prevention programs targeting high-risk behavior: 2a) Re-training of 24 TOTs and training of 480 peer educators, (at least two per military, navy, and air force camp); 2b) Support peer educators in continued prevention/outreach efforts through commodities, printed material, and coordinated planning sessions to allow an exchange of lesson learned by peer educators; 2c) Train women's groups living within the barracks near the TPDF hospitals and camps to advocate HIV testing and less risk full behavior; 2d) Ensure all military hospitals, detachment, training border camps, and the training camps of the National Services are reached with these services.

3) Strengthen prevention for positives component: 3a) Train 102 clinicians and HIV counselors of 8 military hospitals (3 per site), nine health centers, 16 training camps and 14 training sites of the National Service (2 per site); 3b) Establish separate post-test group sessions of HIV-negative and HIV-positive persons for targeted prevention messaging.

4) 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- MARCH.

LINKAGES: PAI and the TPDF will 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 existing 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 2008 will ensure a close linkage of the HIV/AIDS programs of the TPDF to national strategies and programs implemented under the MOHSW.

CHECK BOXES: Funding will support establishing post-test group, training of counselors, and peer educators. Funds will also support executing education activities and the distribution of condoms. It is expected that these HIV prevention activities will 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; their dependents; and tens of thousands civilians from the communities around the military hospitals, health centers, and military camps by September 2009.

M&E: Quantification of the effect of prevention activities is not yet standardized. Management of the TPDF camps will collect and report on the data. TPDF management will be trained 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, 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 the military setting, staff turnover is low. Once trained, 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 Medical Services to integrate services in military budgets at the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7787

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25082	3392.25082.09	Department of Defense	PharmAccess	9984	1136.09		\$286,200
7787	3392.07	Department of Defense	PharmAccess	4572	1136.07		\$535,000
3392	3392.06	Department of Defense	PharmAccess	2838	1136.06		\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	860	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	303	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Monduli

Kinondoni

Dodoma

Iringa

Bukoba

Kaskazini A (North A)

Moshi

Mbeya

Morogoro

Nyamagana

Kibaha

Songea

Tabora

Tanga

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1228.08

Mechanism: M&S

Prime Partner: US Agency for International
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9490.08

Planned Funds: \$325,000

Activity System ID: 13607

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9490

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23274	9490.23274.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$434,000
9490	9490.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$100,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1175.08

Prime Partner: Academy for Educational Development

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 3424.08

Activity System ID: 13422

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$3,900,000

Activity Narrative: 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 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 non-traditional 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 rebranding 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 subgrantees. 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 the female condom.

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.

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7667

Related Activity: 17008, 17040, 13480, 13485

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23270	3424.23270.09	U.S. Agency for International Development	Academy for Educational Development	9985	1175.09		\$4,025,000
7667	3424.07	U.S. Agency for International Development	Academy for Educational Development	4510	1175.07		\$3,400,000
3424	3424.06	U.S. Agency for International Development	Academy for Educational Development	2849	1175.06		\$2,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13480	4846.08	6517	3490.08	ROADS	Family Health International	\$1,103,286
13485	8722.08	6518	4907.08	UJANA	Family Health International	\$1,000,000
17040	17040.08	6525	1225.08	CAPACITY	IntraHealth International, Inc	\$50,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	13,800	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	550,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Ilala
Kinondoni
Temeke
Iringa
Kilolo
Ludewa
Makete
Mufindi
Njombe
Hai
Moshi
Mwanga
Rombo
Same
Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Mbinga

Namtumbo
Songea
Tunduru
Bariadi
Bukombe
Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8547.08
Prime Partner: Columbia University
Funding Source: GHCS (State)
Budget Code: HVOP
Activity ID: 12384.08
Activity System ID: 13389

Mechanism: UTAP
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$200,000

Activity Narrative: TITLE: Male Circumcision Situational Analysis, Results Dissemination and Advocacy Efforts

NEED and COMPARATIVE ADVANTAGE: Evidence of the effectiveness of male circumcision as an HIV prevention intervention has been met with great excitement, and this intervention is being considered for implementation and scale-up in communities with high rates of HIV infection and low rates of circumcision of male circumcision. However, it is also widely acknowledged that scaling up of this intervention is complicated by various factors that require careful evaluation. These include the following: religious, cultural and societal beliefs and norms; the fact that male circumcision is not 100% effective and thus it must be combined with other known effective HIV prevention methodologies (e.g. consistent use of male or female condoms and treatment of sexually transmitted infections); and the procedure that may be associated with potential adverse events.

ACCOMPLISHMENTS: A potential partner has been identified for this activity and pending official reprogramming approval from OGAC and CDC, the situational analysis can begin using WHO draft assessment tools.

ACTIVITIES: In order to appropriately plan for possible implementation and scale-up of male circumcision in Tanzania, careful assessments are needed. FY 2008 funds are requested to finalize assessments to guide male circumcision policy development and planning for future service delivery in Tanzania. Assessments 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. The assessments will be designed and carried out by a TBD partner with assistance from the PEPFAR male circumcision task force. WHO/UNAIDS tools will be adapted and used for assessment activities.

In order to determine acceptability of male circumcision, focus group discussions and surveys were initiated with FY 2007 funds in Kagera and Kigoma, regions where there is high prevalence of HIV infection and low rates of male circumcision. In FY 2008, focus will be on completing the assessments focusing on: demographic characteristics, health status, social characteristics, sexual behaviors, knowledge of male circumcision and its effect on HIV acquisition, perceived benefits and risks, other attitudes regarding this procedure, and anticipated effects on sexual behavior. Prior to initiation of specific activities, appropriate human subjects review will be obtained at the TBD partner organization, in Tanzania and at CDC.

To determine feasibility of scale-up of male circumcision, the TBD partner will conduct facility surveys. The survey instrument will be developed to determine facility readiness to provide adult male circumcision as well as the necessary post-operative care. Cost of the procedure including post-operative care will be determined based on information collected through survey instruments. This will be developed through collaboration with a health economist. Cost per case averted will be calculated.

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.

At the request of the MHSW, educational material may be developed with key messages appropriate for potential candidates for male circumcision and their sexual partners. The key messages will be carefully developed and will need to 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.

LINKAGES: The situational analysis and assessments will be conducted in facilities and regions supported by USG care and treatment partners. Data from every aspect of the effort will be shared with these partners including feasibility, acceptability and costs. In addition, materials and tools developed for purpose of scale-up 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, the TBD partner will advocate for the development of a single sentinel surveillance and reporting system.

SUSTAINABILITY: The focus of this activity is to collect data that will be used to shape national policy on male circumcision, which will ultimately shape a sustainable male circumcision program in Tanzania.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12384

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23288	12384.2328 8.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$295,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Biharamulo

Bukoba

Karagwe

Muleba

Ngara

Chato

Misenye

Kasulu

Kibondo

Kigoma

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4907.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8722.08

Activity System ID: 13485

Mechanism: UJANA

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$1,000,000

Activity Narrative: TITLE: UJANA, Comprehensive HIV Prevention for Youth

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 T-MARC, 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8722

Related Activity: 17008, 13422, 13481

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23278	8722.23278.09	U.S. Agency for International Development	Family Health International	10568	4907.09	UJANA	\$1,000,000
8722	8722.07	U.S. Agency for International Development	Family Health International	4907	4907.07	UJANA	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	90,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Coverage Areas

Arusha

Ilala

Kinondoni

Temeke

Dodoma

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Kilolo

Ludewa

Makete

Mufindi

Njombe

Bukoba

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Tumbatu Sub-District (prior to 2008)

Kigoma

Moshi

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Lindi

Babati

Musoma

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbozi

Rungwe

Kilombero

Kilosa

Morogoro
 Mvomero
 Ulanga
 Mtwara
 Nyamagana
 Kibaha
 Bagamoyo
 Kisarawe
 Mafia
 Mkuranga
 Rufiji
 Sumbawanga
 Songea
 Shinyanga
 Singida
 Tabora
 Tanga
 Mjini (Urban)
 Magharibi (West)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1177.08	Mechanism: N/A
Prime Partner: Central Contraceptive Procurement	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 3508.08	Planned Funds: \$850,000
Activity System ID: 13454	

Activity Narrative: 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 (T-MARC). 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 non-traditional (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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7695

Related Activity: 13537, 13422, 16371, 13569

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23271	3508.23271.09	U.S. Agency for International Development	Central Contraceptive Procurement	9986	1177.09		\$1,000,000
7695	3508.07	U.S. Agency for International Development	Central Contraceptive Procurement	4527	1177.07		\$648,440
3508	3508.06	U.S. Agency for International Development	Central Contraceptive Procurement	2898	1177.06		\$1,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
16371	16371.08	7408	7408.08		PharmAccess	\$337,500
13569	3392.08	6551	1136.08		PharmAccess	\$236,200

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3490.08	Mechanism: ROADS
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 4846.08	Planned Funds: \$1,103,286
Activity System ID: 13480	

Activity Narrative: 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 Safe-T-Stop and the VAA condom campaign. ROADS has integrated VAA branding in Safe-T-Stop branding and linked T-MARC with bars/guest houses collaborating with the project. In Tunduma, ROADS coordinates closely with DOD to ensure synergy in HVOP and to jointly fund selected activities. The project is also linked with COTWU to reach transport workers. 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 Safe-T-Stop 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, PLWHA, and religious leaders. ROADS M&E system will be fully integrated with the National Monitoring System. Qualitative and quantitative data will be collected by the ROADS site coordinators in collaboration with indigenous volunteer groups reporting to districts and ROADS. Through case studies and success stories, the project will document person-level impact. The project will conduct focus groups and in-depth interviews with beneficiaries, community volunteers, and community leaders to gauge the quality and impact of OP programming provided. Integrating with the National Monitoring System will build M&E capacity of the myriad of community groups who report data through ROADS/Safe-T-Stop. Training of 150 peer educators/community mobilizers will include training on 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 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

Activity Narrative: the long term. It is critical to effectively 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 and implementing activities with people in their immediate social networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7717

Related Activity: 13422, 17004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23276	4846.23276.09	U.S. Agency for International Development	Family Health International	10567	3490.09	ROADS	\$1,203,286
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
17004	17004.08	7570	7570.08		Mbeya HIV Network Tanzania	\$396,550

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

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	180,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Business Community

Discordant Couples

Religious Leaders

Coverage Areas

Kinondoni

Njombe

Mbeya

Kahama

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7570.08	Mechanism: N/A
Prime Partner: Mbeya HIV Network Tanzania	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17004.08	Planned Funds: \$396,550

Activity Narrative: 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 Rwanda, 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 of 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 (another prime partner under separate entry) 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 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

Activity Narrative: 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 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 also be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16967, 16986, 17008, 17014, 13422, 13481, 13505

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
13505	8723.08	6530	1028.08		Kikundi Huduma Majumbani	\$171,550
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
17014	17014.08	7570	7570.08		Mbeya HIV Network Tanzania	\$954,354
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000
16986	16986.08	7570	7570.08		Mbeya HIV Network Tanzania	\$800,000
16967	16967.08	7570	7570.08		Mbeya HIV Network Tanzania	\$170,995

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	60	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	550,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	96	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1225.08

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17040.08

Activity System ID: 17040

Mechanism: CAPACITY

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$50,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$50,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7571.08

Prime Partner: Resource Oriented
Development Initiatives

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17005.08

Activity System ID: 17005

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$95,200

Activity Narrative: 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 NGOs had yet to be 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 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.

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16968, 16988, 17008, 13422, 13505

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
13505	8723.08	6530	1028.08		Kikundi Huduma Majumbani	\$171,550
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
16988	16988.08	7571	7571.08		Resource Oriented Development Initiatives	\$160,000
16968	16968.08	7571	7571.08		Resource Oriented Development Initiatives	\$217,760

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

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	30	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7580.08

Prime Partner: SONGONET-HIV Ruvuma

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17006.08

Activity System ID: 17006

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$67,830

Activity Narrative: 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 greater than 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 NGOs had yet to be identified. Though this process has been slow, during FY 2007 sub-partner NGOs have reached 810 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 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 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.

Activity Narrative:

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, 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16970, 16985, 17008, 17012, 13422, 13505

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
13505	8723.08	6530	1028.08		Kikundi Huduma Majumbani	\$171,550
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
16985	16985.08	7580	7580.08		SONGONET-HIV Ruvuma	\$100,000
16970	16970.08	7580	7580.08		SONGONET-HIV Ruvuma	\$134,040

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	40	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	31,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	48	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7574.08	Mechanism: N/A
Prime Partner: University of Rhode Island	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17007.08	Planned Funds: \$220,000
Activity System ID: 17007	

Activity Narrative: 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.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7569.08	Mechanism: N/A
Prime Partner: Strategic Radio Communication for Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17008.08	Planned Funds: \$400,000
Activity System ID: 17008	

Activity Narrative: 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 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.

SUSTAINABILITY: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13537, 13422, 13400, 13480,
13402, 13403, 13401, 13485

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000
13480	4846.08	6517	3490.08	ROADS	Family Health International	\$1,103,286
13485	8722.08	6518	4907.08	UJANA	Family Health International	\$1,000,000
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000
13403	5567.08	7569	7569.08		Strategic Radio Communication for Development	\$700,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7573.08

Prime Partner: Savannas Forever Tanzania / World Wildlife Fund Tanzania

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17009.08

Activity System ID: 17009

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$300,000

Activity Narrative: 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 baseline to monitor and evaluate USAID projects in rural Tanzania as well as other health and poverty alleviation programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Coverage Areas

Monduli

Ngorongoro

Dodoma

Iringa

Biharamulo

Kasulu

Kibondo

Kigoma

Same

Kilwa

Liwale

Ruangwa

Babati

Simanjiro

Bunda

Serengeti

Tarime

Chunya

Mbarali

Kilombero

Morogoro

Ulanga

Masaki

Magu

Bagamoyo

Kisarawe

Rufiji

Mpanda

Nkasi

Songea

Tunduru

Bariadi

Meatu

Manyoni

Sikonge

Urambo

Lushoto

Mechanism ID: 7575.08

Prime Partner: African Wildlife Foundation

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17010.08

Activity System ID: 17010

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$200,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	750	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Monduli

Babati

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4781.08

Prime Partner: Ministry of Health and Social
Welfare, Tanzania - Zanzibar
AIDS Control Program

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16369.08

Activity System ID: 16369

Mechanism: ZACP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$450,000

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13415

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

* TB

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	1	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5	False

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Coverage Areas

Kaskazini A (North A)

Kaskazini B (North B)

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1175.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16370.08

Activity System ID: 16370

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$135,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1026.08	Mechanism: N/A
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 3497.08	Planned Funds: \$57,500
Activity System ID: 13677	

Activity Narrative: TITLE:

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 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.

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, 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 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 25,000 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.

Activity Narrative: 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. Capacity-building activities will also enable these teachers to gain the skills required to initiate and maintain HIV/AIDS awareness activities and peer education programs in schools. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7847

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23267	3497.23267.09	Peace Corps	US Peace Corps	9909	1026.09		\$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

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Teachers

Coverage Areas

Arusha
Monduli
Karatu
Ludewa
Makete
Mufindi
Njombe
Bukoba
Wete
Moshi
Mwanga
Rombo
Chakechake
Mkoani
Lindi
Hanang
Bunda
Musoma
Kyela
Mbarali
Kilombero
Morogoro
Masasi
Mtwara
Newala
Tandahimba
Mbinga
Songea
Iramba
Manyoni
Singida
Korogwe
Lushoto
Muheza
Tanga
Mjini (Urban)
Magharibi (West)

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7408.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16371.08

Activity System ID: 16371

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$337,500

Activity Narrative: 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-skills 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	86	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,564	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Arusha

Ilala

Temeke

Dodoma

Iringa

Bukoba

Moshi

Mbeya

Morogoro

Nyamagana

Songea

Tabora

Tanga

Magharibi (West)

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1470.08

Mechanism: Base

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 16374.08

Planned Funds: \$7,800

Activity System ID: 16374

Activity Narrative: TITLE: Management and Staffing (Base)

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 8724.08.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1197.08	Mechanism: Fac Based/RFE
Prime Partner: Deloitte Consulting Limited	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 16375.08	Planned Funds: \$200,000
Activity System ID: 16375	

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$200,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4950.08

Mechanism: GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8724.08

Planned Funds: \$16,200

Activity System ID: 13645

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8724

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23280	8724.23280.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$59,200
8724	8724.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$15,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$20,114,390

Estimated PEPFAR contribution in dollars	\$500,000
Estimated local PPP contribution in dollars	\$800,000
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Tanzania has an estimated 2.4 million people living with HIV/AIDS (PLWHA). While about half of adult patients admissions are due to HIV related illnesses, only a small fraction of PLWHA receive palliative care. The USG is the main partner assisting the Government of Tanzania (GoT) in palliative care services. USG programs serve over 60,000 patients through community home-based care (HBC), with a growing proportion of overlap with facility-based services. As of March 31, 2007, approximately 80,000 additional PLWHA received facility-based palliative care, resulting in an unduplicated estimate of nearly 100,000 beneficiaries for

all palliative care services provided with USG support. Additionally, 60,000 people are supported through Global Fund.

During FY 2007, USG programs focused on expanding the quality and comprehensiveness of services, expanding geographic coverage, and initiating prevention for positives interventions.

Partners serving PLWHA under the Emergency Plan strive to provide a basic package of care services. This includes clinical/medical care (basic pain and symptom management, nursing care, opportunistic infection prevention and treatment, malaria prevention and referral for treatment, monitoring for treatment side effects and adherence, referrals for TB screening and treatment, and nutritional counseling). Other services include spiritual care (such as participation in support groups and visitation by spiritual mentors), psychological care (support for disclosure and future life planning), social support (linking with food security interventions and income-generating activities), prevention services (such as prevention or behavioral counseling), distribution of condoms, and referral for family planning as appropriate. Safe water, hygiene instruction, and insecticide treated nets (ITNs) have also recently been initiated as part of the preventive package.

A “regionalization” process, similar to that undertaken by the treatment partners, has been initiated where key partners, assigned to specific regions, will cascade services outward within their assigned regions. Initially, this only covers USG partners, but Global Fund has indicated an interest, as well. Multiple partners within one region will defer to the lead partner assigned to that region. The lead partner will liaise with local government and treatment partners. The goal is to develop strong linkages and communication between facility-based services primarily provided by the treatment partner and community HBC. This linkage is a critical priority since community HBC care is a key approach to successfully monitor side effects and drug adherence, as well as to reinforce prevention messages.

Another key achievement during FY 2007 was the formation of an official care and support sub-committee of the National Care and Treatment Task Force. This formal body will foster better partner coordination and implementation under the leadership of the National AIDS Control Programme (NACP).

Some of the challenges that continue to be priorities for the USG include variation in partner service packages, levels of service, and monitoring of the quality of those services. As FY 2007 funds become available, partners will proceed with broader implementation of the standard service package. The USG will capitalize on strengths and innovative practices used by various partners in order to take advantage of partners’ comparative advantages, thereby allowing partners to complement each other.

Another challenge is the lack of a national monitoring system to track services and referrals of community HBC programs, making it difficult to determine the level of services provided to each client and to untangle overlapping services at each facility and within the community. In the absence of a national system, implementing partners use various paper-based tools to monitor and report services.

There is an ongoing need for improving the skills of HBC providers, the provision of adequate supervision to ensure quality services, and sustainability of these volunteers. Though non-monetary forms of recognition appear to have decreased volunteer “burnout,” it remains an issue.

Lastly, policy barriers such as the limited use of opioids and national policy prohibiting HIV testing by lay personnel present additional challenges.

The focus for FY 2008 funding includes continued expansion of the “standard” service package and geographic coverage, strengthened linkages between HIV/AIDS care and treatment clinics and community-based services, strengthened monitoring capabilities, and demand generation through radio spots. Two USG partners have received waivers to pilot home counseling and testing, providing a an opportunity to alter the policy to allow for lay testers. The USG, in collaboration with the GoT, also plan to put greater emphasis on strengthening the coordination and normative role of the NACP, assist in updating guidelines for palliative care beyond HBC, assist with key policy issues, and achieve cost efficiencies through centrally planned, approved, and printed IEC materials. In addition, linkages will be strengthened with TB services, the President’s Malaria Initiative (PMI), reproductive health, and child survival. Lastly, the successful permaculture gardening/nutritional education program undertaken by Peace Corps volunteers will be expanded and linked to other USG partners, complementing their service package.

New activities for FY 2008 will include the development of a national monitoring system. FY 2007 funds will have initiated this process while involving the NACP and all applicable stakeholders. With FY 2008 funds, the national system will be rolled out to all regions under NACP’s leadership, with the full collaboration of all implementing partners working with local government. Additionally, solar-powered electronic devices that will enhance the ability for HBC providers to monitor patients and link to treatment facilities for referrals and back-up support will be piloted in remote areas. An assessment of best practices to provide targeted nutritional support will identify methods and products for getting adequate nutrition to PLWHA. A new emphasis for FY 2008 will be the development of pediatric-focused palliative care services to complement the additional case finding underway with USG treatment partners.

The portfolio of implementing partners has expanded for FY 2008 in order to achieve greater geographic coverage and enrich linkages between community-based and facility-based palliative care. At the national level, Family Health International (FHI) and CDC will provide support and systems strengthening to the NACP. CDC will fund NACP to ensure adequate staffing support for the coordination and quality monitoring of all palliative care programs. At the community level, 13 USG partners will provide direct services. At the facility level, all treatment partners will implement and report palliative care services that are integrated with care and treatment services. In addition to the national, facility, and community level programs, several partners are developing or implementing innovative programs or quality improvement initiatives that complement the larger service delivery programs and inform national policy.

USG-funded programs have adopted and will continue to abide by GoT’s HBC guidelines. Partners will also work under the

National Multi-Sectoral Strategic Framework on HIV/AIDS for 2008-2012 presently being finalized. The USG will ensure that its partners meet NACP-established accreditation standards. All USG implementing partners will help inform national policy, and will be actively involved in the planning for and implementation of a national monitoring system. Additional quality improvements, advocacy, curriculum strengthening, and advice for expanding national guidelines will be provided by the African Palliative Care Association, and their local partner, the Tanzanian Palliative Care Association. A priority for FY 2008 will be expansion of the present HBC guidelines to a broader set of guidelines for palliative care, and all partners will help to inform this process. This will allow issues such as access to safe water, hygiene, home-based testing, and the full range of pain management to be included in NACP guidelines.

Partners will work to reduce stigma and discrimination within the communities they serve through utilizing existing peer education and community sensitization tools. In addition, seeking participation of PLWHA in designing and administering care services, and linking PLWHA with support groups that work with community leaders will aid in the reduction of stigma. Higher expectations for capacity building at the local level will ensure that local care and treatment centers and non-governmental organizations (NGOs) providing home-based care establish a strong two-way referral system and greater accountability. Upon formation of public sector social services committees (part of the district Multi-sectoral AIDS Committees), these committees will be responsible for ensuring the availability of services and maintaining data that will provide a district-based inventory of all institutions providing care services. With FY 2008 funding, partners will ensure that the database is rolled out and maintained locally, to facilitate the use of data for management, decision-making, and coordination purposes at all levels.

Finally, the USG will provide support for improvements to the supply chain system for essential medicines and products to ensure availability of cotrimoxazole, test kits, and HBC kits. Additionally, the USG will procure containers and water purification tablets for distribution through a social marketing program, and will provide bed nets obtained through local distributors by using the national voucher scheme used by PMI.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1765
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	331105
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	11498

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 5328.08	Planned Funds: \$17,700
Activity System ID: 13646	

Activity Narrative: 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 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7839

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23569	5328.23569.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$17,600
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 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1470.08	Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06

Activity ID: 9419.08

Planned Funds: \$74,300

Activity System ID: 13626

Activity Narrative: 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 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.

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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9419

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23553	9419.23553.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$46,271
9419	9419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$100,620

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1026.08

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5007.08

Planned Funds: \$370,700

Activity System ID: 13678

Activity Narrative: 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 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.

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7851

Related Activity: 13462, 13565, 16353, 17013,
18273, 13506, 13538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23537	5007.23537.09	Peace Corps	US Peace Corps	9909	1026.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16353	16353.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$200,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
17013	17013.08	7576	7576.08		Axios Partnerships in Tanzania	\$300,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Arusha
Monduli
Karatu
Dodoma
Mpwapwa
Ludewa
Makete
Mufindi
Njombe
Bukoba
Wete
Moshi
Mwanga
Rombo
Chakechake
Mkoani
Lindi
Hanang
Bunda
Musoma
Kyela
Mbarali
Kilombero
Morogoro
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Mbinga
Songea
Iramba
Manyoni
Singida
Korogwe
Lushoto
Muheza
Tanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1219.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16304.08

Activity System ID: 16304

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$400,000

Activity Narrative: 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 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.

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13506, 17013, 17014, 17012, 18276, 18814, 13588, 16352, 13462, 13562, 13565, 13530, 13428, 13521, 13538, 17011, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13521	6516.08	6538	4083.08		Mildmay International	\$750,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
17011	17011.08	7579	7579.08		ACDI/VOCA	\$30,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
13530	8695.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$115,000
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
17014	17014.08	7570	7570.08		Mbeya HIV Network Tanzania	\$954,354
18276	18276.08	7571	7571.08		Resource Oriented Development Initiatives	\$324,970
17013	17013.08	7576	7576.08		Axios Partnerships in Tanzania	\$300,000
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16352.08

Activity System ID: 16352

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$750,000

Activity Narrative: TITLE: Scaling Up Availability of Palliative Care Services in Tanzania

NEED AND COMPARATIVE ADVANTAGE: Tanzania has an estimated 3.5 million people with incurable illnesses who require palliative care. Out of these, 700,000 have HIV/AIDS. Many patients with end-stage HIV/AIDS are taken care of at home as there are only four facilities nationally that have health care workers (HCW) trained in palliative care, including pain management and symptom control. Columbia University (CU) has supported the Ocean Road Cancer Institute (ORCI) since 2005. ORCI is the Ministry of Health and Social Welfare (MOHSW) designated leader in the delivery of palliative care to HIV/AIDS patients in Tanzania. CU is well positioned in collaboration with ORCI to further expand these services in FY 2008. In addition, there is little home-based palliative care provided in the CU service regions of Kagera and Kigoma. Services in Coast are provided through TUNAJALI (Deloitte), though this will transition to CU in the regionalization process. CU is poised to initiate these services to link with facility based palliative care for people living with HIV/AIDS (PLWHA).

ACCOMPLISHMENTS: In FY 2007, through ORCI, CU supported facility-based and home-based palliative care services to 1,835 clients, over half of whom had HIV/AIDS. In addition, CU provided facility-based palliative care to over 20,300 people by March 2007 in Kagera, Kigoma, Coast, and Zanzibar.

1. Expand access to palliative care through ORCI, the leading palliative care institution in Tanzania, in all four zones and selected regional hospitals by:
 - a) strengthening ORCI's direct palliative care provision program with increased staff support, HIV AIDS related basic equipment, and capacity for outreach services; b) rollout pain management and palliative care services in collaboration with ORCI and with the approval of the National AIDS Control Programme (NACP). This would include reaching all four zonal hospitals and selected regional hospitals to introduce pain management, symptom control, and management of Kaposi's Sarcoma; c) train 250 HCWs and at least 250 community volunteers in four zones and selected regional hospitals in carrying out pain management and symptom control services. The national curriculum developed by ORCI is available for this purpose and can be piloted on a broader scale, and considered for inclusion in revised national guidelines through NACP. Training will include pain management, opportunistic infection management, prevention, and psychosocial counseling. Prevention with positives training will be included in the curriculum. Once a site/district has trained personnel it will be certified to deliver palliative care services nationally; d) work with NACP for the integration of the pain management training and certification into the routine palliative care training; e) procure equipment and supplies required for pain and symptom control. This will include pain relief and symptom control medications for the initiation of these services at newly approved sites; f) conduct needs assessments in Dar es Salaam and selected upcountry regions on the existence of palliative care policy, the existence of palliative care and home-based care services, importance of palliative care, and the community perspectives. Assessments will also explore the availability and accessibility of the health units, the number of staff at these facilities and status of equipment/supplies at these facilities. g) provide for expansion of pain management by supporting growth of ORCI's national on-site training program with short-term training scholarships and technical assistance. g) work with NACP to create awareness of palliative care services using an information, education, communication package on palliative care services that can be used by all implementing partners.
2. Deliver palliative care services through facility-based and home-based providers in Kigoma and Kagera regions, and prepare for transition of services from the TUNAJALI program in Coast region.
 - a) provide treatment for opportunistic infections to all those who test positive through HIV counseling and testing; b) ensure all PLWHA identified through routine counseling and testing have immediate access to cotrimoxazole, treatment for opportunistic infection (OI), psychosocial support, adherence counseling, and linkages for other key services in the community; c) strengthen home-based care (HBC) programs in Kagera and Kigoma, where currently few services for basic care are provided through health facility outreach or HBC workers. d) work with ORCI to capacitate all districts in Kagera and Kigoma, and initiating sites in Coast, to ensure availability of holistic palliative care including pain management and symptom control; e) establish palliative care point persons at each district to champion pain management activities; f) link with organizations providing legal aid, OVC support, and preventive care package services. g) establish linkages and partnerships with other organizations that can provide other components of the preventive care package (e.g., safe water, condoms, insecticide treated bed nets, and family planning methods).

LINKAGES: Linkages continue to be forged between CU, ORCI, the MOHSW/NACP, Family Health International (FHI), and key palliative care providers including Pathfinder, Deloitte, the Department of Defense programs, Pasada, and Selian. CU will work with the African and Tanzanian palliative care associations (in which ORCI is the chair), FHI, and NACP to expand services and will bring USG care and treatment partners into networks to ensure smooth implementation. In addition, the Princess Di Fund currently provides support to ORCI for palliative care training and expansion, and CU is working closely with Princess Di to ensure complementary support for a common goal. CU, with ORCI, will work closely with regions with urgent need to introduce palliative care services. Facility-based services in Pwani and at ORCI are being expanded under FY 2007 funding. With FY 2008 funding, zonal hospitals and up to four regional hospitals will rollout palliative care programs. In regions where CU is primarily responsible for treatment and PMTCT, CU will work closely with NACP and the regional and district authorities of Coast, Kagera, and Kigoma to provide palliative care services – both facility-based and home-based. In Coast, CU continues to work with Deloitte/Africare to expand home-based services and as the regional partner under regionalization, will be the initiator of new home-based care programs in that region. 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, PSI, and MSD/SCMS to ensure an adequate supply of condoms, family planning methods, bed nets, and safe water. CU plans to establish linkages and partnerships with non-governmental organizations (NGOs) involved in the provision of home-based care where there is no other partner. Because of the lack of HBC in Kagera and Kigoma, at least two NGOs will be contracted to help deliver home-based care and to improve identification and care of homebound HIV patients, in addition to supporting the HBC providers already part of the government of Tanzania (GoT) system. This will additionally serve to provide family-based HIV testing and counseling and link more clients into the care network. Exposed children and partners will be linked with the CU care and treatment clinics in the respective communities. The activity is both aimed at training health care workers and upgrading their palliative care skills, and to provide systems strengthening throughout the national program for palliative care.

Activity Narrative:

M&E: CU will collaborate with the NACP/MOHSW to track palliative care services provision, utilization of services, TB screening, diagnosis, and treatment at CU sites. CU will participate in the planning/development of a national monitoring system for palliative care and the implementation once it is completed. Support must be secured to ensure that local authorities will use the data for planning, management, budget, and decision-making. In addition, it will be important that CU assist ORCI, NACP, and the Tanzanian Palliative Care Association in the effective use of pain management drugs. Columbia community based targets for individuals served for FY 09 will be 7012 in 47 wards. Facility based palliative care targets will be 31017.

SUSTAINABILITY: CU will continue to build ORCI's capacity with the goal that they increasingly receive direct funding from USG or other sources and build an even greater diversification of a funds base. ORCI has recurrent funding sources (some paying clients, funds from GoT, and other sources), excellent facilities in the first national hospital of Tanzania and solid leadership and staffing. It is envisioned that ORCI will become another premier regional training institution for palliative care, and will expand its ability to offer training services to other institutions and GoT 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 HCWs at the health facilities and that of the local government authorities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13462, 13481, 13506,
13538, 13565, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

* Safe Motherhood

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	47	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	31,017	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	550	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Biharamulo
Bukoba
Karagwe
Muleba
Ngara
Chato
Misenye
Kasulu
Kibondo
Kigoma

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1135.08	Mechanism: N/A
Prime Partner: Mbeya Regional Medical Office	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 16530.08	Planned Funds: \$200,000
Activity System ID: 16530	
Activity Narrative: TITLE: Facility-based Palliative Care in Mbeya	

Mbeya Regional Medical Office is a treatment in Mbeya, and provides palliative care to most of those registered in their Care and Treatment Clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of opportunistic infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS are involved as peer counselors and in assisting with linkages to local organizations that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care (HBC). This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from either this or other USG-supported partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13506, 13538, 13515,
13519, 13540, 13572, 16480,
16973

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000
13572	3390.08	6551	1136.08		PharmAccess	\$2,270,000
16480	16480.08	7408	7408.08		PharmAccess	\$800,000
16973	16973.08	7408	7408.08		PharmAccess	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,250	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbozi

Rungwe

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1136.08

Mechanism: N/A

Prime Partner: PharmAccess

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16426.08

Planned Funds: \$200,000

Activity System ID: 16426

Activity Narrative: TITLE: PharmAccess Facility-based Palliative Care for the TPDF

PharmAccess is the primary treatment partner for the TPDF, and provides palliative care to most of those registered in their Care and Treatment Clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of Opportunistic Infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS are involved as peer counselors and in assisting with linkages to local organizations that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care (HBC). This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from other USG-supported partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13506, 13538, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arusha
 Monduli
 Kinondoni
 Temeke
 Dodoma
 Iringa
 Bukoba
 Kaskazini A (North A)
 Mbeya
 Morogoro
 Kibaha
 Songea
 Tabora
 Tanga
 Magharibi (West)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2369.08	Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 16353.08	Planned Funds: \$200,000
Activity System ID: 16353	
Activity Narrative: TITLE EGPAF Facility-based Palliative Care	

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is the primary treatment partner in Arusha, Kilimanjaro, Tabora, and Shinyanga. EGPAF provides palliative care to most of those registered in their Care and Treatment clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of opportunistic infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care. This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from other USG-supported partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 13428, 13538, 13565, 13540**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	49,950	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Karatu
Longido
Hai
Moshi
Mwanga
Rombo
Same
Siha
Kilwa
Lindi
Liwale
Nachingwea
Ruungwa
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Kishapu

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 2368.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16354.08

Activity System ID: 16354

Mechanism: N/A

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: TITLE: AIDSRelief Facility Based Palliative Care

AIDSRelief is the primary treatment partner in Mwanza and Mara, and provides palliative care to most of those registered in their Care and Treatment Clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of opportunistic infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS are involved as peer counselors and in assisting with linkages to local organizations that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care (HBC). This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from other USG-supported partners.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 13428, 13462, 13538, 13565, 13540**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	55,164	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Babati
Hanang
Kiteto
Mbulu
Simanjiro
Bunda
Musoma
Serengeti
Tarime
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani
Tanga
Mkinga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7579.08

Prime Partner: ACDI/VOCA

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17011.08

Activity System ID: 17011

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$30,000

Activity Narrative: 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. ACIDI/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 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

Activity Narrative: their activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13432, 13462, 13538,
13565, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13432	8715.08	6495	3555.08	Twinning	American International Health Alliance	\$250,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Arumeru

Arusha

Hai

Moshi

Lushoto

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7576.08

Prime Partner: Axios Partnerships in Tanzania

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17013.08

Activity System ID: 17013

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$300,000

Activity Narrative: TITLE: Community-based Palliative Care for PLWHA in Lindi and Mtwara

NEED and COMPARATIVE ADVANTAGE: Many people living with HIV/AIDS in Tanzania have no access to organized palliative care services in their communities. With more patients placed on antiretroviral therapy (ART), there is need to emphasize drug adherence to prevent resistance, provide basic care and support, and implement preventative services among those who are positive. Innovative community home-based care (HBC) programs are an ideal response to the issues raised above. Axios has a demonstrated record of accomplishment of working at the community level in Tanzania in response to HIV/AIDS.

ACCOMPLISHMENTSAs a component of voluntary counseling and testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) programs, Axios Partnerships in Tanzania (APT) has trained over 300 HBC volunteers and 650 community workers to provide Nevirapine. In addition to providing HBC to over 4,600 people living with HIV/AIDS (PLWHA) across seven regions, it has created and linked HIV post-test clubs to income-generating activities (IGAs).

ACTIVITIES:The approach used by APT is to enlist trained volunteers from the community and local non-governmental organizations (NGOs) to provide support for PLWHA and their families, empower PLWHA to live positively, provide pain relief and basic nursing support, prevent and treat opportunistic infections (OIs), and make referrals to health and social services. Taking advantage of programs funded centrally by the USG, APT will also distribute vouchers for insecticide treated mosquito nets (ITNs), provide access to safe water, and distribute IEC materials to promote preventive behaviors. Starting in FY 2008, APT will strengthen referrals and linkages with the care and treatment programs in Lindi and Mtwara supported by the Clinton Foundation, and the PMTCT programs supported by the Elizabeth Glaser Pediatric AIDS Foundation. It will also encourage community empathy and response, critical for prevention, care, support, and treatment for PLWHA. Presently, there are no USG-funded palliative care programs in Lindi or Mtwara.

Palliative care service delivery will ensure that clients receive quality HBC services in their homes. PLWHA will be identified in the community and through referrals from local HIV/AIDS care and treatment clinics. Caregivers will be trained on basic nursing care, provision of pain relief and drugs for OIs, malaria prevention, and nutritional counseling using the national curriculum. Financial support will be provided for volunteers to cover transport costs, and non-monetary mechanisms for recognizing volunteers to minimize turnover and "burnout" will be employed.

Community recognition, acceptance, involvement, and ownership of programs are critical to a successful community programs. These factors will leverage community support and encourage volunteerism to serve the needs of PLWHA. In introducing services in Lindi and Mtwara, an initial step is to conduct a community baseline assessment, as well as community sensitization and mobilization meetings.

Once local NGOs that can oversee service delivery are identified, their capacity will be strengthened to manage and provide HBC services and to ensure fiscal accountability. Quality measures will be established, and programs will be strengthened where services do not meet quality standards. Peer support groups for PLWHA will be organized and/or strengthened. APT will facilitate the formation of support groups such as HIV post-test clubs, and establish systems for linking PLWHA to community programs, especially for nutritional support and income-generating programs, faith-based organizations for material support, or other community organizations according to their needs. Because these are both expansion regions for HBC, this component will be labor intensive.

Providing quality community HBC services depends on large numbers of trained volunteers. APT will identify existing volunteers, improve their capacity and competence, and recruit new volunteers. New and refresher training for trainers on community HBC, ART adherence, palliation, identification of vulnerable children identification, and prevention for positives will be conducted. Volunteers and NGOs will also need to be trained on monitoring and evaluation, reporting, and supervision. A key component of training will be to identify needs and ensure systems for appropriate referrals, especially to facility-based care and treatment, preventive services (e.g., family planning), PMTCT, TB screening and treatment, community food security programs, income-generating activities, and community social services.

The program will draw upon centrally procured HBC working tools and IEC materials. In the event they are not available, APT will procure these materials. APT will also procure and distribute bicycles for hard to reach areas.

LINKAGES: APT will work closely with the Ministry of Health and Social Welfare, the National AIDS Control Programme (NACP), and TACAIDS at the national level. It will participate in the coordination activities of NACP. At the local level, APT will work with the regional and council health management teams (RHMT/CHMT) and the district and village multi-sectoral AIDS committees to ensure sustainability. Specifically, APT will collaborate with national networks for PLWHA and other local organizations to link PLWHA and their families to services provided by these organizations. APT will link with the USG arrangements made for participation in the national voucher scheme for ITNs, nutritional supplementation, and procurement of HBC kits.

CHECK BOXES: The project will be implemented in two undeserved regions covering all 12 districts. Targeted populations are PLWHA, other critically ill patients, and OVC and their caregivers. Referral linkages with existing facilities and coverage of areas with little or no HBC will be given priority. Local organizations will be strengthened to ensure fiscal and programmatic accountability.

M&E: APT will use MOHSW/NACP tools for adherence to the national standards of M&E. Registers provided to HBC providers will ease follow up. All community HBC volunteers will monitor and report to facility HBC provider and the local NGO responsible for monthly data compilation. APT will participate in the development of the national monitoring system. When it is completed, APT will ensure the local application and maintenance of the system in Lindi and Mtwara. Supervision will be conducted quarterly by CHMT in collaboration with APT manager. The supervision team will conduct random visits to homes of clients served to discuss the quality of services provided by the HBC providers in order to assess the quality of home services. Reports will be submitted to district HIV/AIDS control coordinator for eventual submission to NACP. Data management and analysis will be conducted by APT and shared with MOHSW, donor, and all other stakeholders.

Activity Narrative: SUSTAINABILITY: Community involvement, from the planning stage through implementation of activities, creates program ownership and sustainability. Building the program within existing health facilities ensures increased staff capacity to manage services. Small-scale IGAs established for families and post-test clubs members will ensure financial independence and affordability of basic needs. Involvement of a HBC facility supervisor and CHMT in supervision and the use of the MOHSW and NACP tools for M&E will facilitate smooth hand-over.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13462, 13538, 13565, 18273, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	35	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	765	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kilwa

Lindi

Liwale

Nachingwea

Ruangwa

Masasi

Mtwara

Newala

Tandahimba

Nanyumbu

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7570.08

Prime Partner: Mbeya HIV Network Tanzania

Mechanism: N/A

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17014.08

Planned Funds: \$954,354

Activity System ID: 17014

Activity Narrative: 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, cotrimoxizole/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.

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 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.

Activity Narrative: 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 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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13462, 13481, 13565, 13678, 16530, 13515, 13519, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13678	5007.08	6571	1026.08		US Peace Corps	\$370,700
16530	16530.08	6536	1135.08		Mbeya Regional Medical Office	\$200,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	62	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,505	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	196	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Kyela

Mbeya

Mbozi

Rungwe

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7569.08

Mechanism: N/A

Prime Partner: Strategic Radio
Communication for
Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17015.08

Activity System ID: 17015

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$300,000

Activity Narrative: 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 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 home-based 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 mid-term 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

Activity Narrative: change with the time”).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16304, 17008, 13400, 13565,
13403, 13538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13400	3452.08	7569	7569.08		Strategic Radio Communication for Development	\$950,000
17008	17008.08	7569	7569.08		Strategic Radio Communication for Development	\$400,000
16304	16304.08	6516	1219.08		Family Health International	\$400,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13403	5567.08	7569	7569.08		Strategic Radio Communication for Development	\$700,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1228.08

Prime Partner: US Agency for International Development

Mechanism: M&S

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17016.08

Planned Funds: \$100,000

Activity System ID: 17016

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3621.08

Mechanism: N/A

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17324.08

Planned Funds: \$200,000

Activity System ID: 17324

Activity Narrative: TITLE: Facility Based Palliative Care in Dar es Salaam
 Harvard University is the primary treatment partner in Dar es Salaam, and provides palliative care to most of those registered in their Care and Treatment Clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of Opportunistic Infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS are involved as peer counselors and in assisting with linkages to local organizations that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care (HBC). This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from other USG-supported partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13538, 13565, 13540, 16482

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	37,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Ilala

Kinondoni

Temeke

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7571.08

Prime Partner: Resource Oriented
Development Initiatives

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 18276.08

Activity System ID: 18276

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$324,970

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13506, 13538, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,530	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7580.08

Mechanism: N/A

Prime Partner: SONGONET-HIV Ruvuma

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17012.08

Activity System ID: 17012

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$331,636

Activity Narrative: 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 sero-status 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.
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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13462, 13481, 13538, 13540, 13583

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13583	3399.08	6555	1139.08		Ruvuma Regional Medical Office	\$1,830,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	46	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,231	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	175	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7578.08

Mechanism: N/A

Prime Partner: Population Services
International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17045.08

Planned Funds: \$600,000

Activity System ID: 17045

Activity Narrative: TITLE: Providing Access to Safe Water

ADVANTAGE: NEED and COMPARATIVE: 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.

A 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, especially for planning and evaluating lessons learned.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3490.08

Mechanism: ROADS

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3460.08

Planned Funds: \$650,000

Activity System ID: 13481

Activity Narrative: TITLE: Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project: Expanding Care in Makambako and Tunduma, TANZAM Highway

NEED and COMPARATIVE ADVANTAGE: The port of Dar es Salaam is the largest in East Africa. Goods entering Tanzania are trucked, via a network of highways, across the country and into neighboring countries. The mobile populations that work on these highways and the communities through which they pass are particularly vulnerable to HIV/AIDS. The towns of Tunduma (Mbeya) and Makambako (Iringa) in Tanzania's Southern Highlands are located on the highway that connects Tanzania to Zambia. Mbeya region, where Tunduma is located, has the highest HIV prevalence in Tanzania due in part to high rates of substance abuse and risky sexual behaviors. When the Regional Outreach Addressing AIDS through Development Strategies (ROADS) project began working in the two towns, the care infrastructure for people living with HIV/AIDS (PLWHA) was weak. Antiretroviral (ART) services were inaccessible due to distance, and PLWHA faced food insecurity, which interfered with treatment. The two facilities in Tunduma treated some opportunistic infections (OI) but provided no HIV services beyond distributing educational materials. There was a shortage of trained home-based care (HBC) providers. This project was designed to fill the gap in services faced by PLWHA and their families in the two locations. With its large network of indigenous volunteer groups, including faith-based organizations (FBOs), the ROADS project is well placed to expand HBC and support.

ACCOMPLISHMENTS: ROADS has trained drug-dispensing outlet providers in Tunduma and Makambako to enhance care, support, and referrals for PLWHA. ROADS partner, Howard University, has created a baseline assessment tool to measure the impact of HIV training for drug shop operators, tested on select drug stores. ROADS trained nearly 100 drug-dispensing outlet staff from Makambako and Tunduma in HIV treatment, care, and support. ROADS also adapted a client encounter tool to evaluate the quality of interventions provided and number of people reached. ROADS trained more than 30 individuals in home-based care from ABC group, the lone community-based organization (CBO) offering HIV support services in Tunduma.

ACTIVITIES: In FY 2008, ROADS will expand and strengthen HBC in Tunduma through FBOs and the ABC group. ROADS will train additional families and caregivers in basic palliative care including hygiene, ART adherence, identifying and treating simple OI, referral for clinical services, and various forms of support (psychosocial, spiritual, social, and prevention) as well as preventive services, such as 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 develop a basic care package for use by volunteers, which will include condoms, cotimoxazole, safe water tablets, safe water vessels, and insecticide treated nets. With local health officials and PLWHA, ROADS will devise strategies to address the transport barrier to ART services in Mbeya. The project will continue to strengthen drug-dispensing outlets to provide HIV counseling, support, and referral, recognizing the reach of these outlets and their role as first-line provider for most at risk populations (MARPS). The project will also develop alcohol support options for ART patients, linking closely with the Tunduma Health Centre and FBOs, as well as economic empowerment to enhance self-sufficiency for HBC clients and caregivers. Finally, through a public private partnership (PPP) initiative with commercial food producers in Tunduma, ROADS will develop a community food-banking strategy to enhance food security of AIDS-affected households.

In Makambako, ROADS will focus care activities on strengthening drug-dispensing outlet-based HIV counseling, support, and referral, recognizing these outlets as an untapped resource in an underserved community. The project will also address the transport barriers facing PLWHA who cannot reach ART services. ROADS will not address gaps in HBC in Makambako, recognizing that the PEPFAR treatment partner (FHI/Tanzania) will address home- and facility-based care in Iringa region, including Makambako. As in Tunduma, the project will also develop alcohol support options for ART patients to address treatment adherence and efficacy, link with health facilities and FBOs, and enhance economic empowerment for HBC clients and caregivers. In both sites, ROADS will seek to integrate family planning counseling into HIV care and support services. Basic care kits will be purchased, or secured from the Medical Stores Department, for both sites. FHI site coordinators will also work closely with the community clusters and health care staff to strengthen the reporting and feedback mechanisms to ensure quality services are developed and sustained.

In FY 2008, ROADS anticipates expanding to the port of Dar es Salaam and Isaka town, which both have a high concentration of vulnerable mobile populations. All programs and expansion will be conducted in compliance with government of Tanzania (GOT) programs in terms of training curricula, standards, and guidelines.

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 and Walter Reed/DOD on care, support, and treatment in Njombe and Mbozi districts. In Makambako and Tunduma, ROADS has linked with existing health services (Ilembula and Vwawa hospitals), referring abstinence, faithfulness, and other prevention audiences for counseling and testing and higher-level services. The ROADS strategy will build local capacity: in Makambako and Tunduma, ROADS has linked with more than 50 indigenous volunteer groups, strengthening and supporting community-based HIV care and support. ROADS also liaises regularly with district leadership, including district health management teams.

CHECK BOXES: For this activity, ROADS focuses on human capacity development, local organization capacity building, strategic information, and wraparound programs (family planning, malaria, economic strengthening, and food security). Target audiences include children, adolescents, adults, mobile populations, non-injecting drug users (alcohol), individuals involved in commercial/transactional sex, and street youth. The project will work with the business community, discordant couples, PLWHA, and religious leaders on care and support.

M&E: The activities of this project will fit into the overall ROADS M&E framework. Qualitative and quantitative (service statistic) data will be collected by the ROADS site coordinators in collaboration with indigenous volunteer groups and clinical care sites. The project will collect relevant quantitative data using its reporting structure and integrate it into its existing database. Through case studies and success stories, the project will document person-level impact. The project will conduct focus groups and in-depth

Activity Narrative: interviews with beneficiaries, community volunteers, and community leaders to assess the quality and impact of care services provided. Supervisory support will be provided to local implementing partners as part of the routine monitoring and review mechanism. Best practices and lessons learned will be monitored to share with other implementing partners for the possibility of bringing them to scale. ROADS will participate in the national monitoring program once it is operational, and provide data to contribute to the national monitoring and planning, in addition, the data will be used for local planning, budgeting, management, and decision making.

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 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 care volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (providing non-monetary incentives, planning so people implement activities within their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7716

Related Activity: 13428, 13462, 13506, 13538, 13565, 13483, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23558	3460.23558.09	U.S. Agency for International Development	Family Health International	10567	3490.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13483	8657.08	6517	3490.08	ROADS	Family Health International	\$500,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

- * Training

- *** In-Service Training

- * Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	110	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	275	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk 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

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Kinondoni

Njombe

Kahama

Mechanism ID: 8030.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8706.08

Activity System ID: 13462

Mechanism: Community Services

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$4,570,000

Activity Narrative: TITLE: Scaling Quality Home-based Palliative Care Services in Six Regions

NEED and COMPARATIVE ADVANTAGE: By September 2007, Tunajali (Kiswahili for “we care”) will have reached 35,000 PLWHA (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 subgrantees and 32 district councils to plan, implement, and monitor quality home-based palliative care interventions. Tunajali’s collective strengths include a thorough understanding of the local health care 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 home-based palliative care services to about 30,000 people living with HIV/AIDS (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 in being expanded to include Insecticide-treated nets (ITNs) for malaria protection, and the use of cotrimoxazole is being expanded. In addition, Tunajali is implementing a pilot to develop a community-based prevention with positives package with Columbia University. Tools developed for quality improvement and supportive supervision are being now in use.

ACTIVITIES:

The primary purpose of the Tunajali Program is to increase the number of HIV+ adults and children on palliative care in Dodoma, Iringa, Morogoro, Coast, and Mwanza. 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 the 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 Clinics, and also improving casefinding for 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 subgrantees and four new subgrantees will be identified in the new districts. Stigma reduction interventions will be conducted in all communities to enhance voluntary counseling and testing.

During FY 2008, focus will be placed on improving the quality of palliative care provided to PLWHA. Tunajali’s core package of care aims to address health care, nutritional, spiritual and psychological, socio-economic, and legal rights needs from the time one is confirmed as HIV+ 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/vulnerable children. Ongoing volunteers will undergo a one-week refresher training/update. Subgrantee 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 insecticide treated nets-ITNs—for malaria control, water-guard 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 and condoms, etc. Regular supportive supervision will be conducted by Tunajali central and regional staff, subgrantee supervisors and the MOHSW District HBC Coordinators. Tools for assessing nutritional status will be adopted and used by volunteers to assess and timely refer malnourished patients. HBC kits will be procured and distributed for pain and other symptoms management. Best practices for wider replication and for informing future policy and technical guidance will be identified, documented, and disseminated. Tunajali has also received permission to pilot the use of lay counselors and testers in the household to improve casefinding.

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/districts levels. It will also conduct regular mapping and updates of organizations providing essential services and wraparound programs to enhance comprehensive care in areas of prevention, nursing and medical care, spiritual and psychological support, food and nutrition, income generation, 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 care 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, indeed, 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 Peace Corps of Tanzania to scale up permaculture gardening initiatives, training core CSO staff and ward agricultural extension workers as trainers and they will train HBC volunteers. The volunteers will develop demonstration vegetable gardens to be replicated by members of households served. Tunajali shall link with MSH to increase accessibility of HBC kits through Accredited Drugs Dispensing Outlets in Morogoro region. In addition, Tunajali shall 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.

Activity Narrative: CHECK BOXES: Volunteers will be trained to provide quality palliative care services, with attention paid to retention issues (through non-cash incentives). They will train at least two members per household to provide palliative care. CSOs will be strengthened to enable them 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 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 will use 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 CSO where it will be reviewed and aggregated before it is sent to our regional offices through the district channels. At each level the data will be verified using data quality checklists to ensure reliability. Tunajali shall 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 the Care and Treatment Clinic. 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8706

Related Activity: 13428, 13506, 13538, 13565, 18273, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23582	8706.23582.09	U.S. Agency for International Development	Deloitte Consulting Limited	10747	8030.09	Community Services	\$5,188,647
8706	8706.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$4,225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1,016	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	57,375	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,500	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Dodoma

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Kilolo

Ludewa

Makete

Mufindi

Njombe

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Tumbatu Sub-District (prior to 2008)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Kilombero

Kilosa

Morogoro

Mvomero

Ulanga

Geita

Ilemela

Kwimba

Magu

Misungwi

Nyamagana

Sengerema

Ukerewe

Kibaha

Bagamoyo

Kisarawe

Mafia

Mkuranga

Rufiji

Iramba
Mjini (Urban)
Magharibi (West)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8707.08

Activity System ID: 13463

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$300,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8707

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23546	8707.23546.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$200,000
8707	8707.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$275,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

- * TB

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$300,000

Estimated local PPP contribution in dollars \$300,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Dodoma

Konooa

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Kilolo

Makete

Mufindi

Njombe

Kilombero

Kilosa

Morogoro

Mvomero

Ulanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4900.08

Prime Partner: Jane Goodall Institute

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9501.08

Activity System ID: 13500

Mechanism: TACARE Project

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$50,000

Activity Narrative: 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; it's 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9501

Related Activity: 13428, 13538, 16352, 13456,
13459

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23568	9501.23568.09	U.S. Agency for International Development	Jane Goodall Institute	10101	4900.09		\$0
9501	9501.07	U.S. Agency for International Development	Jane Goodall Institute	4900	4900.07	TACARE Project	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	700	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	220	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Kigoma

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3555.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8715.08

Activity System ID: 13432

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$250,000

Activity Narrative: TITLE: Twinning Partnership for Palliative Care, Pare Diocese

NEED and COMPARATIVE ADVANTAGE: Palliative care is a crucial component of the holistic approach necessary to address needs of PLWHA. Unfortunately, these services (both facility and home-based) are limited in Tanzania. The American International Health Alliance (AIHA) twinning partnership with the Pare Diocese will strengthen the capacity of the Evangelical Lutheran Church in Tanzania (ELCT) to provide quality palliative care training to health care and non-health care personnel in the Pare Diocese. This experience can be expanded to other parts of ELCT, and can inform and benefit the policies and practices included in the national guidelines prepared by the National AIDS Control Programme (NACP).

The consortium of the Southeastern Iowa Synod of the Evangelical Lutheran Church in America (SIELCA), Iowa Health—Des Moines, and Iowa Sister States (ISS) will work jointly with ELCT in Pare. This partnership will build on the existing 18-year collaborative relationship between ELCT and SIELCA. AIHA has a demonstrated exceptional experience with working at the community level in Tanzania and other parts of Africa.

ACCOMPLISHMENTS: The twinning partnership between the Iowa consortium and ELCT is a new collaborative relationship. With FY 2007 funding, the program has recently been initiated. It will apply its experience in Iowa in the use of the national curriculum to train healthcare providers and volunteers in institutional settings and at home. Soon, ISS will make two visits to Pare to use these curricula in pilot settings, and make recommendations to NACP for potential modification. Trainees will begin providing palliative care services in hospitals, dispensaries, and in patients' homes.

ACTIVITIES: In FY 2008, the program will scale up significantly, working within the national guidelines set out by NACP. Based on their experience in Iowa, the ISS may recommend enhancements to the present national guidelines and/or the national training curricula, pending the approval through the appropriate NACP channels. A team of trainees will be identified for intensive training on the curricula and in teaching methods. ELCT will monitor the quality of palliative care services in institutional settings and at home. The twinning partnership will train approximately 200 healthcare and non-healthcare providers in palliative care and provide mentoring for health care providers, family members, and church volunteers in Pare Diocese. Mentoring through partnership exchanges with both ELCT and with local health authorities, such as the district health management teams and district-level community-based coordinators will increase understanding of the palliative care model developed and provide the opportunity for ongoing quality-assurance monitoring and sustainability.

LINKAGES: Pare Diocese and Gonja Hospital are part of the ELCT network of 20 hospitals and 160 primary health care institutions, which constitute 15% of the health care services in Tanzania. The twinning partnership program will be closely coordinated with the activities of the ELCT health department and the Foundations for Sub-Saharan Africa palliative care program funded under the New Partner Initiative. The partnership will work closely with the palliative care provider that has been assigned to the Moshi region under the regionalization process (Pathfinder International). Pathfinder will take the lead in dealing with coordination and linkages with the government of Tanzania. However, for recommended modifications to guidelines/curriculum, the AIHA partnership will link directly to NACP.

CHECK BOXES: The palliative care training program is designed to strengthen the capacity of ELCT to provide quality palliative care education to health care providers, family members, and volunteers that serve those affected by HIV/AIDS. Furthermore, the partnership, via partnership exchanges, strengthens the capacity of ELCT staff by equipping them with knowledge and skills necessary to provide quality palliative care education. M&E: AIHA twinning center staff will assist partners to develop and implement a monitoring and evaluation system for the partnership.

M&E In collaboration with USG stakeholders, AIHA and partners will select the appropriate PEPFAR indicators and other relevant indicators based on activities in the work plan. AIHA will assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA will report this data to USG teams on a quarterly basis and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period. AIHA will coordinate with national programs and ensure that national quality standards will be used to assess their activities. Once the new national palliative care monitoring system is developed, the partnership in Pare will participate in the implementation of this system. Once developed, this will be the system used by all palliative care providers to monitor services.

SUSTAINABILITY: Through peer-to-peer exchanges, mentorship, and training, this twinning partnership builds the capacity of ELCT to provide quality palliative care training to health care providers, family members, and volunteers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8715

Related Activity: 13565, 13538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23559	8715.23559.09	HHS/Health Resources Services Administration	American International Health Alliance	9936	3555.09	Twinning	\$250,000
8715	8715.07	HHS/Health Resources Services Administration	American International Health Alliance	4517	3555.07	AIHA	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Same

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5413.08

Prime Partner: African Palliative Care Association

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8704.08

Activity System ID: 13428

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$400,000

Activity Narrative: TITLE: Scaling-up Palliative Care Services in Tanzania through the Tanzania 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 2008 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 WHO 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, cotrimaxazole 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 2007. 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 (APCA POS). 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 the home-based care 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 (TOT) 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 (PLWHA) 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 2007. 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 2008. 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:** 8704**Related Activity:** 17011, 17013, 17014, 17012,
18276, 18814, 13588, 16352,
16304, 13462, 13538, 13562,
13565, 13506, 13530, 13540,
13532**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23571	8704.23571.09	U.S. Agency for International Development	African Palliative Care Association	10229	5413.09		\$350,000
8704	8704.07	U.S. Agency for International Development	African Palliative Care Association	5413	5413.07	APCA	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16304	16304.08	6516	1219.08		Family Health International	\$400,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
17011	17011.08	7579	7579.08		ACDI/VOCA	\$30,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
13530	8695.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$115,000
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
17014	17014.08	7570	7570.08		Mbeya HIV Network Tanzania	\$954,354
18276	18276.08	7571	7571.08		Resource Oriented Development Initiatives	\$324,970
17013	17013.08	7576	7576.08		Axios Partnerships in Tanzania	\$300,000
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13532	5319.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$245,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	105	False

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4082.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6515.08

Planned Funds: \$325,000

Activity System ID: 13588

Activity Narrative: 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 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 150 volunteers 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 150. Selian recruited staff for HBC/PC. Community mobilization has been conducted to raise awareness and reduce stigma. One staff member attended clinical patrol 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7803

Related Activity: 13587, 13538, 13590, 13589, 13591

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23565	6515.23565.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$17,000
23564	6515.23564.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$483,821
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13587	8220.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$91,968
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13589	6517.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$150,000
13590	8662.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$272,600
13591	6518.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$774,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Malaria (PMI)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,983	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Arumeru

Arusha

Monduli

Simanjiro

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1415.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3468.08

Activity System ID: 13565

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$3,600,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7785

Related Activity: 13452, 13469, 13471, 13487, 13490, 13540, 13428, 13462, 13506, 13538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23551	3468.23551.09	HHS/Centers for Disease Control & Prevention	Pathfinder International	10016	1415.09		\$3,998,742
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13506	3375.08	6530	1028.08		Kikundi Huduma Majumbani	\$222,200
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13469	3473.08	6511	1511.08	Track 1.0	Elizabeth Glaser Pediatric AIDS Foundation	\$5,006,215
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13487	10179.08	6519	1513.08	Track 1.0	Harvard University School of Public Health	\$1,357,214
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000

Emphasis Areas

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

- * Malaria (PMI)

- * TB

Wraparound Programs (Other)

- * Economic Strengthening

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	152	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	31,493	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,470	False

Target Populations

General population

Children (under 5)

Boys

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Karatu
Longido
Ilala
Kinondoni
Temeke
Hai
Moshi
Babati
Mbulu
Simanjiro
Bunda
Musoma
Bariadi
Kahama
Shinyanga
Korogwe
Muheza
Pangani
Tanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1028.08

Prime Partner: Kikundi Huduma Majumbani

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3375.08

Activity System ID: 13506

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$222,200

Activity Narrative: TITLE: KIHUMBE Community Home-based Care in the Mbeya Region

NEED and COMPARATIVE ADVANTAGE: As the number of HIV-positive individuals who know their sero-status 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. 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7735

Related Activity: 13428, 13462, 13538, 13565, 13678, 17012, 17014, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23538	3375.23538.09	Department of Defense	Kikundi Huduma Majumbani	9983	1028.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13678	5007.08	6571	1026.08		US Peace Corps	\$370,700
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
17014	17014.08	7570	7570.08		Mbeya HIV Network Tanzania	\$954,354
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training

- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

- * TB

Wraparound Programs (Other)

- * Economic Strengthening

- * Education

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	48	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,231	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	175	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Mpanda
Nkasi
Sumbawanga
Mbinga
Namtumbo
Songea
Tunduru

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1441.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8694.08

Activity System ID: 13513

Mechanism: SPS

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: 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 IEC for HIV/AIDS materials and prevention products and ineffective referral system to other HIV/AIDS service for PLHAs.

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, RPM+ has provided technical assistance to the Ministry of Health and Social Welfare (MOHSW) and the Tanzanian Food and Drug Administration (TFDA) to strengthen district's 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 ADDO dispensers, accredited 584 outlets in Morogoro region, leveraged resources from other US Government investment (President's Malaria Initiative) to achieve policy changes that support the delivery of subsidized goods in the private sector.

ACTIVITIES: Major activities for FY 2008 are to continue linking community-based home-based care (HBC) kit distribution to ADDOs to improve efficiency of HBC kit distribution and increase coverage of community-based HBC services to rural areas and contribute to comprehensive HIV/AIDS care for PLWHA. This includes extending RPM+'s pilot work with the Tunajali Program in Morogoro for the use of ADDOs to extend home-based care services. RPM+ will provide additional training (HIV/AIDS-HBC-services related) 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 (CBOs) 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 ADDO HBC distribution system through support supervision. In collaboration with other partners' support, RPM+ will work with CHMTs to conduct ADDO-HIV/AIDS-focused quarterly supportive supervision in participating ADDOs.

Lastly, RPM+ will work jointly with Family Health International and the Health Policy Initiative to advocate for necessary policy change to support integration of HIV/AIDS activities into ADDOs. This would include identifying the issues needing policy review/change, holding consultative meetings with MOHSW and the National AIDS Control Program 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. MSH has also closely worked with regional, district and local stakeholders to mobilize them and seek their support for the ADDO roll out. MSH would engage all these stakeholders for this proposed intervention. At district level, MSH will work with the Council Health Management Teams (CHMTs) and the Council Multisectoral AIDS Committees Council Food and Drugs Committee.

In addition, RPM Plus would work with Tunajali program 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 root 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 ADDO/HIV AIDS activities. RPM+ has wraparounds in malaria and child health portfolios.

M&E: A monitoring plan will be developed to document how ADDO-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 Emergency Plan Indicators.

SUSTAINABILITY: Initiative to link ADDO owners to micro financing 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 maintenances costs of the ADDO enterprise has gradually been increasing. Other ideas such as the community health fund have also been discussed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8694

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23552	8694.23552.09	U.S. Agency for International Development	Management Sciences for Health	10569	1441.09	SPS	\$0
8694	8694.07	U.S. Agency for International Development	Management Sciences for Health	4555	1441.07	RPM+	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13463	8707.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Kilombero

Kilosa

Morogoro

Mvomero

Ulanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4781.08

Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8695.08

Activity System ID: 13530

Mechanism: ZACP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$115,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8695

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23567	8695.23567.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	9958	4781.09	ZACP	\$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13528	3503.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$357,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13532	5319.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$245,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	134	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,601	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	204	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1056.08

Mechanism: N/A

Prime Partner: National AIDS Control
Program Tanzania

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 8692.08

Planned Funds: \$400,000

Activity System ID: 13538

Activity Narrative: 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 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

Activity Narrative: 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 clinics (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.

SUSTAINAIBLITY: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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8692

Related Activity: 13537, 13428, 13513, 13520, 13530, 16304, 16424, 17015, 18273, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23539	8692.23539.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$100,000
8692	8692.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$511,880

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13520	9635.08	6537	5241.08	MEDA	Mennonite Economic Development Associates	\$500,000
13530	8695.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$115,000
17015	17015.08	7569	7569.08		Strategic Radio Communication for Development	\$300,000
16304	16304.08	6516	1219.08		Family Health International	\$400,000
13513	8694.08	6534	1441.08	SPS	Management Sciences for Health	\$200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	470	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Songea

Maswa

Shinyanga

Manyoni

Singida

Nzega

Sikonge

Tabora

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5241.08

Prime Partner: Mennonite Economic
Development Associates

Mechanism: MEDA

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9635.08

Planned Funds: \$500,000

Activity System ID: 13520

Activity Narrative: 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 Goba 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9635

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23570	9635.23570.09	U.S. Agency for International Development	Mennonite Economic Development Associates	10027	5241.09		\$100,000
9635	9635.07	U.S. Agency for International Development	Mennonite Economic Development Associates	5241	5241.07	MEDA	\$1,250,000

Emphasis Areas

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4083.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 6516.08

Activity System ID: 13521

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$750,000

Activity Narrative: TITLE: Mildmay Maisha Kikamilifu Palliative Care Program in Kilimanjaro and Tabora Regions

NEED and COMPARATIVE ADVANTAGE: In the Tabora Region, there is no recognizable community-based palliative care or an assigned implementing partner. Implementation of care guidelines has been sporadic due to a lack of training and support of health workers at all levels. Mildmay has a model home-based palliative care program comprising a cadre of trained health professional in Kilimanjaro, and established patient support centers that act as referral hub for home-based care (HBC) services, especially linking Care and Treatment Clinics (CTCs) and the community. To sustain the scale up of services and quality, it is necessary to continue support for health workers, patient support centers. It is also essential to consolidate linkages established with government structures, PLWHAs, community based trainers, carers and treatment sites in Kilimanjaro and initiate new activities in the Tabora Region. Mildmay is well positioned to address these needs based on their successful experience in Kilimanjaro to date.

ACCOMPLISHMENTS: Mildmay accomplishments in Kilimanjaro in the existing Maisha Kaikamilifu (Kiswahili for "Life in its Fullness") include creating a pool of health workers well trained in the care and management of people living with HIV/AIDS (PLWHA). Mildmay has provided 48 sub grants for HBC activities, trained eight senior health workers at Diploma level, and forged sustainability linkages with government and community-based/faith-based organizations (CBOs/FBOs). To date, over 2,500 clients have received services through three patient support centers each month, 1,200 PLWHA have received HBC, and 25 community support groups for PLWHA have been organized, and 16 income generating activities (IGAs) have been organized for groups of PLWHA.

ACTIVITIES: With FY 2008 funding, Mildmay will:

- 1) Train health workers from Tabora Region in the care and management of people living with HIV/AIDS:
 - 1a) train 15 health workers on design, set up and management of home based palliative care programs using NACP curriculum; 1b) train 12 (eight new and four continuing senior health workers on the 18-month Mildmay Diploma to provide the much needed management and leadership of HBC services at the district level.
 - 2) Initiate HBC in Tabora Region with a model developed by Mildmay in Kilimanjaro to support the national program, using the basic service package and wraparound possibilities in the community: 2a) carry out a situation analysis of palliative care; 2b) initiate consultation with government structures on establishing HBC services and parameters for work in the region; 2c) map out possible collaborators in training and provision of HBC services; 2d) establish an operational base through office set-up, staff recruitment and orientation.
 - 3) Support the continuum of care by strengthening the link between CTCs and the communities to facilitate improved communication between the treatment provider HBC provider, and act as referral hubs between clinic-based and community level initiatives: 3a) set up and support four new patient support centers, one each in Rombo and Same districts of Kilimanjaro, and two in Tabora; 3b) continue support for three patient support centers in Kilimanjaro; 3c) provide supervisory and technical support to home-based palliative care workers; 3d) provide 39 sub grants to health workers trained on care and management of PLWHAs to establish home-based palliative care initiatives within their facility's catchment area.
 - 4) Strengthen district-level HIV/AIDS coordination mechanisms to help create a conducive environment at the management level, ensuring that the trained health workers are supported in their development of the home-based care programs and that HBC is integrated into existing local healthcare activities for quality improvement: 4a) convene three workshops (one in Kilimanjaro and two in the Tabora Region) for senior managers of partner organizations; 4b) facilitate an exchange visit of policy makers to the Mildmay programs in Uganda.
 - 5) Scale up greater involvement of PLWHA: 5a) provide support and training to registered groups of PLWHA for initiatives aimed at community sensitization to reduce stigma and promote prevention messaging, adherence, and self-empowerment for positive living.

LINKAGES: Mildmay works closely with the Ministry of Health and Social Welfare (MOHSW) in Tabora to ensure compliance with the national health strategy. Because Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is the lead partner treatment partner in Tabora providing the facility based care, Mildmay works closely with EGPAF, as well as other providers in the same region to broaden the level and comprehensiveness of the palliative care services. Health workers from various health facilities in Tabora will benefit from Mildmay training and technical expertise in the design and delivery of HBC. In Kilimanjaro, Mildmay works closely with Pathfinder, the lead palliative care partner for the region, in addition to EGPAF, the lead treatment partner. In addition, they link with other palliative care providers in Kilimanjaro. Mildmay will link with the bulk arrangements made by the USG for insecticide treated mosquito nets, nutritional support, and home-based care kits. Mildmay also works with PLWHA groups to promote empowerment, stigma reduction, food security, and income generation.

CHECK BOXES: Renovation may be necessary to prepare health facilities where the patient support centers will be sited. Training enhances the skills of health workers and the capacity of District Health Management Teams and other partners to provide HBC services. Adolescents and adults are targeted as carers, HBC volunteers, to support for PLWHA and for prevention. PLWHA are direct beneficiaries of HBC services and IGAs, potential HBC providers, and support group members.

M&E: Mildmay has developed monitoring tools for use by the community health workers, facility based health workers who supervise HBC services in their catchment areas. Mildmay uses the aggregated information for organisation 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 decision. Once the National AIDS Control Programme completes their new monitoring system, Mildmay will use the national system. An M&E Officer will be recruited to oversee this program component. To measure the program outcomes especially the improvement in the quality of life of PLWHAs, Palliative Care Outcome Scale will be used. Localised surveys will measure others such as stigma and behavioural change. Baseline surveys carried out by short courses and diploma students provide the baseline against which to measure these outcomes.

Activity Narrative: SUSTAINABILITY: Mildmay activities aim at strengthening the health care system through capacity development and establishing HBC models that are replicable and self-sustaining. By involving CBOs/FBOs and volunteers, HBC services are integrated within communities that require minimal input after the initial training and resource injection.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7753

Related Activity: 13428, 13538, 13565, 13469, 13471, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23566	6516.23566.09	U.S. Agency for International Development	Mildmay International	10224	4083.09		\$789,940
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13469	3473.08	6511	1511.08	Track 1.0	Elizabeth Glaser Pediatric AIDS Foundation	\$5,006,215
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	46	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,625	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	752	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Moshi

Rombo

Same

Tabora

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3745.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12392.08

Planned Funds: \$378,530

Activity System ID: 13562

Activity Narrative: 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 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 two-way 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12392

Related Activity: 13563, 13538, 13588, 13564, 16453

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23563	12392.23563.09	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	10022	3745.09		\$39,000
23562	12392.23562.09	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	10022	3745.09		\$716,527
12392	12392.07	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	4570	3745.07		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
13563	8708.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$700,000
16453	16453.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$300,000
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,865	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Ilala
Kinondoni
Temeke
Kibaha
Kisarawe
Mkuranga
Rufiji

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1197.08	Mechanism: Fac Based/RFE
Prime Partner: Deloitte Consulting Limited	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 18377.08	Planned Funds: \$200,000
Activity System ID: 18377	
Activity Narrative: TITLE: Deloitte Facility-based Palliative Care	

Deloitte Consulting Limited is the primary treatment partner in Dodoma, Iringa, and Morogoro. It provides palliative care to most of those registered in their Care and Treatment Clinics (CTCs). This includes both patients on Anti-Retroviral Therapy (ARTs) and not yet eligible on ARTs. Patients receive WHO staging, provision of cotrimoxazole in accordance with national guidelines, diagnosis and management of opportunistic infections, including tuberculosis screening and referral and cryptococcal infection, nutritional assessments/counseling (and referrals), symptom and pain management (for outpatients, pain management is currently restricted to non-opioid medicines such as ibuprophen and paracetamol), and psychosocial support. General counseling addresses disclosure of HIV status, adherence to care and treatment, behavior change counseling for prevention of HIV transmission, and other individual specific issues, as appropriate. Pediatric formulations of cotrimoxazole are available for children.

In FY 2008, after an assessment of nutritional supplement options are evaluated, an expanding number may receive nutritional support. A growing number of people living with HIV/AIDS are involved as peer counselors and in assisting with linkages to local organizations that can help to promote adherence, provide psychosocial support, and to handle referrals for community services (e.g. income generating activities and legal service).

An important linkage is between facility-based palliative care and community home-based care (HBC). This link is critical as all palliative care cannot be done at the facility. There are two-way referrals from the CTC to the community HBC program and from the community HBC program to the CTC. The program strives to have 100% of patients registered in Care and Treatment be referred to a community home-based care program.

Total palliative care targets are de-duplicated at the national program level for patients who receive facility-based services from this partner and home-based services from either this or other USG-supported partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13428, 13462, 13538, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13428	8704.08	6491	5413.08		African Palliative Care Association	\$400,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	48,102	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9564.08	Mechanism: SPS
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 22044.08	Planned Funds: \$200,000
Activity System ID: 22044	

Activity Narrative: This activity will be related to the newly awarded program for Basic Care and Support that will be implemented by a consortium led by Deloitte Touche Tohmatsu (#8706), and also the AED T-Marc Social Marketing Program (#7667).

The duka la dawa baridis (DLDBs) outlets provide an essential service in Tanzania. They are small outlets, originally set up to provide non-prescription drugs in the private sector. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. They are found in all districts in the country. For many common medical problems, such as diarrhea, fungal infections, malaria, etc., a variety of factors encourage people to self-diagnose and medicate before going to a health facility. Because nearly 80% of the population of Tanzania is rural, DLDBs are often the most convenient retail outlet from which to buy drugs.

Evidence has demonstrated that DLDBs are not operating as had been originally intended. Prescription drugs that are prohibited for sale by the Tanzania Food and Drug Authority (TFDA) are invariably for sale, quality cannot be assured, and the majority of dispensing staff lack basic qualifications, training, and skills. Regulation and supervision are also poor. To address this, Management Sciences for Health (MSH) initiated a program (originally funded under the Gates funded SEAM program) to build the skills of the DLDBs and transform them into Accredited Drug Dispensing Outlets (ADDOS).

In the past two years, MSH's Rational Pharmaceutical Plus program has laid the groundwork in Morogoro to develop ADDOS and prepare them to support palliative care programs for HIV/AIDS. Elements of their work to date have included accreditation based on Ministry of Health and Social Welfare/TFDA-instituted standards and regulations governing ADDOS; business skills training, pharmaceutical training, education, and supervision; commercial assistance; marketing and public education; and regulation and inspection.

The work done to date has been primarily focused on ensuring accreditation, but has not yet been linked with home-based care activities. Beginning in FY07, the ADDO work will be linked with the newly awarded Tunajali home-based care/orphan and vulnerable children activity in Morogoro, Iringa, and Dodoma. ADDOS, in collaboration with community-based organizations and NGOs, may provide HBC services to remote and rural areas through the provision of HBC kits and services that might not otherwise be available in rural areas. Selected ADDOS would be assigned a catchment area where they could provide HBC services to volunteers and possibly HIV patients identified by local NGOs and/or clinical facilities. If this linkage works well, the USG would propose the expansion of the network of ADDOS to another region covered by Tunajali, e.g., Iringa. The ADDOS could also support referrals of patients for counseling/testing and for clinical services at the closest HIV/AIDS Care and Treatment Clinic.

The proposed role of ADDOS in community-based HIV/AIDS prevention and care would also include dissemination of HIV/AIDS information whereby ADDOS would become centers for providing basic HIV/AIDS information to the public. This way, information on HIV prevention, treatment, and the fight against stigma can be provided using available IEC materials and social marketing techniques in collaboration with other partners (e.g. PSI, T-Marc) would reach groups and areas that might not otherwise be reached.

It is expected that through this program, additional beneficiaries will be reached, but the first focus will be on providing quality and accessible goods to existing NGOs whose beneficiaries are counted under the Tunajali program. In future years, the program could reach more persons in remote areas who are unduplicated. Consequently, no targets are set.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Coverage Areas

Iringa

Morogoro

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$8,397,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

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 2005, 44 - 50% of all smear positive TB patients in Tanzania were HIV-positive (National TB and Leprosy Programme [NTLP] annual report). The semi annual report – (September - March 2007) showed that only 35% of patients positive for both TB and HIV, identified through TB clinics and who were eligible for HIV treatment, were actually receiving ART.

Through work with Care and Treatment Clinics (CTC), HIV-positive patients are being screened for TB and referred to TB clinics for treatment. According to the USG 2007 Semi-Annual Report, a total of 5,041 out of 86,382 enrolled HIV-positive patients received treatment for TB disease under direct USG support. These numbers may be under-reported as a TB screening tool and proper monitoring systems were not yet fully in place.

During FY 2007, with support from the USG and other bi-lateral donors, a National Policy for Collaborative TB/HIV activities was finalized, and the national Diagnostic Testing and Counseling (DTC) training guidelines and manual developed. By March 2007, progress was made in provision of DTC, with services implemented in 92 service outlets within 32 districts. Over 244 health care workers were trained in DTC and management of TB/HIV co-infection. From September 2006 to March 2007, 10,425 TB patients were registered at these sites with 6,387 (61 %) of them counseled and tested for HIV. Out of these 6,387 patients, 3,335 (52 %) patients were found to be HIV positive, with 2,553 referred to the nearest HIV Care and Treatment Center (CTC). Reports show that 887 are currently on ART, and 2,236 are receiving cotrimoxazole.

Supportive supervision conducted in November 2006 and May 2007 by the USG in collaboration with other partners, including the World Health Organization (WHO), the National AIDS Control Programme (NACP), and the NTLP, identified challenges at sites implementing TB and HIV services. These challenges included shortage of staff, lack of knowledge in implementing TB infection control in HIV Clinics, poor TB diagnostic capabilities, and lack of HIV test kits at TB clinics. It was also found that cotrimoxazole was not routinely issued in the TB clinics and very few CTC sites performed and recorded screening of HIV patients for TB. Referrals between TB clinics and CTC are still weak, though a pilot program in which ART is initiated at the TB clinic for TB patients testing positive for HIV has shown success in enrolling TB/HIV patients into ART services and eventual referral to CTC upon completion of TB treatment.

To address several of the challenges identified above, the USG supported hiring of 31 TB/HIV Coordinators to perform supportive supervision on TB/HIV co-management activities, conduct on-the-job training to staff at points of service, and follow up of referrals between CTC and TB clinics. With technical assistance from CDC Atlanta, the USG collaborated with the NTLP and the NACP to hold a workshop that involved USG ART partners and other TB/HIV implementing donors/partners to develop and finalize a standard TB screening tool. This standard TB screening tool has been disseminated to all ART partners in the country. In addition, following the success of the pilot introduction of ART in TB clinics, NTLP and NACP are expanding this approach to 10 more TB clinics in an attempt to address the low up-take of referrals between TB clinics and CTC.

A major focus in FY 2008 to address TB and TB/HIV services in Tanzania will be improving overall diagnostic capabilities. The WHO is recommending the use of new, sensitive techniques in the diagnosis of TB for smear-negative in HIV cases to increase case finding. FY 2008 funding will be used for: strengthening smear microscopy in all diagnostic centers by procuring 200 Light Emitted Diode (LED) microscopy units with at least one unit to be placed in each district; introducing a new, sensitive diagnostic technique with less turn around time by placing Mycobacterium growth indicator tube (MGIT) equipment at zonal referral labs starting with one zone this year; and developing an efficient specimen management and transportation system for the peripheral diagnostic centers to access the high volume MGIT. The other major activity will be to strengthen the existing smear microscopy quality assurance activities at all levels of service delivery. The USG, through the American Society of Microbiology, will provide technical assistance to the Central Tuberculosis Reference Laboratory (CTRL) in implementation of these activities with the NTLP providing the coordination.

In FY 2008, USG ART partners will directly support the implementation of TB/HIV activities in both the TB clinic and CTC settings at regional and district levels. TB/HIV FY 2008 funds will support 12 ART partners working in direct service delivery in 481 CTC sites in 112 districts. They will work to improve the treatment of TB/HIV co-infected patients at the CTCs through training 1,381 health care providers in case management. Using FY 2008 plus-up funds, USG partners will also support implementation of the national TB/HIV policy on TB infection control in CTC through work practice, administrative and environmental control measures by training health care workers and improving the infrastructure of the clinics to allow ventilation. USG TB/HIV activities in Tanzania complement similar efforts in other geographical areas of the country by Global Fund Round three and six, the Clinton Foundation, and Germany Leprosy Relief Agency including dissemination of TB/HIV policy guidelines, finalization of TB/HIV training guidelines and manuals and conducting joint supportive supervision.

All USG partners will work in collaboration with the NTLP and NACP to strengthen systems to screen all HIV patients for TB and improve monitoring systems to track their referrals to TB clinics. The USG will work with the NTLP and NACP to ensure that the newly-modified TB monitoring tools are introduced at all USG ART sites through training by partners and these tools are used as part of routine services. In addition, direct funding to the NTLP, in collaboration with the NACP, will expand ARV treatment to an additional 10 TB clinics further building upon the success of the pilot program initiated in FY 2006.

FY 2008 USG funds to ART partners and the NTLP will also continue to support the expansion of DTC for HIV in 600 TB clinics (service outlets) in 93 districts. Service outlets are decided upon based on rates of TB case notification. The plan is to test 48,320 TB patients for HIV. All patients who test HIV-positive will receive cotrimoxazole through the TB clinic and will be referred for HIV care. The program will also encourage TB patients to refer their partners for HIV testing and include prevention for positives counseling as well as condom provision. Funding under Supply Chain Management in a separate program area will support the Government of Tanzania in forecasting, procurement and distribution of HIV test kits as well as needed laboratory reagents. It is estimated that through these combined efforts 26,500 TB/HIV co-infected patients will be treated for both TB and HIV by September 2009.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	600
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	26500
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2600
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	48320

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1253.08	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: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 3464.08	Planned Funds: \$2,200,000
Activity System ID: 13549	

Activity Narrative: TITLE: Scale up of TB/HIV activities in 15 districts and support 42 districts

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 acid-fast 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.

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 Diod (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: NTLF 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.

Activity Narrative: 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.

SUSTAINAIBILITY: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7781

Related Activity: 13489, 13570, 13575, 13451, 13458, 13464, 13470, 16442, 16444, 16449, 16441, 16446, 16445, 13598, 13573, 17425, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23330	3464.23330.09	HHS/Centers for Disease Control & Prevention	National Tuberculosis and Leprosy Control Program	10043	1253.09		\$2,090,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13489	5120.08	6520	3621.08		Harvard University School of Public Health	\$300,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
16442	16442.08	6536	1135.08		Mbeya Regional Medical Office	\$100,000
13570	5093.08	6551	1136.08		PharmAccess	\$200,000
16444	16444.08	7408	7408.08		PharmAccess	\$300,000
17425	17425.08	6554	1138.08		Rukwa Regional Medical Office	\$100,000
16449	16449.08	6555	1139.08		Ruvuma Regional Medical Office	\$100,000
16445	16445.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$150,000
13458	12461.08	6509	1221.08		Columbia University	\$500,000
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13575	9731.08	6553	2244.08		Regional Procurement Support Office/Frankfurt	\$900,000
13464	12463.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13451	5114.08	6504	2368.08		Catholic Relief Services	\$350,000
13470	12462.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$300,000
13598	12451.08	6564	4960.08	I-TECH	University of Washington	\$200,000
13573	5117.08	6552	3623.08		Program for Appropriate Technology in Health	\$2,000,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	226	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	24,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Ilala

Kinondoni

Temeke

Iringa

Iringa Urban (prior to 2008)

Kilolo

Ludewa

Makete

Mufindi

Njombe

Kasulu

Kibondo

Kigoma

Kigoma Urban (prior to 2008)

Babati

Hanang

Kiteto

Mbulu

Simanjiro

Bunda

Musoma

Musoma Urban (prior to 2008)

Serengeti

Tarime

Kilombero

Kilosa

Morogoro

Morogoro Urban (prior to 2008)

Mvomero

Ulanga

Mbinga

Namtumbo

Songea

Songea Urban (prior to 2008)

Tunduru

Bariadi

Bukombe

Kahama

Maswa

Meatu

Shinyanga
Shinyanga Urban (prior to 2008)
Iramba
Manyoni
Singida
Singida Urban (prior to 2008)
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1136.08	Mechanism: N/A
Prime Partner: PharmAccess	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 5093.08	Planned Funds: \$200,000
Activity System ID: 13570	

Activity Narrative: TITLE: Providing comprehensive TB/HIV diagnoses and treatment to Tanzania People's Defense Forces (TPDF)

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 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 lab-materials 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.

Activity Narrative: 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 co-infected 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.

SUSTAINABILITY: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7790

Related Activity: 13540, 13549, 13568, 16426, 13571, 16480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23325	5093.23325.09	Department of Defense	PharmAccess	9984	1136.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13568	3393.08	6551	1136.08		PharmAccess	\$250,000
16426	16426.08	6551	1136.08		PharmAccess	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13571	3394.08	6551	1136.08		PharmAccess	\$749,500
16480	16480.08	7408	7408.08		PharmAccess	\$800,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	33	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	700	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	120	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arumeru
Monduli
Kibaha
Dodoma
Kinondoni
Temeke
Iringa
Bukoba Urban (prior to 2008)
Moshi Urban (prior to 2008)
Mbeya
Morogoro
Songea Urban (prior to 2008)
Muheza
Kaskazini A (North A)
Magharibi (West)

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 2244.08

Prime Partner: Regional Procurement Support
Office/Frankfurt

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9731.08

Activity System ID: 13575

Mechanism: N/A

USG Agency: Department of State / African
Affairs

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$900,000

Activity Narrative: TITLE: Infrastructure improvements for TB/HIV at NTLP sites

NEED and COMPARATIVE ADVANTAGE: NTLP 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 NTLP 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 NTLP 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 MIGHT 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9731

Related Activity: 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23332	9731.23332.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	9915	2244.09	RPSO	\$400,000
9731	9731.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000

Emphasis Areas

Construction/Renovation

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Coverage Areas

Kasulu
Kibondo
Kigoma Urban (prior to 2008)
Babati
Hanang
Mbulu
Bunda
Musoma Urban (prior to 2008)
Serengeti
Tarime

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4960.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12451.08

Activity System ID: 13598

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$200,000

Activity Narrative: TITLE: Ensuring health care workers receive adequate in-service TB/HIV training

NEED and COMPARATIVE ADVANTAGE: The National TB and Leprosy Program (NLP) 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 NLP 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 NLP 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 NLP 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 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 well-grounded in this area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12451

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23339	12451.2333 9.09	HHS/Health Resources Services Administration	University of Washington	9917	4960.09	ITECH	\$200,000
12451	12451.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 2368.08

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5114.08

Planned Funds: \$350,000

Activity System ID: 13451

Activity Narrative: TITLE: Scale up of TB/HIV collaborative services in Mara, Manyara, Mwanza, and Tanga

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 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7693**Related Activity:** 13450, 16354, 13565, 13549,
13540, 13444, 13449**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23333	5114.23333.09	HHS/Health Resources Services Administration	Catholic Relief Services	10123	10123.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
16354	16354.08	6504	2368.08		Catholic Relief Services	\$200,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13444	3484.08	6500	2290.08		Bugando Medical Centre	\$684,000
13449	3476.08	6503	1514.08	Track 1.0	Catholic Relief Services	\$1,063,792
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,225	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Babati
Hanang
Kiteto
Mbulu
Simanjiro
Bunda
Musoma
Musoma Urban (prior to 2008)
Serengeti
Tarime
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12461.08

Activity System ID: 13458

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$500,000

Activity Narrative: TITLE: Scaling up TB/HIV collaborative activities at Care and Treatment Centers (CTC) in Kagera, Kigoma, Pwani and Zanzibar

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 (NTLP/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 aides.

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 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 NTLP, 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, NTLP 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.

Activity Narrative: M&E: a) CU will collaborate with the NACP and NTLP 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 semi-annual/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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12461

Related Activity: 16352, 13521, 13549, 13457, 13540, 18571

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23329	12461.23329.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$500,000
12461	12461.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000
13521	6516.08	6538	4083.08		Mildmay International	\$750,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
18571	18571.08	6508	1512.08	Track 1.0	Columbia University	\$0

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	540	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	260	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Biharamulo
Biharamulo (prior to 2008)
Bukoba
Bukoba Urban (prior to 2008)
Karagwe
Muleba
Ngara
Kaskazini A (North A)
Kaskazini B (North B)
Tumbatu Sub-District (prior to 2008)
Kasulu
Kibondo
Kigoma
Kati (Central)
Kusini (South)
Mjini (Urban)
Magharibi (West)

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3621.08	Mechanism: N/A
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 5120.08	Planned Funds: \$300,000
Activity System ID: 13489	

Activity Narrative: TITLE: Expansion and Integration of TB/HIV Services 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 be used to pay for the MDH staff. Moreover, we intend to provide essential equipment 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 on-site. 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.

Activity Narrative:

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 developing locally feasible, sustainable SOPs in collaboration with health care providers to enable them to conduct these services effectively. All effort will be made to build the capacities of the public health system in effectively running TB/HIV programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7721

Related Activity: 13488, 17324, 13490, 13540, 13549, 13565

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23335	5120.23335.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10048	3621.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13488	3414.08	6520	3621.08		Harvard University School of Public Health	\$900,600
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
17324	17324.08	6520	3621.08		Harvard University School of Public Health	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,200	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Ilala

Kinondoni

Temeke

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12463.08

Activity System ID: 13464

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$300,000

Activity Narrative: TITLE: TUNAJALI (We care) Integrating ART and TB Services in 4 Regions of Tanzania

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 co-infection, 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 NTLF 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 NTLF 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 NTLF 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 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 NTLF, 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 NTLF and local authorities to create a sense of ownership.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12463**Related Activity:** 13461, 13462, 13549, 13540,
13467**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23328	12463.2332 8.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$300,000
12463	12463.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13461	12380.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$2,000,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

- * TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,850	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Dodoma
Dodoma Urban (prior to 2008)
Kondoa
Kongwa
Mpwapwa
Iringa
Iringa Urban (prior to 2008)
Kilolo
Ludewa
Makete
Mufindi
Njombe
Kilombero
Kilosa
Morogoro
Morogoro Urban (prior to 2008)
Mvomero
Ulanga
Iramba
Manyoni
Singida
Singida Urban (prior to 2008)

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 2369.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12462.08

Activity System ID: 13470

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$300,000

Activity Narrative: TITLE: Scale up of TB /HIV services in Care and Treatment Clinics in four Regions

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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12462

Related Activity: 13472, 16353, 13521, 13565,
13573, 13549, 13471

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23334	12462.2333 4.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10047	2369.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
16353	16353.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$200,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13521	6516.08	6538	4083.08		Mildmay International	\$750,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13573	5117.08	6552	3623.08		Program for Appropriate Technology in Health	\$2,000,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,125	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	125	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Hai
Moshi
Moshi Urban (prior to 2008)
Mwanga
Rombo
Same
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Shinyanga Urban (prior to 2008)
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1138.08

Prime Partner: Rukwa Regional Medical Office

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 17425.08

Activity System ID: 17425

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: TITLE: Expanding and Integrating TB/HIV activities in Rukwa Region

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.

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 NTLP 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.

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16446, 13515, 13540, 13549,
13580, 13581

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13580	3398.08	6554	1138.08		Rukwa Regional Medical Office	\$350,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13581	3395.08	6554	1138.08		Rukwa Regional Medical Office	\$1,835,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Sumbawanga Urban (prior to 2008)

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3745.08

Prime Partner: Pastoral Activities & Services
for People with AIDS

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16441.08

Activity System ID: 16441

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$175,000

Activity Narrative: TITLE: Scaling up of PASADA's integrated TB/HIV service in PASADA and in outreach sites

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.
- 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
 - 5c) 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13540, 13549, 16408, 13562, 13564

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16408	16408.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$164,320
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,700	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Teachers

Coverage Areas

Kibaha

Kisarawe

Mkuranga

Rufiji

Ilala

Kinondoni

Temeke

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1027.08

Prime Partner: Mbeya Referral Hospital

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16446.08

Activity System ID: 16446

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: TITLE: Expanding and Integrating TB/HIV activities at Mbeya Referral Hospital (MRH)

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 patient-load 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 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 co-management, 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 NTLP 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,300	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	270	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mbeya Urban (prior to 2008)

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1135.08

Prime Partner: Mbeya Regional Medical Office

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16442.08

Activity System ID: 16442

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: TITLE: Expanding and Integrating TB/HIV activities in Mbeya Region

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 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 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 NTLP 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13515, 13516, 16410, 16530,
13519, 13540, 13549

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16410	16410.08	6536	1135.08		Mbeya Regional Medical Office	\$350,000
16530	16530.08	6536	1135.08		Mbeya Regional Medical Office	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670
13516	3491.08	6535	1027.08		Mbeya Referral Hospital	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,050	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	90	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbeya Urban (prior to 2008)

Mbozi

Rungwe

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7408.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16444.08

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$300,000

Activity Narrative: TITLE: Providing comprehensive TB/HIV diagnoses and treatment at Police and Prisons health facilities

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 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

Activity Narrative: 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 co-infected 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.

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 NTLP. Training, treatment, treatment guidelines, M&E etc is all part of one National Care and Treatment Program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16386, 16426, 13549, 13540, 16480

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16386	16386.08	7408	7408.08		PharmAccess	\$250,000
16426	16426.08	6551	1136.08		PharmAccess	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
16480	16480.08	7408	7408.08		PharmAccess	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	33	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	800	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	110	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	650	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arumeru

Dodoma Urban (prior to 2008)

Ilala

Temeke

Iringa Urban (prior to 2008)

Bukoba Urban (prior to 2008)

Moshi Urban (prior to 2008)

Mbeya Urban (prior to 2008)

Morogoro Urban (prior to 2008)

Nyamagana

Songea Urban (prior to 2008)

Tabora

Muheza

Mechanism ID: 1139.08

Prime Partner: Ruvuma Regional Medical
Office

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16449.08

Activity System ID: 16449

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: TITLE: Expanding and Integrating TB/HIV activities in Ruvuma Region

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 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.

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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16446, 13515, 13540, 13549, 13582, 13583

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13582	3402.08	6555	1139.08		Ruvuma Regional Medical Office	\$350,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13583	3399.08	6555	1139.08		Ruvuma Regional Medical Office	\$1,830,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,750	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mbinga

Namtumbo

Songea

Songea Urban (prior to 2008)

Tunduru

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1253.08

Prime Partner: National Tuberculosis and
Leprosy Control Program

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16445.08

Activity System ID: 16445

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$150,000

Activity Narrative: Title of Study: Cost and cost-effectiveness of TB-HIV/AIDS collaboration in Tanzania

Expected Timeframe of Study
Twelve months

Investigators:

Principal Investigator: Dr. Eliud Wandwalo (MD, MPhil, PhD), TB/HIV coordinator, National TB and Leprosy Programme (NTLP), Ministry of Health and Social welfare (MOHSW), Dar es Salaam-Tanzania

Co-Investigators: Dr. Saidi Egwaga (MD, MMED), Program Manager, NTLP-MOHSW, Dar es Salaam-Tanzania; National AIDS Control Programme (Name to be decided)

International co-investigator: Filip Meheus MSc-Royal Tropical Institute, The Netherlands

Study advisors: Centre for Disease Control (CDC) (Name to be decided), World Health Organization (WHO) (Name to be decided).

Collaborating Institutions:

The Ministry of Health and Social Welfare (MoHSW) through the National TB/Leprosy Programme (NTLP) and the National AIDS Control Programme (NACP), Royal Tropical Institute, the Netherlands (KIT), Centre For Disease Control (CDC), World Health Organization (WHO). We also plan collaboration with a public health evaluation in Tanzania examining the cost and cost-effectiveness of HIV treatment.

Project Description:

Tanzania started scaling-up of collaborative TB/HIV activities in 2006. This study builds on work from a multi-country study (Tanzania and Ethiopia, with World Health Organisation (WHO) and the Royal Tropical Institute of the Netherlands (KIT)) measuring unit cost of implementing TB/HIV collaborative activities (see below). This new project aims to assess the population impact and cost-effectiveness of combined TB/HIV interventions, compared with other modes of service delivery for identifying and treating co-infected patients. This information is important for decision making about best models of service delivery for co-infected patients.

Evaluation Question:

Is the current model of collaborative TB/HIV intervention cost-effective with a better population impact compared to a model of separate TB and HIV/AIDS services?

Methods:

The collaborative TB/HIV activities were first piloted in three districts in Tanzania before being scaled-up to involve more districts. These activities include TB Clinic based HIV testing and counselling, cotrimoxazole administration where appropriate, and onward referral to Care and Treatment Centres (CTCs).

The MoHSW/WHO/KIT multi-country study is being conducted by the same researchers using three initial TB/HIV collaborative pilot districts (3 hospitals and 6 health centres). The study included both provider and patient costs. This ongoing study has measured the unit cost of implementing TB/HIV collaborative activities in addition to cost of treatment for the TB aspect of HIV/TB co-infection. The study is expected to end in December, 2007.

Evaluation of Costs, Cost-Effectiveness and Population Impact

The new study will estimate not only the total costs but also the cost effectiveness and the population impact of different modes of delivery. This might inform a strategic choice about mode of service delivery, as well as helping with estimation of resource requirements.

The study will estimate costs of identifying and managing co-infected patients in separate HIV and TB programmes replicating methods used in the MoHSW/WHO/KIT multi-country study for later comparisons. The evaluation of HIV treatment costs will be in collaboration with another multi-country study investigating the cost and cost-effectiveness of HIV treatment. If possible, the costs of providing ARV treatment in TB clinics will also be measured (if this initiative is piloted in a timely fashion). Patient costs will be included. Total, average and average incremental costs of each intervention will be measured. Economic and financial costs will be measured separately. Economic costs will include a valuation of a considerable amount of volunteer time and other donated inputs. The capital costs of all interventions will be measured and from this an estimation of the infrastructure costs will be made. Specific attention will be given to the human resource (HR) costs required for the scaling-up of the TB and HIV/AIDS and TB/HIV combined programmes. In addition, the study will measure the health systems costs of activities not included in the direct delivery of services, but required to support them such as: health sector planning, management and supervision, management systems and the recurrent training costs of key staff.

The investigators are still exploring different approaches to measuring population impact in this study. This is a complex intervention to assess as it involves testing and treatment. TB patients may receive some, all or none of the steps in the intervention and this alters the cost effectiveness and the population impact. It will therefore be important to know the probability of a co-infected TB patient getting tested and then getting onto HIV treatment in the different models of care. This should feed into cost effectiveness analysis to give an accurate cost per life year based on mean costs and benefits in the TB clinic population, in integrated and separate service delivery models:

Cost-Effectiveness=mean cost of HIV testing and treatment / mean life years saved from HIV treatment

This measure alone will not capture the benefit of one model of service delivery achieving a higher rate of introduction to treatment for the part of the population requiring treatment. The "population" are patients attending TB clinics. There may be a trade-off between cost effectiveness and population impact. So it will be important to define the population impact of combined HIV/TB services compared with separate HIV and TB services:

Population-Impact=population starting HIV treatment / population requiring HIV treatment

Activity Narrative: A strategic choice about integrating HIV testing and treatment services with TB services might be informed by comparing the cost effectiveness of identifying patients in this way compared to others. The choice might also benefit from a consideration of the epidemiological impact of identifying patients requiring treatment whilst they have TB, as opposed to at various other opportunities, including after treatment for TB? How much does an integrated TB/HIV service increase the identification of HIV patients amongst the whole HIV positive population in the medium term?

Reference will be made to existing surveys and, where possible, effectiveness and impact data will be drawn from these. The different models of care will be evaluated to help quantify the probability of co-infected TB patients being identified and receiving treatment for their HIV and, in addition, the predicted population impact of these services. The methodologies will be developed with WHO/KIT/CDC technical assistance. Qualitative and quantitative assessment of current progress (and success/failure) in TB/HIV integration will mainly comprise case-studies of TB/HIV interventions at pilot sites and some comparison sites with non integrated services.

Population of Interest: The study will be conducted in four districts in all four zones of the country to ensure representativeness. Data will be collected from both health facilities and patients. The MoHSW/WHO/KIT study was conducted in three districts in Eastern, Southern and Northern parts of the country. This study will expand to include the Western zone. Districts will represent urban, semi-urban and rural settings. In each district, health facilities will be chosen to represent all levels of health care delivery. The study will purposively select the facilities piloting the TB/HIV integrated approach (in some cases including ARVs at TB clinic) in addition to comparison facilities using traditional approaches.

Ethical clearance for the study will be sought from National Institute for Medical Research and the Ministry of Health.

Information Dissemination Plan: Dissemination of the study findings will be carried-out at all levels. As part of dissemination plan a workshop will be conducted to orient key stakeholders about the study including important cost effective analysis concepts. After the analysis of the findings dissemination of results will be conducted at district, regional and national levels. Results will also be disseminated at local and International conferences. The study results will be made available to the ministry for decision making. Reports will be written for local and international publication including peer reviewed papers.

Budget (US\$): salary/fringe benefits: 84,200
a. PI and Local co-Investigators: 36000
b. Research assistants and site supervisors: 19200
c. Statistician and data clerk: 6000
d. KIT consultant: 23,000:
Supplies: 10,000
Supervision and travel: 21,400
Others
a. Workshops and training: 20,000
b. Study running costs: 14,400
Total: 150,000

Salary/Fringe benefits: This will be required for principal investigator, co-investigators and research assistants according to their level of involvement to the study. It is envisaged that PI will spent up to 40 percent of his time in the study and co-investigators 25 percent. The consultant from KIT will be paid fees for his involvement in the study. KIT and WHO will be requested to supplement the fees of engaging a consultant to this project. In each site three research assistants will be engaged. Statistician and data clerk will be required for data entry and to advice during data analysis
Supplies: Will be required for stationeries, printing and other materials
Supervision and travel: This will involve supervision of sites by investigators and research assistants
Others: Study running costs including communications, workshop for key stakeholders as part of dissemination plan, data analysis and training of research assistants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13549, 13540

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1470.08 **Mechanism:** Base
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 9250.08 **Planned Funds:** \$89,000

Activity System ID: 13627

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9250

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23331	9250.23331.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$90,399
9250	9250.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$59,340

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3623.08

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5117.08

Activity System ID: 13573

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$2,000,000

Activity Narrative: TITLE: PATH Tanzania TB/HIV Project

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 NTLP 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 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 NTLP, 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 NTLP 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: NTLP 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 (RTLCS). 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 NTLP and RTLCS. Quarterly reports will be compiled and

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7791

Related Activity: 13549, 13452, 13459, 13471, 13490, 13540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23336	5117.23336.09	U.S. Agency for International Development	Program for Appropriate Technology in Health	10049	3623.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	307	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	420	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	21,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Teachers

Coverage Areas

Arumeru

Arusha

Monduli

Ngorongoro

Kibaha

Bagamoyo

Kisarawe

Mafia

Mkuranga

Rufiji

Ilala

Kinondoni

Biharamulo

Biharamulo (prior to 2008)

Bukoba

Bukoba Urban (prior to 2008)

Karagwe

Muleba

Ngara

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Tumbatu Sub-District (prior to 2008)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Geita

Ilemela

Kwimba

Magu

Misungwi

Nyamagana

Sengerema

Ukerewe

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4950.08

Mechanism: GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5107.08

Planned Funds: \$33,000

Activity System ID: 13649

Activity Narrative: 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/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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7838

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23338	5107.23338.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$30,750
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

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mpanda

Nkasi

Sumbawanga

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$25,265,771

Estimated PEPFAR contribution in dollars	\$400,000
Estimated local PPP contribution in dollars	\$400,000
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

In Tanzania, about 2.5 million children under the age of 18 (over 10%) are considered orphans and/or vulnerable children (OVC). About 40% were orphaned due to AIDS-related diseases, and many are vulnerable due to a chronically ill parent who is unable to properly care for them. Over 50% of OVC live in households with grandparents as their primary guardian, and 45% live with other relatives or caregivers.

Without increases in prevention, as well as care and treatment to prolong lives of infected parents, the number of OVC is expected to grow to four million by 2010. OVC have minimal access to protection, education, healthcare, nutrition, shelter, and ownership of property. Overall, only 6% of OVC in Tanzania have access to psychosocial and material support, and only 4% have access to medical support and information.

By the end of March 2007, USG-funded partners in Tanzania supported 196,870 OVC, already surpassing the FY 2007 target of 180,000. However, 92% of children who require services currently do not receive support. With the FY 2008 budget and plus up funding, the USG expects to scale up the number of OVC served by USG-supported programs dramatically to 400,000, surpassing original targets of 250,000. The critical components of scale up relate to enhancements in comprehensiveness and quality of services, and expanded geographic coverage.

Nationally, there has been progress implementing the OVC National Plan of Action (NPA). The dramatic growth in OVC served is due to committed partners in the field and effective collaboration among them. The OVC Implementing Partners Group forum (IPG) is comprised of 55 organizations including UNICEF, DFID, Help Age, World Vision, and all USG partners implementing OVC programs. The OVC IPG works to maximize linkages among OVC implementing partners, develops a common understanding and approach for implementation while providing an opportunity to exchange best practices, and identifies potential wraparound programs. The forum affords IPG members an opportunity to prioritize activities for strengthening systems and structures related to comprehensive and quality programming for OVC at the national, district, ward, and village levels.

The national coordination structure consists of a National OVC Steering Committee and a National Technical Advisory Committee. These committees will collaborate to produce technically sound programs. With USG support, the GOT developed a national OVC Data Management System (DMS) for tracking OVC/OVC services, and drafted both the national OVC service standards and the NPA. The IPG members support coordination with the Government of Tanzania (GOT) by updating the GOT on their programs and geographic coverage, ensuring equitable coverage, and implementation of the NPA and the National Strategy for the Growth and Poverty Reduction.

The GOT and the USG continue to work closely with the Global Fund (GF) on the four year, \$58 million award for scaling up the implementation of the NPA through a national OVC identification process strategy. The identification process used in the GF is the same methodology implemented by the USG partners. It involves advocacy at local government levels with influential leaders, sensitization of communities, and training of district, ward, and village identification teams and formulation of Most Vulnerable Children Committees (MVCC) in each village. MVCC coordinate OVC services, update data to input to the DMS, and ensure adequate service distribution among the OVC in their communities. The national OVC identification process and DMS have proven to be instrumental in developing research, planning, and operational tools for the USG/GOT partners. With the USG, GF, World Bank, and UNICEF, the DSW is on track to expand the OVC network and ensure full coverage for 83 of the 132 districts in Tanzania by the end of FY 2008.

Despite these positive action steps, OVC issues have historically been deemed a low priority and receive minimal attention in various GOT policies, budgets, and development strategies. Only one third of all districts employ social welfare officers, many of whom do not possess adequate skills for OVC support. In addition, challenges exist within the goals of scaling up geographic coverage, because UNICEF is scaling down geographic coverage to ensure more comprehensive programs that include Prevention of Mother-to-Child Transmission, OVC, and early childhood development.

In FY 2008, the USG will focus primarily on improving the coverage and quality of services provided by USG-funded partners. Ultimately, the desired outcome is to achieve a measurable improvement in quality of services for OVC and their caregivers. Using established quality standards, the USG will support an appreciative inquiry assessment to determine gaps between current OVC partner practices and the expected service to be provided according to the standards set for each service area. Partners will also use a child status index piloted in African countries to assess the quality of services provided. The OVC targeted evaluation findings will be used to design quality assurance indicators, inform development of national OVC service standards, and roll out application of standards. The USG will also support the development of a simplified version of a national caretaking skills standard package for OVC and the integration of an anti-stigma tool for children. In response to human resource challenges, as well as the USG-funded national assessment of human capacity report, there will be an increased investment to strengthen professionals skills thereby better equipping caregivers and communities to meet the needs of OVC. The USG will continue to support partnerships that strengthen the Tanzanian Institute of Social Work's pre- and in-service social work training and national training for para-professional social workers. In order to accelerate the rollout of the NPA and quality monitoring of OVC at the community level, the USG will directly support the development of short- and long-term hiring and training plans in addition to a performance-based evaluation of social workers. Scale up measures will also include training for social work professionals in 50

out of 132 districts.

At the national level, a continuing key priority is to strengthen the GOT Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare. The USG supports overall national system strengthening at the DSW, including the secondment of a capacity building officer, a strategic planning officer, and a DMS specialist. The USG has supported teambuilding, strengthening of the DSW, and technical assistance in strengthening the rollout of the NPA. The USG will continue to support rapid rollout of the DMS through providing technical support and services through a private company in accordance with the local government management database.

In addition, the USG will continue to support the management of the OVC IPG group and facilitate the functioning of the National Steering Committee and the National Technical Advisory Committee. At the district level, the USG will support capacity building of local government authorities, sub-grantee non-government organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs). Through these linkages, families and communities who care for OVC will receive much needed support.

Wraparounds to improve food security and nutrition services for OVC will be piloted in the USG-supported districts after completion of the OVC food security assessment focusing on effectiveness of food and nutrition interventions. The USG programs will attempt to ensure comprehensive and sustainable household food security by identifying, improving, and implementing best practices. In the meantime, Peace Corps volunteers will enhance OVC food security by expanding their successful pilot to develop community agricultural plots for improved nutrition. A new initiative will strengthen households, the MVCC, and child-headed households through provision of agro-business and entrepreneurial skills in addition to small loans. A USG partner will link with the Ministry of Agriculture, which will contribute to policy development of OVC household food security, and will expedite and ensure supportive supervision of agriculture extension workers in the communities in addition to securing sustainable development in this area. The USG will also fund bulk mosquito net and food purchases.

In order to ensure sustainability, USG partners support capacity building of district and local government and other community structures nationwide in order to support the management of resources including advising on external inputs for OVC care. To ensure OVC participation and women's empowerment, the USG will support creative projects for economic strengthening of the MVCC, youth clubs, expanding the already-successful women's empowerment projects (WORTH), peer education, development of entrepreneurial skills, job placement, and small business capital assistance. The USG will also encourage strengthening and expansion of local communities' social networks that support OVC, elder caregivers and affected households to coordinate quality care. Furthermore, the USG will support basic mapping in the districts to ensure the creation of meaningful linkages with palliative care and antiretroviral treatment (ART) programs, OVC, other child-related services, and malaria prevention and treatment. USG partners work to identify HIV-positive OVC, linking them to HIV care and treatment services and community pediatric care. Additional emphasis will be placed on anti-stigma training and communication activities that can dually strengthen the coping abilities of MVCC, families, and communities.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	432100
*** 8.1.A Primary Direct	271375
*** 8.1.B Supplemental Direct	160725
8.2 Number of providers/caregivers trained in caring for OVC	70939

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1213.08	Mechanism: N/A
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 8858.08	Planned Funds: \$100,000
Activity System ID: 13596	

Activity Narrative: TITLE: Dissemination of results of Measure Evaluation OVC PHE

NEED and COMPARATIVE ADVANTAGE:

ACCOMPLISHMENTS: MEASURE Evaluation has designed and coordinated targeted evaluation studies for three Orphans and Vulnerable Children (OVC) program models in Tanzania including the Salvation Army in Mbeya region, Tunajali in Iringa region, and PACT in Tabora region. The main objectives of these studies include: 1. To assess the effectiveness of the different interventions in terms of program models, components, costs, and outcomes in improving the well-being of OVC; and 2. Identify and disseminate best practices relating to improving the effectiveness and increasing the scale of interventions to stakeholders. The data collection, case studies, outcomes, and costing analyses are still ongoing and are expected to be completed by August 2008.

ACTIVITIES: Program activities will include collaborating with the Government of Tanzania (GOT), United States Government (USG) and OVC Implementing Partners (IPG), and other key stakeholders to evaluate best practices from OVC- targeted evaluations funded in FY 2006 and FY 2007 to improve programs. Sub-activities include the promotion of data dissemination and information utilization (DDIU) in consultation with stakeholders, including the National Network of Children (NNOC) and the IPG, and to disseminate results from the three evaluation studies through a series of workshops with various stakeholders at the national and district levels in Tanzania. The program will identify a local research organization to conduct focus group discussions with OVC caregivers and children of each of the three programs to explore and understand the findings from the impact evaluations and develop recommendations to improve programs. In addition, the partner will support the GOT and USG on building the research and M&E capacity among OVC program partners in order to encourage more targeted evaluations for their individual programs. This will include sharing the tools developed and helping to adapt these tools specifically to their programs and providing continued technical assistance as needed in conducting these evaluations. This integration of study results will improve programs and the national standard of OVC care. It will also help in brokering productive partnerships between the USG and other donor groups, and with relevant UN agencies, to increase field capacity for research and M&E of OVC programs at the national and local levels. This will encourage further program evaluations to address OVC issues.

LINKAGES: The program will link with the GOT Department of Social Welfare (DSW), the IPG, and the Institute of Social Work for the improvement of services, national standards, and training based on study findings.

CHECK BOXES:

M&E: M&E approach will be in three parts:

- 1) input and budget tracking;
- 2) activities and output tracking; and
- 3) outcomes tracking. Input and output tracking will be achieved through financial and activity quarterly reporting respectively. A financial database will be used to generate a financial quarterly report. Outcomes will be tracked via an annual report based on overall project results.

SUSTAINABILITY: Overall, strengthening of in-country human capacity in strategic information is expected to increase potential for sustainable, quality programs. Other crucial efforts that will lead to sustainability include working in partnership with GOT agencies such as TACAIDS, National Bureau of Statistics, Zanzibar Aids Commission, and other local organizations. Every effort will be made to work within the national agenda including support to strengthen national information systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8858

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8858	8858.07	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	4599	1213.07		\$150,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1225.08

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16427.08

Activity System ID: 16427

Mechanism: CAPACITY

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,400,000

Activity Narrative: TITLE: Strengthening Human Capacity Response for Implementation of the National Plan of Action for OVC

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 even those social workers are not trained on child development or the particular needs of OVC. 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 Plan of Action (NPA). A Human Capacity Assessment (HCA) has been completed, and there are creative programs that have been initiated to address the challenges. This activity will build on the HCA report recommendations and support scale up of ongoing initiatives, such as training of para-professional social workers, enhancing OVC program management and supportive supervision, and generally strengthening local government authorities (e.g., social welfare officers and community development officers).

ACCOMPLISHMENTS: This would be a new endeavor for the Capacity Project, but it would build on the previous HCA undertaken by the Capacity Project. The training curriculum and trainers prepared through the twinning program between the Jane Addams School of Social Work and the Tanzanian Institute of Social Work would roll out services on a broad scale.

ACTIVITIES: The Capacity Project would use the existing HCA report to develop an action agenda that would plot and prioritize the required labor to implement the NPA. This would include a short-term and a long-term national Human Resource Plan to respond to the OVC crisis and accelerate the rollout of the NPA. The short-term plan would integrate the plan to use para-professional social workers that will be trained in a short period, as a "just-in-time" measure to address immediate needs in the community. The longer-term plan would take into consideration the enhanced social worker curriculum, and focus on increasing the quality of social work training institutions in Tanzania, as well as strengthening recruitment and retention in field positions. The Capacity Project will work with the Department of Human Resources (DHR) and the Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare (MOHSW) on an HR performance-based evaluation and appraisal system, and help to develop standards for social worker's interaction with OVC. A key component of this activity will be the broad-scale rollout of the para-professional social worker training to 50 districts (ten regions), and subsequently to monitor the intervention. In addition, in collaboration with the Prime Minister's Office for Regional and Local Government (PMORALG), develop and implement a capacity-building strategy of mainstream social welfare officers in the local government and emergency hiring plan. The scale up of the work force for OVC services will occur hand in hand with enhancements to local OVC program management and supportive supervision that the Capacity Project will develop, as well as strengthening key local government authority's involvement in the oversight of OVC programs.

LINKAGES: This activity will link to the Tanzanian NPA for OVC and with all the USG-funded OVC Implementing Partner Group (IPG) network. The Capacity Project collaborates with the MOHSW, PMORALG, and the Ministry of Higher Education, and will increase their focus on the DSW and the MOHSW, as well as with TACAIDS and UNICEF. Most importantly, the activity will be linked to the work of the Most Vulnerable Children's Committees (MVCCs) at the local level.

CHECK BOXES: The main thrust of this project is to increase the human resource capacity to care for OVC and to ensure that their services can be managed and monitored.

M&E: This activity will support the implementation of the NPA to care for OVC through the trained para-social workers. All OVC needs and services will be monitored with the national DMS. This system is 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.

SUSTAINABILITY: All activities and strategies are designed to build the capacity of available human resources at DSW and local GOT structures, as well as MVCCs. Both short- and long-term hiring and recruitment plans will reinforce the ongoing national strategies and initiatives for sustainability. The PMORALG will be involved in the entire process to catalyze the absorption of the new cadre of para-social workers to the local government workforce as well as integration of social work training in the orientation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1026.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4981.08

Activity System ID: 13679

Mechanism: N/A

USG Agency: Peace Corps

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$346,000

Activity Narrative: 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.

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 and five regions on Zanzibar. Each of the 133 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 2008 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 2008 monies to continue similar trainings for PCV and their counterparts.

With FY 2008 funds, PC/T will bring ten additional EP fully funded PCV to work primarily on HIV/AIDS related activities. PC/T will use FY 2008 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 2008 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.

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 2008, PCV and their HCN counterparts will expand their work to reach 2,000 OVC, providing them with nutrition education and/or IGAs. In FY 2008, PCV will train over 1,000 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

Activity Narrative: activities into the district council plans, ensuring sustainability of those activities even after the PCV have completed their service.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7850

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23292	4981.23292.09	Peace Corps	US Peace Corps	9909	1026.09		\$246,000
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

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,200	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	2,200	False
8.2 Number of providers/caregivers trained in caring for OVC	1,500	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Arusha
Monduli
Karatu
Mpwapwa
Ludewa
Makete
Mufindi
Njombe
Wete
Moshi
Mwanga
Rombo
Chakechake
Mkoani
Bunda
Kyela
Mbarali
Masasi
Mtwara
Newala
Tandahimba
Nanyumbu
Mbinga
Songea
Iramba
Manyoni
Singida
Korogwe
Lushoto
Muheza
Tanga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5241.08	Mechanism: MEDA
Prime Partner: Mennonite Economic Development Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 16421.08	Planned Funds: \$200,000

Activity System ID: 16421

Activity Narrative: TITLE: Insecticide Treated Nets (ITNs) for Orphans and Vulnerable Children (OVC)

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. Malaria is one of the biggest health problems in Tanzania causing most of the deaths among children under five years old, and pregnant women. Among the most effective strategies for preventing malaria is the use of ITNs. However most of poor households with OVC cannot afford to purchase treated mosquito nets. MEDA has a successful history of structuring a voucher scheme for ITNs for the President's Malaria Initiative in Tanzania.

ACCOMPLISHMENTS: MEDA has been involved in the distribution of vouchers for nets for nearly 3 years. During that time, approximately 4.5 million vouchers have been distributed for pregnant women and nearly one million for infants in Tanzania. 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 make an arrangement for vouchers for ITNs. This additional funding will cover another 25,000 OVC. These nets will reach children through the USG-funded implementing partners. Arrangements will be made with MEDA to support the voucher scheme, including the Equity Voucher, so that there is no cost to OVC or their households for an ITN. The volunteers who work with the OVC 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 OVC providers, there are no targets set with this entry.

LINKAGES: MEDA will collaborate with the OVC implementing partners to complement their services through supplying nets to ensure comprehensive services are provided to OVC. This activity is also linked to one in Palliative Care for the purchase of nets for people living with HIV and AIDS.

CHECK BOXES: The areas of emphasis and population will be Orphans and Vulnerable Children, primarily aged under 5. These children are vulnerable and their lives are at more risk than other age groups when they fall sick. While the normal distribution of ITNs through the President's Malaria Initiative (PMI) is targeted at the under-5 population, they are also included here because many OVC are living in circumstances where they might not normally be reached.

M&E: MEDA will contribute additional service to the ongoing OVC implementing services which will be accounted in the National DMS. Information about OVC beneficiaries will be available to both the national system and at the local level. Implementing partners will also verify that the nets, once provided, are being used.

SUSTAINABILITY: MEDA will continue to work with the OVC 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1136.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16422.08

Activity System ID: 16422

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$150,000

Activity Narrative: TITLE: Providing Care and Support for Orphans and Vulnerable Children (OVC) of Military Personnel in Mbalizi, Mbeya.

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 remainder 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.

ACCOMPLISHMENTS: Care for OVC is a new activity for PharmAccess International (PAI) and the Tanzanian People's Defense Force (TPDF). This activity will support a pilot project for OVC military in Mbalizi.

ACTIVITIES: 1) Provide services to military 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 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, Mzinga, 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.

CHECK BOXES: This funding will develop services for OVC in one military hospital, as well as a needs assessment of TPDF capacity to link OVC to their original communities. Also included are the introduction of these services in one site, training of staff for a day-care center, and renovation and refurbishing of the center.

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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* TB

Wraparound Programs (Other)

* Education

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	200	False
8.1.A Primary Direct	150	False
8.1.B Supplemental Direct	50	False
8.2 Number of providers/caregivers trained in caring for OVC	35	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Mbeya

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1415.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16423.08

Activity System ID: 16423

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,200,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Other)

- * Education
- * Food Security

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7629.08

Prime Partner: US National Institutes of Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17802.08

Activity System ID: 17802

Mechanism: N/A

USG Agency: HHS/National Institutes of Health

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$350,000

Activity Narrative: 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: 1. 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.

2. The program will provide training of YHC members. Initial training will be conducted for six-months, including didactic, community pediatric, community/ clinical practica, 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).

3. 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	40	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Mufindi

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7862.08

Prime Partner: Geneva Global

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17038.08

Activity System ID: 17038

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$200,000

Activity Narrative: TITLE: Geneva Global Inc.'s (GGI) Public-Private Partnership for Orphans and Vulnerable Children

NEED and COMPARATIVE ADVANTAGE: There are an estimated 2.5 million orphans and vulnerable children (OVCs) in Tanzania, about half of which have been orphaned because of AIDS. Stigma and discrimination, poverty, illiteracy, lack of formal education, and high-risk social norms pose serious challenges to accomplishing the Emergency Plan OVC goals in the country. The sheer number of OVC requires additional attention of strengthening local organizations to serve the needs of OVC. Geneva Global Inc.'s (GGI) proposes to leverage \$500,000 in cash from private donors to be matched on a 1:1 basis to create a \$1 million initiative with local Tanzanian non-governmental organizations (NGOs) which will further the regionalization of care and support services for OVC. This \$1,000,000 initiative aims to collaborate with six well-established Tanzanian NGOs in order to expand essential care and support services, particularly nutritional support, and income generation for OVC.

ACCOMPLISHMENTS: GGI is a for-profit professional services firm that seeks to promote prosperity among the poor by connecting thoughtful investors to the most effective life-changing programs in the world. Since 2000, GGI has intermediated about \$65 million into projects of approximately 500 community/faith-based organizations (C/FBO) in 110 of the world's least developed nations. GGI's multinational team includes 125 research and client advisor professionals who are fluent in more than 30 languages and a global network of 600 local field experts in 114 countries around the world.

Of the approximately \$65 million granted through GGI, \$3,030,017 has been intermediated to eighty-eight OVC care and support projects, which has led to the improvement of 39,872 lives. Thirty-eight projects involving OVC are currently ongoing and 15,282 additional lives are expected to change as a result. Additionally, GGI has leveraged its core competencies on behalf of the USG through two successful partnerships within the Global Development Alliance of USAID (totaling \$3.6 million), and GGI recently won a bid through PEPFAR to intermediate \$12 million to organizations in Ethiopia and Cote d'Ivoire. It is expected that close to one million lives will be changed through these public-private partnerships. GGI has placed nine grants on behalf of donors totaling \$398,929 in Tanzania since 2004.

ACTIVITIES: In Tanzania, prevention of HIV/AIDS, care, and support for victims requires collaboration among diverse C/FBOs, as the spread of the disease is deeply embedded in social and cultural dimensions and environmental and economic processes. GGI's strategy in Tanzania would carefully select and cluster C/FBOs to work in the same geographic location, and use their different capacities and interventions in OVC support.

GGI will sub-grant to and collaborate with the OVC Implementing Partners Group to identify partners to link with CCC's past partners in the economic and education sectors to facilitate meaningful linkages in the health, economic, and education sectors that will support the needs of OVC. A conference organized by GGI would network the C/FBOs that receive sub-grants and enhance a shared vision to increase service delivery to OVC while reducing stigma and poverty.

The activities will focus on the following areas:

1. Providing OVC with basic life-skills training and support through a referral network;
2. Providing material support and scholastic materials to OVC and caregivers;
3. Scaling up community economic development projects, particularly agricultural projects;
4. Providing technical assistance to C/FBO;
5. Training in best practices to provide culturally sensitive, accurate, and targeted prevention information for OVC peer groups;
6. Raising awareness about high-risk cultural practices that fuel HIV/AIDS;
7. Increasing capacity in the health sector through training and increasing referrals to VCT services.

LINKAGES: The CCC program will contribute to the implementation of the National Plan of Action and would be closely linked to partners in the national Implementing Partners Group which encompass all USG-funded OVC partners.

CHECK BOXES: This program serves orphans and vulnerable children.

M&E: Because the programs will initially be linked with already established OVC programs, there will be no duplicated targets. Monitoring will be done through the national Data Management System through the local MVCC.

SUSTAINABILITY: The program will focus on capacity building of the local sub partners and local government structures to coordinate and provide quality OVC care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$200,000

Estimated local PPP contribution in dollars \$200,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,500	False
8.1.A Primary Direct	4,000	False
8.1.B Supplemental Direct	3,500	False
8.2 Number of providers/caregivers trained in caring for OVC	350	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7580.08

Prime Partner: SONGONET-HIV Ruvuma

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16985.08

Activity System ID: 16985

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$100,000

Activity Narrative: TITLE: Improvement of Orphan and Vulnerable Children (OVC) Services to Support Most Vulnerable Children in Songea

NEED and COMPARATIVE ADVANTAGE: As with Rukwa, the Ruvuma region has suffered from lack of services for orphans and vulnerable children (OVC) due to poor capacity of local NGOs to execute quality programs. 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: FY 2006 funding supported initiation of PEPFAR-funded home-based care and OVC services in Ruvuma. Sub-partner organizations of SONGONET-HIV have supported 735 OVC, including providing educational support (school fees, uniforms, and materials), nutrition assistance, and psychosocial/spiritual support.

ACTIVITIES: Working in collaboration, members of SONGONET-HIV, the Mbeya HIV Network Tanzania (MHNT), KIHUMBE, and RODI (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 while allowing for some flexibility in focus/approach depending on regional conditions. The program will:

- 1) Expand support to OVC, providing an additional 1,825 OVC with educational support, shelter, nutrition assistance and psychosocial and spiritual support, according to their needs. 1a) Work with local government and Most Vulnerable Children Committees (MVCCs), to identify OVC and their needs, ensure against duplication of service, and maximize coverage. 1b) Provide all OVC with psychosocial support through individual and group counseling. 1c) Depending on outcomes of the needs assessment conducted as part of the identification process, prioritize services for the individual for educational support (fees, uniforms, and supplies), shelter, and nutrition assessment and assistance. 1d) Provide training in income-generating activities for OVC caregivers and older OVC. 1e) Link OVC and caregivers to agriculture activities where available in the region for training in home gardens for both personal food production and as an income generating opportunity. 1f) Link to USG procurement programs for distribution of Insecticide Treated Nets and water purification supplies to clients.
- 2) Coordinate with Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission, to ensure training of OVC caregivers.
2a) Communicate with MHNT to schedule initial comprehensive training and organize attendance of volunteers serving OVC. 2b) 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 to include follow-up with the entity to which the client is referred. 3a) Establish standardized referral process for assessing service needs and link OVC to services (including medical care, VCT, and HIV prevention). 3b) 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. 3c) Continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up. 3d) Include these referral activities, including follow-up, on standardized forms to facilitate monitoring and evaluation and quality improvement.

LINKAGES: This activity will contribute to the implementation of the OVC National Plan of Action. SONGONET-HIV will link to the Mbeya HIV/AIDS Network and OVC services will be provided by five sub-partner NGOs, all of which refer clients to one another based upon clients' area of residence, need, and strength of the organization. SONGONET-HIV members also link with: Songea 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; NGOs working to establish village OVC funds, to collaborate and reduce duplication; Primary and secondary schools and the vocational training institute (VETA); NGOs providing income-generating activities including agricultural programs; 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 OVC themselves (whether HIV-positive or HIV-negative) 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. The developing program in Ruvuma will particularly benefit from training by MHNT.

M&E: SONGONET-HIV will monitor OVC care services using the OVC National Data Management System (DMS), storage, and reporting system. Sub partners will use service providers' register and referral forms to track services provided to OVC and they will enter the data in their database. SONGONET-HIV will build the capacity of the sub partners on data collection, use, and reporting. In addition, the program will purchase computers for use of the Songea district social welfare officer to maintain the DMS. 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 and highlight key needs in order to enlist community support in meeting these needs. In addition to instituting processes for monitoring indicators on a quarterly basis through the DMS, SONGONET-HIV will ensure provision of standardized package of services as required by MOHSW. The MHNT tools, will also serve as a checklist, ensuring a menu of services is provided to each child, based upon individual need. The MHNT M&E staff person will train and oversee SONGONET-HIV staff on a quarterly basis to ensure comprehensiveness of data from field workers. SONGONET-HIV will collaborate with CRS, which has a long-standing faith-based OVC program in Songea, to avoid duplication.

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

Activity Narrative: 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 gradually 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 will be well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs. SONGONET HIV-will play a facilitative role to ensure the incorporation of its OVC sub partners work plans, budgets, and reports in the overall district response plans as a sustainability measure. At the household level, OVC family members will be trained and mentored to adopt caring roles and receive support with income generating activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13582, 17006, 17012, 16449, 16970, 13583

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13582	3402.08	6555	1139.08		Ruvuma Regional Medical Office	\$350,000
17006	17006.08	7580	7580.08		SONGONET-HIV Ruvuma	\$67,830
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
16449	16449.08	6555	1139.08		Ruvuma Regional Medical Office	\$100,000
16970	16970.08	7580	7580.08		SONGONET-HIV Ruvuma	\$134,040
13583	3399.08	6555	1139.08		Ruvuma Regional Medical Office	\$1,830,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

- * Education

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,200	False
8.1.A Primary Direct	1,875	False
8.1.B Supplemental Direct	1,325	False
8.2 Number of providers/caregivers trained in caring for OVC	150	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Religious Leaders

Teachers

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7570.08

Prime Partner: Mbeya HIV Network Tanzania

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 16986.08

Activity System ID: 16986

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$800,000

Activity Narrative: TITLE: Expansion of Services for Orphans and Vulnerable Children (OVC) in the Mbeya Region.

NEED and COMPARATIVE ADVANTAGE: Mbeya region has an estimated 18% OVC per capita, yet due to limited resources, many go without assistance. OVC need support and assistance 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. The 13 member organizations of the Mbeya HIV Network Tanzania (MHNT) have substantial combined expertise, 30 years of cumulative service delivery, and 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: As activities in other program areas for this organization (counseling/testing, basic care and support, prevention AB, and other prevention), the MHNT will work in a collaborative manner 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: 1a) 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; 1b) Provide all OVC with psychosocial support through individual and group counseling; 1c) Depending on outcomes of the needs assessment conducted as part of the identification process, prioritize services for the individual for educational support (fees, uniforms, and supplies), shelter, and nutrition assessment and assistance; 1d) Provide training in income-generating activities for OVC caregivers and older OVC; 1e) 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; 1f) 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: 2a) Provide initial comprehensive training to new volunteers providing service to OVC through sub-partners in each of the three regions; 2b) Provide refresher training to volunteers who have previously received comprehensive training. 2c) Training caregivers and MVCCs.

3) Collaborate with KIHUMBE and other MHNT members to provide services to OVC through youth centers in Mbeya region; 3a) Develop agreements with KIHUMBE to outsource services by MHNT members at youth center sites, based on the specialty of the organization; 3b) 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: 4a) Establish standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT and HIV prevention, as appropriate); 4b) 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; 4c) Continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up; 4d) 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 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. 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,

Activity Narrative: budgeting/planning, and management purposes. These data can also be useful to highlight key needs and enlist community support in meeting these needs.

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 is well positioned to apply for and administer other funding sources, thereby nurturing the sustainability of the network and its member NGOs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17020, 17014, 16442, 16446, 16967, 13519

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17020	17020.08	7570	7570.08		Mbeya HIV Network Tanzania	\$456,490
17014	17014.08	7570	7570.08		Mbeya HIV Network Tanzania	\$954,354
16442	16442.08	6536	1135.08		Mbeya Regional Medical Office	\$100,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
16967	16967.08	7570	7570.08		Mbeya HIV Network Tanzania	\$170,995
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000

Emphasis Areas

Gender

- * 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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	16,500	False
8.1.A Primary Direct	8,900	False
8.1.B Supplemental Direct	7,600	False
8.2 Number of providers/caregivers trained in caring for OVC	236	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe
Mpanda
Nkasi
Sumbawanga
Mbinga
Namtumbo
Songea
Tunduru

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7571.08	Mechanism: N/A
Prime Partner: Resource Oriented Development Initiatives	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 16988.08	Planned Funds: \$160,000
Activity System ID: 16988	

Activity Narrative: TITLE: Expansion and Improvement of Orphans and Vulnerable Children (OVC) Services in the Rukwa Region

NEED and COMPARATIVE ADVANTAGE: The Rukwa Region has suffered from a lack of services for orphans and vulnerable children (OVC) due to the limited number of organizations that can provide these services. Of those that implement in the region there is generally poor capacity to execute quality programs. General infrastructure in Rukwa is poor, as the region has no paved roads. During the rainy season, most dirt roads are impassable. Research Oriented Development Institute (RODI), formally registered in 2004, has exhibited a strong record of accomplishment of capacity building and training for a variety of Rukwa projects in a short period. As a sub-grantee under a DOD umbrella organization in 2007, this organization has shown the necessary capacity to coordinate service provision by a network of NGOs in Rukwa and has graduated to prime partner status.

ACCOMPLISHMENTS: FY 2007 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: Working in collaboration, members of RODI, the Mbeya HIV Network Tanzania (MHNT), KIHUMBE, and SONGO-NET (see other DOD submissions for these partners) will strive to ensure a standard 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 and approach depending on regional conditions. Key activities will:

1) Provide support to 2,580 OVC with educational support, shelter, nutrition assistance and psychosocial and spiritual support, according to their needs: 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; provide all OVC with psychosocial support through individual and group counseling; prioritize services for the individual for educational support (fees, uniforms, and supplies), shelter, and nutrition assessment and assistance; provide training in income-generating activities for OVC caregivers and older OVC; link OVC and caregivers to agriculture activities where available in the region for training in home gardens for both personal food production and as an income generating activity (IGA); and link to USG bulk procurement programs for distribution of insecticide treated nets (ITNs), nutritional support, and water purification supplies to clients.

2) Coordinate with Mbeya HIV Network Tanzania (MHNT), a prime partner under a separate submission, to ensure training of OVC caregivers by communicating with MHNT to schedule initial comprehensive training and organize attendance of volunteers serving OVC; and 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 a 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. This will include: establishing standardized referral process for assessing service needs and linking OVC to services (including medical care, VCT and HIV prevention, as appropriate); training 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; building capacity of districts and continue to cultivate relationships with municipal and NGO service providers to facilitate referral follow-up; and including referral activities, follow-up on standardized forms to facilitate monitoring, evaluation, and quality improvement.

LINKAGES: This activity will contribute to the implementation of the OVC National Plan of Action, and will link with other OVC programs through the National Implementing Partners Group. RODI will link with the Mbeya HIV/AIDS Network and OVC services will be provided by five sub-partner NGOs, all of which refer clients to one another based upon client's area of residence, need, and strength of the organization. RODI 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; NGOs working to establish village OVC funds to collaborate and reduce duplication; primary and secondary schools and the vocational training institute (VETA); NGOs providing income-generating activities including agricultural programs; faith-based groups and other providers of counseling services; and USG and other donor sources of ITNs 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. 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 numerous efforts to improve M&E practices. RODI will monitor OVC care services using the OVC National Data Management System, storage, and reporting system. Sub-partners will use service providers' register and referral forms to track services provided to OVC in addition to entering the data into their database. RODI will build the capacity of the sub grantees on data collection, use, and reporting. Additionally, the program will purchase computers to be provided to district social workers. All reports will be shared with the local government, compiled data from sub-partners will allow for identification of major service needs and gaps within OVC services, and highlight key needs in order to 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. It has a holistic approach to address health issues such as HIV, malaria, and water-borne diseases. RODI 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 be mentored to adopt caring roles and supported with IGAs. RODI will ensure involvement of district leaders, MVCC, and community leaders in developing a viable response to OVC and elderly headed households. Few local entities in Rukwa have

Activity Narrative: experience in managing service delivery on a regional scale, therefore, RODI will support individuals in all social welfare offices in Rukwa region (in addition to key OVC focal persons) to assume this responsibility. Nurturing RODI in this role will not only help to ensure quality services, regional coverage, fiscal oversight, and capacity building of sub-partners, but it will also support necessary administrative and coordination capacity to Rukwa through supporting and facilitating replication of the national OVC implementing Partners Group at the districts and region.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

Wraparound Programs (Other)

* Economic Strengthening

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,850	False
8.1.A Primary Direct	2,400	False
8.1.B Supplemental Direct	1,450	False
8.2 Number of providers/caregivers trained in caring for OVC	120	False

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7408.08

Mechanism: N/A

Prime Partner: PharmAccess

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17032.08

Planned Funds: \$200,000

Activity System ID: 17032

Activity Narrative: 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-provide 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$200,000

Estimated local PPP contribution in dollars \$200,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3490.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: ROADS

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3459.08

Planned Funds: \$500,000

Activity System ID: 13482

Activity Narrative: TITLE: Expanding Support for Orphans and Vulnerable Children (OVC) in Makambako and Tunduma, TANZAM Highway

Points along the Tanzania-Zambia highway are “hot spots” for transmission of HIV. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. Two such sites, Makambako (Iringa Region) and Tunduma (Mbeya Region) have HIV prevalence estimates significantly higher than the national average. Statistics show that prevalence is 13.4% in Iringa Region, spiking to 23.6% in Njombe District (which includes Makambako), and 13.5% in Mbeya region, with prevalence spiking to 20% or higher in the area around Tunduma. These communities, ranging from 20,000 (Makambako) to 40,000 people (Tunduma), not including the mobile populations that spend considerable time there, are sizable. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of recreational facilities, and lack of HIV services create an environment, in which HIV spreads rapidly. This ultimately leads to large numbers of orphans and vulnerable children (OVC). According to key informant interviews, a significant proportion of young sex workers in Tunduma and Makambako, referred to as “Twiga Stars,” are orphans from other parts of Tanzania and neighboring high-prevalence countries who migrated to work in the sex trade. They are among the most vulnerable young people in these sites, often victim to beatings and sexual assault. With its large network of indigenous volunteer groups, including faith-based organizations (FBOs), the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project is well placed to expand OVC care and support.

ACCOMPLISHMENTS: The ROADS Project, led by Family Health International (FHI) began in May 2007. The Makambako OVC cluster, organized through ROADS, has now conducted a six-day OVC census establishing that in Makambako, there are 181 OVC aged less than 7 years, 1,753 OVC in primary schools and 210 in secondary schools. The data also indicated that there are 149 out-of-school OVC and 29 street children in Makambako. During the reporting period, 19 cluster members were involved in data collection and analysis and the cluster conducted peer education reaching 185 people.

ACTIVITIES: In FY 2008, the project will continue work initiated in FY 2007 with existing child-welfare organizations, faith-based organizations (FBOs), local officials and, importantly, the private sector/business community to meet the daily needs of OVC. Child-focused needs assessments form the basis for identifying 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, which includes an OVC needs assessment prioritizing interventions, issues regarding support for education, nutrition, basic health management and access/referral to health services, shelter, and economic strengthening (linking to income generating activities including opportunities in business management training) will be addressed. Wherever possible, ROADS will continue to work with the private sector through public-private partnerships, based on the specific needs and possibilities in each site. For example, ROADS expects to continue its work with farmers and traders in Tunduma to use community food banks initiated with FY 2007 funding. With FY 2008 funding, ROADS will also continue programming for orphan-headed households, recognizing their unique vulnerability and needs. To address the longer-term needs of orphan-headed households, ROADS’ LifeWorks partnership, which already has Global Development Alliances in place with General Motors and Unilever, will conduct job training and job creation, and develop other economic opportunities for OVC breadwinners. Learning from this first year of programming, ROADS will expand the economic strengthening component. The project will also continue supporting HIV risk-reduction and care strategies specifically for OVC who are breadwinner heads of households, linking them with abstinence and faithfulness messaging, counseling and testing, and services for sexually transmitted infection (STI) if required. ROADS will also provide PSS, linkages to food/nutritional support, and emergency care in cases of rape and sexual assault. 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. FHI/ROADS will test a cash-transfer model in one site as a methodology for addressing the needs of OVCs living in desperate poverty situations. “Cash” for the cash-transfer will be leveraged from public-private partnership donations with Emergency Plan funds managing and evaluating implementation. As ROADS moves into additional sites, programming for OVC will also be expanded, especially with regard to identifying and providing supportive services to OVC who may drift to the port of Dar and the dry dock in Isaka in search of work. Finally, ROADS will build on its solid reputation with FBOs and other community groups to address stigma and discrimination toward OVC through community education campaigns spearheaded by community leaders.

As an OVC program, ROADS will scale the implementation of the National Plan of Action (NPA) for OVC and the national Data Management System (DMS). The data will be input to the national DMS.

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 Deloitte/FHI and Walter Reed/ DOD on care, support, and treatment in Njombe and Mbozi districts. In Makambako and Tunduma, ROADS has linked with existing health services (Ilembula and Vwawa hospitals). Furthermore, ROADS’ strategy is predicated to building local capacity. In Makambako and Tunduma, ROADS has linked with 51 indigenous volunteer groups, strengthening and supporting community-based OVC care and support. ROADS also liaises regularly with district leadership, including Council Health Management Teams to ensure health services are accessible to OVC and their caregivers, and with the Most Vulnerable Children’s Committees (MVCCs) to ensure partnership in the implementation of the NPA. Basic mapping will be conducted in order to create linkages with other programs to ensure effective service delivery.

CHECK BOXES: For this activity ROADS focuses on gender by ensuring that the rights and protection of women are ensured. In addition, human capacity development is essential to training social welfare officers and FBOs to deal with the needs of OVC, along with building capacity for local organizations. The program will contribute in the area of strategic information by contributing to the national DMS. In addition, ROADS will link with key wraparound programs in malaria, economic strengthening, and food security initiatives. The target audiences include OVC and their caregivers. The project will encourage collaboration between the business community, PLWHA, and religious leaders to provide care and support for OVC.

Activity Narrative: M&E: ROADS will adopt the national DMS for monitoring and evaluation. The program will ensure that sub-grantees input information about identified OVC the local level, which will feed into the national system. Data must also be available to MVCCs 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 Emergency Plan 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: Because many of the local partners exist without external funding, the project activities are highly sustainable. Capacity building will be done with local government authorities to incorporate program activities into local plans, budgets, and priorities. Local businesses, market sellers, and farmers are pillars of the community and will be essential in fostering sustainability. Additionally, it is critical to manage the roster of care 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, and planning so people implement activities within.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7715

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23305	3459.23305.09	U.S. Agency for International Development	Family Health International	10567	3490.09	ROADS	\$450,000
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

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Indirect Targets

Coverage Areas

Njombe

Mbozi

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1197.08	Mechanism: Fac Based/RFE
Prime Partner: Deloitte Consulting Limited	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 3442.08	Planned Funds: \$450,000
Activity System ID: 13465	

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7700

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23297	3442.23297.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	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

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	2,500	False
8.2 Number of providers/caregivers trained in caring for OVC	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8030.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 8866.08

Activity System ID: 13466

Mechanism: Community Services

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$4,980,000

Activity Narrative: TITLE: Scaling Quality Care and Support of Orphans and Vulnerable Children in 6 Regions and Zanzibar

NEED and COMPARATIVE ADVANTAGE: In Tanzania, 6% of all children are estimated to be orphaned by HIV/AIDS. Community responses are already overstretched and resources have been exhausted. As more people in productive ages die of AIDS, the burden of caring for orphans and vulnerable children (OVC) is growing dramatically. It has particularly shifted to the elderly, especially the grandparents. The Tunajali (Kiswahili for "we care") team is best positioned to respond to the OVC needs and their elderly care givers through its established partnerships with government structures and systems in the regions. Staff are located in all regions to provide timely technical assistance and supportive supervision. In addition, 28 sub grantees and 32 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 June 2007, Tunajali, through a network of over 2,200 community volunteers, supported over 50,000 OVC in various areas such as education, health, psychology, and Income Generation Activities (IGAs). By September 2007, 317 Most Vulnerable Children Committees (MVCCs) were established in five districts to ensure community participation and ownership in OVC identification, care, and support.

ACTIVITIES: Key activities will: 1) Assist Civil Society Organizations in 35 districts to identify and enroll OVC through the national identification process. Program activities will be expanded to increase coverage in all districts, including three new districts in Singida region. Service outlets will increase from the current 1,164 villages in 398 wards to 2,560 villages in 574 wards. In collaboration with national facilitators from the Ministry of Health and Social Welfare (MOHSW), 1,267 new volunteers will be trained and 2,209 retrained in OVC care and support. A total of 800 MVCCs will be established in 15 districts, 250 of which will be strengthened through training in order to provide consistent information pertaining to specific roles and responsibilities.

2) Provide services to 62,000 OVC in 35 districts. All OVC under both primary and secondary support will receive psychosocial support through activities such as development of memory books and education of caregivers to learn positive parenting skills. Upon completion of a needs assessment which 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 of house holds by linking to IGA such as the Peace Corps permaculture program. Through 32 sub grantees, 52,700 OVC will receive primary support while 9,300 will receive supplementary support. TUNAJALI will build referral networks in 35 districts for referring OVC to services not already provided. The program will provide incentives (e.g., the provision of bicycles) to 3,476 volunteers to ensure retention and quality service. In collaboration with the Regional Psychosocial Initiative (REPSSI), Tunajali will ensure OVC access to psychosocial care in 35 districts by training of trainers on psychosocial skills, and parents/guardians on positive parenting skills. In collaboration with identified micro-finance entities, Tunajali will facilitate 3,500 older OVC access to services regarding IGAs.

3) Provide support to 5,167 elderly OVC caregivers. More than 50% of OVC caregivers are elderly, at an average of three OVC per household. During FY 2008, Tunajali will support 10,333 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 STRADCOM, public awareness will be raised on the vulnerability of elderly care givers 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, gain some respite, 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) Build the capacity of 32 local community service organizations (CSO) and district public units to effectively network 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, IGA, and legal and human rights. Tunajali will support district coordination teams 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. In addition, it will train district and project staff in 35 districts on National OVC Data Management System (DMS) and ensure adoption of the same.

5) Build wraparound programs as often as possible. OVC needs include education, shelter, healthcare, spiritual, psychosocial, 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. Local food reserves will be strengthened through contributions by community members to support child and elderly headed OVC households. Tunajali will link with Peace Corps of Tanzania to scale up permaculture 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. Volunteers will be required to have demonstrated proficiency in building vegetable gardens which can be replicated in OVC households. These can also be emulated by older OVC as IGA. Tunajali will link CSOs with STRADCOM for sensitization of communities on supporting elderly care givers, and REPSSI in training community TOTs on psychosocial support so that they may train volunteers who will provide the same to OVC and their caregivers.

6) Build capacity of 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.

LINKAGES: This activity will contribute to the implementation of the OVC National Plan of Action. It is linked to PMI and/or direct USG procurement of bulk insecticide-treated nets for OVC, with a priority for those under five years of age. Tunajali is closely aligned with the technical assistance provided by Family Health International to the DSW with USG funding. In addition, Tunajali will link with other OVC partners

Activity Narrative: through the monthly meeting of the Implementing Partners Group. The program will attempt to maximize linkages for wraparound programs, as indicated above.

CHECK BOXES: Volunteers will be trained and motivated so that they can provide quality OVC care and support services. They will also train 5,167 elderly caregivers on OVC care and support. Sub grantees will be strengthened to enable scale up in sustainable quality for OVC care and support.

M&E: Tunajali 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 sex. 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: Tunajali will play a facilitative role to ensure the incorporation of CSO work plans, budgets, and reports in the overall 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 leaders, MVCC, and community leaders, strategies will be developed to leverage local food production to create community reserves for the child and elderly headed households. TUNAJALI supported CSO will be offered training in project proposal development in order to allow for other grant opportunities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8866

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23298	8866.23298.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$4,900,000
8866	8866.07	U.S. Agency for International Development	Deloitte Touche Tohmatsu	4532	1197.07		\$3,100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	78,000	False
8.1.A Primary Direct	66,300	False
8.1.B Supplemental Direct	11,700	False
8.2 Number of providers/caregivers trained in caring for OVC	17,618	False

Indirect Targets

Target Populations

General population

Children (under 5)

 Boys

Children (under 5)

 Girls

Children (5-9)

 Boys

Children (5-9)

 Girls

Ages 10-14

 Boys

Ages 10-14

 Girls

Ages 15-24

 Men

Ages 15-24

 Women

Other

Orphans and vulnerable children

Coverage Areas

Iringa
Kilolo
Ludewa
Makete
Mufindi
Njombe
Micheweni
Wete
Kaskazini A (North A)
Kaskazini B (North B)
Chakechake
Mkoani
Kati (Central)
Kusini (South)
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Manyoni
Singida
Mjini (Urban)
Magharibi (West)

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1219.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 8703.08

Activity System ID: 13477

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,000,000

Activity Narrative: TITLE: Strengthening National Systems for OVC Services

NEED and COMPARATIVE ADVANTAGE: Tanzania has an estimated 2.5 million orphans and vulnerable children (OVC). Out of this number, 1.1 million are classified as most vulnerable children (MVC). The challenges of meeting the needs of these children require strategic leadership, an efficient and effective Department of Social Welfare (DSW) to coordinate and monitor the roll out of the National Plan of Action (NPA) and the Data Management System (DMS), and a strong phased plan and on-the-ground readiness for the rollout. In addition, though implementing partners are undertaking OVC identification processes, they still require assistance in the NPA and DMS implementation at the district level. FHI has worked closely with the DSW in the development of both the NPA and DMS, and thus, it is in a strategic position to support the rollout of the OVC national system.

ACCOMPLISHMENTS: With FHI's technical support and leadership: the NPA has been finalized; the DMS is in place tracking MVC and service providers; 72 social welfare /community development officers and M&E officers from implementing partners have been trained in the DMS. The use of the DMS has been launched in 17 districts. FHI collaborates with local partners to ensure quality of data and the ability to use the data for decision making at the national and local level. FHI is also updating the OVC standard of quality care tools, and developing a manual for integrating OVC care and support within home-based palliative care, which includes case finding for HIV exposed children.

ACTIVITIES: The most critical function of FHI's work is to support the Ministry of Health and Social Welfare (MOHSW) and their Department of Social Welfare (DSW) to orchestrate the implementation of OVC national policies, strategies, and plans in an effective way. This will strengthen capacity of the MOHSW staff to scale up quality and sustainable services to reach more OVC with needed care and support. To date, this has been a daunting task because of many challenges within the DSW that do not lend themselves to effective implementation. FHI will hire a strategist to collaborate with the DSW to develop and rollout a phased implementation of the NPA. A critical part of the rollout is to support the piloting and integration of newly developed OVC standards of quality care. As a normal function of their ongoing relationship with DSW, FHI will continue to support DSW to develop and disseminate national OVC policies, standards, and guidelines (including printing and distribution). In the immediate future, however, FHI will take bold measures to turn this low performing department into a high performing unit, focusing on a strategic perspective and strengthened leadership, and catalyzing effective coordination of national rollout of OVC programs. A key step will be for FHI to ensure that the National Steering Committee for OVC is re-energized and that it meets on a regular basis. This will provide the backbone for the national Implementing Partners Group, who comprise the national Technical Coordinating Committee. FHI will provide technical assistance to the effective functioning of all of these important groups, though they are led by the government of Tanzania (GOT).

The infrastructure for the rollout of the NPA has not yet been finalized. While on paper there are council multi-sectoral AIDS committees and MVCCs, these entities are not well integrated into the local government structure. To facilitate their effective functioning, FHI will work closely with the Prime Minister's Office for Regional and Local Government (PMORALG) to operationalize the devolution of responsibility for OVC care. FHI will ensure the smooth undertaking of the local government's roles and responsibilities, and the respective implementing partner will actually handle the day-to-day management of the OVC response. One key component is for FHI to support capacity building of the new district social welfare officers recently hired by PMORALG and the overall devolution of the social workers in the local government system. An important function of FHI is to assist in advocating for increased funding allocation for OVC support in the central and local government budgets to ensure the ability to achieve the NPA rollout.

FHI will play an important role in providing technical expertise to other OVC implementing partners. A useful venue to achieve this is to discuss technical issues together at the Implementing Partners Group (IPG) and supporting national OVC guidelines and policies. FHI will also develop mechanisms to ensure inputs from implementing partners, local communities, MVCC, and children clubs regularly inform policy and planning. To ensure that critical technical issues are discussed and that practices are evaluated for scale up, FHI will sponsor periodic inter-regional learning sessions to share and disseminate OVC care and support best practices. A component of this will be to disseminate the findings of an assessment of nutritional needs for OVC and to collaborate with other partners to develop an effective approach for nutritional support of OVC. Another important need for OVC care includes a resource manual to support elderly caregivers. To address the need for improved case finding of OVC, FHI will assess and document the cost-effectiveness of integrating OVC care and support within home-based palliative care.

A key strategic piece of an effective OVC program is the ability for the GOT to monitor services and OVC on a routine basis. Though the national DMS is developed, it is in the early stages of implementation and is being piloted in five districts. A comprehensive rollout plan is in development, and will require a special unit developed for a successful full implementation. USG-funded implementing partners are responsible for ensuring the data is collected in the DMS and that the local MVCCs are supported to use it. FHI will need to contract with a firm experienced in systems implementation and information technology support to ensure that the DMS rolls out to an additional 83 districts in a phased timeframe, and that data recording and reporting for OVC are operational at all levels. A key piece of that plan is to ensure that every district clearly understands the data can be used for managing programs, planning, and decision-making. The same is true at the national level. Both levels will need to have their capacity strengthened through hands-on sessions to understand what the data can do to make their jobs easier and more effective. Other trainings may need to occur for individuals who may use the data as a case management tool. FHI will also provide information technology support to DSW, including provision of computers for key staff members. FHI will also work with the DSW for data quality review systems.

One significant limitation is that the DSW is presently located in a large block building with limited power, no internet connectivity, and even a poorly equipped office. This office needs to be relocated, and funds will be made available for renovation of their working facility and ensuring that they have internet connectivity and the ability to link up the server for the national Data Management System.

Lastly, FHI will work with the DSW and the Capacity Project on strategic human capacity issues. That includes a plan to address the shortfall of social workers. A critical piece is to have at least short-term needs addressed so that there is some infrastructure in place for the rollout of the NPA. Specifically, FHI will work

Activity Narrative: with the Capacity Project on the full integration of the para-professional social workers at the district level, and the DSW and the Institute of Social Welfare to organize students' internship opportunities.

LINKAGES: This activity will link with the OVC Implementing Partner Group network; i.e. PACT, Salvation Army, Africare, CRS, AIHA, Pathfinder International, Pharm Access, Deloitte Consulting, and Peace Corps. FHI will collaborate with the DSW and GOT Ministries on issues of local government, education, vocational training, food security and 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 very close with the PMORALG to facilitate the devolution of the social workers and integration of the OVC support.

CHECK BOXES: The main thrust of this project is to increase the capacity of local organizations to plan, implement, and monitor OVC care and support activities. M&E is also a focus area. Since this is a quality assurance activity linked with FHI's role at national level for systems strengthening, there are no direct targets.

M&E: The program will support national DMS as the M&E system for tracking OVC and service providers and its rollout including training, data quality, and use. FHI will assist all OVC USG- funded implementing partners to adopt the system and DSW national M&E data analysis and dissemination activities to provide feedback to frontline data collectors and inform policy makers on progress achieved.

SUSTAINABILITY: All activities are designed to build the capacity of DSW, local GOT structures, and other partners for sustainability. FHI staff will be identified for DMS and will mentor DSW staff. Through the proposed strategy of decentralization of OVC identification, DMS, NPA and supportive supervision, and local government authorities will gradually take off and include OVC issues into their annual plans and budgets to ensure sustainable quality care. Through capacity building, systems strengthening, and policy environment improvements, DSW will be in a stronger position to scale up and monitor quality OVC services in the country.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8703

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23300	8703.23300.09	U.S. Agency for International Development	Family Health International	9937	1219.09		\$1,200,000
8703	8703.07	U.S. Agency for International Development	Family Health International	4537	1219.07		\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5027.08	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 6522.08	Planned Funds: \$1,350,000
Activity System ID: 13453	

Activity Narrative: TITLE: Program Support for OVC in Arusha and Manyara

NEED and COMPARATIVE ADVANTAGE: The increasing rate of AIDS orphans, poverty, and lack of access to essential services continue to strain traditional coping mechanisms thereby requiring Catholic Relief Services (CRS) and its partners to expand their outreach and scope of work. Proposed activities are based on assessments, monitoring, and evaluation conducted over the implementation of the FY 2007 Expansion Work Plan for orphans and vulnerable children (OVC). CRS/Tanzania builds on years of successful OVC partnerships with faith-based organizations (FBO), with extensive community structures and locally based experience to address the social and development needs of poor communities and HIV/AIDS affected families. CRS is an international development and relief organization with 65 years of successfully implemented local partnership-driven projects to enhance protection, care, and development of vulnerable communities. This Mission funding complements Track 1 funds.

ACCOMPLISHMENTS: In FY 2007, through local mission economic growth funding, CRS made pioneering gains in sustaining care and support services to 2,630 OVC. In FY 2007, OVC were provided the services and support needed to address their education and vocational training needs in order to enable them future access to employment opportunities and trade. Over 640 OVC received primary direct support, while 1990 received supplemental direct support. A total number of 171 caretakers were trained on providing quality care to OVC.

ACTIVITIES: With additional funding in FY 2008, the CRS OVC programming will roll out in Arusha and Manyara. CRS will provide a comprehensive package of interventions and support for OVC across seven core program areas; education and vocational training, food and nutrition, health care, psychosocial, child protection, shelter and care, and economic strengthening to additional 27,000 OVC and train 540 caregivers. The program has identified the following three interventions that will be monitored and provided to all OVC receiving primary direct support:

1. Education and Vocation Training Support activities will include the provision of school materials, uniforms, school fees, bus fares, and monitoring of attendance and performance.
2. Life Skills through Psychosocial Support Trainings: all OVC under direct support will participate in an eight-hour "In Charge" life skills curriculum. OVC over 12 years of age with specialized needs will be enrolled in a longer one to three month curriculum such as "Stepping Stones" complemented by a reinforcement of values and faith approach for meaningful life and behavior changes. Other psychosocial support interventions like grieving, youth clubs, and memory work will be integrated at different levels depending on individual needs, culture, and context.
3. Health Care: All primary direct OVC will be guaranteed emergency health insurance to ensure, equity and universal access to services. OVC and poor OVC guardians living with HIV/AIDS will have access to antiretroviral therapy (ART) services through the provision of bus fares, linkages, and improved referral systems. Insecticide treated nets will be provided to most vulnerable groups; (e.g., OVC under the age of five, HIV/AIDS affected OVC, and other poor OVC extended families living in poor housing conditions) who are especially vulnerable to malaria transmission.

Depending on individual OVC needs assessments, the following services will be offered as supplemental direct support:

1. Child Protection activities include: formation and strengthening of community-based child protection committees that act as paralegal support units; creation of awareness of what constitutes physical, sexual, and emotional abuse; develop appropriate systems to protect children from abuse; and minimize neglect and stigma. A portion of this education activity will include capacity to mobilize support for specific workplace program requests.
2. Food and nutritional support through Emergency Plan funds and leveraged community support.
3. Shelter and care through Emergency Plan funds and community leveraged support.
4. Economic strengthening: Grandparents and older school-going OVC will be trained on business skills, farming skills through the formation of Junior Farmers' school fields, establishing Savings and Internal Lending Communities (SILC), and will be eligible to receive small grants or tool kits to access local employment opportunities.
5. Support coordination and capacity building of the local government structures.

To ensure continuity and effective referrals, CRS will collaborate with the following entities on a quarterly planning basis: local government councils; schools management committees; village authorities; and representatives of business associations and local management of public and private health facilities. A continuum of care will be provided to OVC living with HIV and AIDS by integrating the delivery of services to OVC with ongoing home-based care and HIV/AIDS Care and Treatment Clinics.

LINKAGES: This activity also relates to Peace Corps, CRS's programs in TB/HIV, treatment, and PMTCT. It relates to other OVC initiatives. Finally, as an OVC partner, this activity will link with all OVC implementing partners through the Implementing Partners Group for OVC and the FHI OVC data management system. CRS works closely with the National Implementing Partner Group and the Ministry of Health and Social Welfare's (MOHSW) Department of Social Welfare (DSW) to forge opportunities for program integration, and coordination. Partners will collaborate with the council multi-sectoral AIDS Committee, and Most Vulnerable Children's Committees (MVCCs) in their operational sites. In Arusha, the project links to Seliani and Mt Meru Hospitals, Karatu DH, Rhotia RC Mission Hospital and Medicine De Monde's mobile health services. Likewise, in Manyara the project will link with five CRS/AIDS Relief District and Mission Hospitals operating in Babati, Mbulu, and Hanang districts.

CHECK BOXES: Focus on primary school-aged OVC is emphasized since school withdrawal increases the chances of children becoming homeless, victims of child labor, and (particularly for girls) victims of physical and sexual abuse and childhood pregnancy. Desperate child and grandparent-headed households will also

Activity Narrative: be targeted. Human and institutional capacity building are also key to sustainability. Local partner training on finance management and compliance procedures, program management, and trainings to address the needs of frontline care providers will assure sustained capacity to deliver quality services to OVC.

M&E: CRS will support the implementation of the national Data Management System, and will use that system for their own M&E system. They will ensure that information about OVC identified at the local level not only feeds into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring. CRS' M&E framework, tools, and formats will encourage strong community participation in the collection process in order to build community ownership and sustainability. Tools will collect capacity building and quality OGAC and country-level program indicators. This information will be processed and standardized to feed into the National Data Management System for OVC programs. Indicator results will be shared with the beneficiary population across the core program areas and the communities will engage in identifying and periodically monitoring their OVC using the "Well-being Tool." To strengthen the participatory M&E system, CRS will train MVCC, parish priests, community volunteers, and teachers, while full-time M&E focal persons will be recruited and deployed at partner level.

SUSTAINABILITY: Sub partner, local government structures and community capacity building impart skills assuring mobilization beyond the intervention. The program strengthens locally based responses to provide both immediate and long-term support to vulnerable households by sensitizing local communities and leaders, to foster a dialogue on HIV/AIDS. This reinforces OVC issues in various government development and poverty reduction strategies at all policy levels. Through sensitization, strengthening, and formation of village advocacy committees, communities organize cooperative support for affected households by leveraging locally available material and human resources to create a supportive environment for OVC. This intervention will ultimately tip the social balance against stigmatization and abuse.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7691

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23312	6522.23312.09	U.S. Agency for International Development	Catholic Relief Services	10025	5027.09		\$1,200,000
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	2873	1506.06	Track 1 OVC Program	\$200,000

Emphasis Areas

Gender

- * 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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	30,000	False
8.1.A Primary Direct	22,500	False
8.1.B Supplemental Direct	7,500	False
8.2 Number of providers/caregivers trained in caring for OVC	600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Arumeru

Arusha

Monduli

Ngorongoro

Karatu

Longido

Babati

Hanang

Kiteto

Mbulu

Simanjiro

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1506.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 3471.08

Activity System ID: 13448

Mechanism: Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$177,057

Activity Narrative: TITLE: CRS COP FY 2008 Program Support for OVC Njombe, Songea, and Tanga

NEED and COMPARATIVE ADVANTAGE: The increasing rate of AIDS orphans, poverty, and lack of access to essential services continue to strain traditional coping mechanisms thereby requiring Catholic Relief Services (CRS) and its partners to expand their outreach. The proposed activities with Track 1 funds are based on assessments, monitoring, and evaluation conducted over the implementation of the FY 2007 work plan. CRS/Tanzania builds upon years of successful orphans and vulnerable children (OVC) partnerships with faith-based organizations (FBOs), with extensive community structures, and locally based experience to address social and development needs of poor communities and HIV/AIDS affected families. CRS is an international development and relief organization with 65 years of experience in successfully implementing local partnership-driven projects to enhance protection, care, and development of vulnerable communities.

ACCOMPLISHMENTS: With FY 2006 - FY 2007 Emergency Plan funding, CRS has made pioneering gains in sustaining care and support services to over 15,000 OVC. In FY 2006, 7,466 OVC received services and support to address their educational and vocational training skills, which will ultimately enable those children to access employment opportunities and trade. By March 31, 2007, 6,400 OVC had received primary direct support, while 2,093 OVC received supplemental direct support and 330 OVC care providers were trained.

ACTIVITIES: The FY 2008 CRS OVC programming strategy focuses on interventions that safeguard the best interests of OVC and protect their well-being. To achieve this goal, CRS will provide a comprehensive package of interventions for OVC across seven core program areas; education and vocation training support; food and nutrition; health care; psychosocial; child protection; shelter and care; and economic strengthening. The program has identified the following the interventions that will be monitored and provided to all OVC receiving primary direct support:

1. Education and vocational training support activities will include the provision of school materials, uniforms, school fees, bus fares, and monitoring of attendance and performance.
2. Life skills through psychosocial support trainings. All OVC under direct support will participate in an eight-hour "In Charge" life skills curriculum. OVC over 12 years of age will be enrolled in a longer one to three month curriculum such as "Stepping Stones" complemented by a reinforcement of values and faith approach for meaningful life and behavior changes. Other psychosocial support interventions like grieving, youth clubs, and memory work will be integrated at different levels depending on individual needs, culture, and context.
3. Health Care. All primary direct OVC are guaranteed emergency health insurance to ensure equity and universal access to services. OVC and poor OVC guardians living with HIV/AIDS will have access to antiretroviral therapy (ART) services through the provision of bus fares, strengthened linkages, and improved referral systems. Insecticide treated nets will also be provided to most vulnerable groups (e.g., OVC under the age of five, HIV/AIDS cases, and other poor OVC families living in substandard housing) since these groups are most vulnerable to malaria transmission.

Depending on individual OVC needs assessments, the following services will be offered as supplemental direct support:

1. Child protection activities including: formation and strengthening of community-based child protection committees that act as paralegal support units; create awareness of what constitutes physical, sexual, and emotional abuse; develop appropriate systems to protect children from abuse; and minimize neglect and stigma. A portion of this education activity will include a capacity to mobilize support for specific workplace program requests.
2. Food and nutritional support through the Emergency Plan and leveraged community support.
3. Shelter and care through the Emergency Plan and leveraged community support.
4. Economic strengthening. Grandparents and older school-going OVC will be given trainings on business skills, farming skills through the formation of Junior Farmers' school fields, establishing Savings and Internal Lending Communities (SILC), and will be eligible to receive small grants or tool kits to access local employment opportunities.

LINKAGES: This activity also relates to Peace Corps, CRS's programs in TB/HIV, treatment, and PMTCT. It relates to other OVC initiatives. Finally, as an OVC partner, this activity will link with all OVC implementing partners through the Implementing Partners Group for OVC and the FHI OVC data management system. CRS works closely with the National Implementing Partner Group and the Ministry of Health and Social Welfare's (MOHSW) Department of Social Welfare (DSW) to forge opportunities for program integration, and coordination. Partners will integrate with the council multi-sectoral AIDS committee, and Most Vulnerable Children's Committees (MVCCs) in their operational sites. In Arusha, the project links to Seliani and Mt Meru Hospitals, Karatu DH, Rhotia RC Mission Hospital, and Medicine De Monde's mobile health services. Likewise, in Manyara the project will link with five CRS/AIDS Relief District and Mission Hospitals operating in Babati, Mbulu, and Hanang districts.

CHECK BOXES: Primary school-aged OVC are targeted, as school withdrawal increases the chances of OVC becoming street children, victims of child labor, and (particularly for girls) victims of physical and sexual abuse in addition to a higher likelihood of childhood pregnancy. Desperate child and grandparent heads of households will also be targeted. Human and institutional capacity building are also key in ensuring sustainability. Local partner, training on finance management and compliance procedures; program management; and trainings to address the needs of frontline care providers will assure sustained capacity to deliver quality services to OVC.

M&E: The M&E framework utilized by CRS includes tools and formats to encourage strong community participation in the collection process in order to build community ownership and sustainability. Tools will collect capacity building data in addition to quality OGAC and country-level program indicators. This data will be standardized to feed into the National Data Management System for OVC programs. Indicator

Activity Narrative: results will be shared with the beneficiary population across the core program areas and communities will be engage in identifying and periodically monitoring their OVC using the "Well-being Tool." To strengthen participatory M&E system, CRS will train MVCC, parish priests, community volunteers, and teachers, while full time M&E focal persons will be recruited and deployed at partner level.

SUSTAINABILITY: Partner and community capacity building develop skills assuring mobilization and sustainability beyond the intervention. The program strengthens and focuses on locally based responses to provide both immediate and long-term support to vulnerable households by sensitizing local communities and leaders, to foster a dialogue on HIV/AIDS, and by reinforcing OVC issues in various government development and poverty reduction strategies at all policy levels. Through sensitization, strengthening, and formation of village advocacy committees, communities will organize cooperative support for affected households by leveraging locally available material and human resources to create a supportive environment for OVC. This will ultimately help tip the social balance against stigmatization and abuse.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7690

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23304	3471.23304.09	U.S. Agency for International Development	Catholic Relief Services	10566	10566.09	Track 1.0	\$619,977
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

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Indirect Targets

Coverage Areas

Namtumbo

Songea

Korogwe

Lushoto

Muheza

Tanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4896.08

Prime Partner: Balm in Gilead

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 8699.08

Activity System ID: 13441

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$400,000

Activity Narrative: TITLE: Scaling up Orphans and Vulnerable Children Services in Kigoma Region

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare (MOHSW) estimates there are 2.5 million orphans and vulnerable children (OVC) in Tanzania, of which only about 6% receive external support. There is need to increase access to and improve quality of essential support services for OVC. Balm in Gilead (BIG) supports complementary services through faith-based national partner organizations. Faith leaders are respected and trusted within their communities and they have a record of accomplishment of giving quality support to OVC, which are in line with Tanzania's cultural norms and well placed to serve. BIG provides support that complements the voluntary spirit already given by faith-based community institutions. As such, BIG's technical assistance hones practical skills and brings together faith initiatives with private and public interests in meeting the needs of OVC.

ACCOMPLISHMENTS: As of March 2007, through USG funding, The Tanzania Interfaith Partnership (TIP) identified nearly 2,100 OVC and provided primary and supplemental direct services to children. During FY 2007, the project was funded to support at least 6,000 OVC providing education, health, spiritual, and social support. Finally, an additional 100 family-based caregivers were trained to strengthen family structures.

ACTIVITIES: The overall goal is to scale up service provision in Kigoma region. BIG will implement the national identification process to link the most vulnerable children for services and support in all four districts of Kigoma. BIG estimates that the identification process will locate approximately 10,000 OVC requiring services, of which 40% will benefit from primary direct services. All OVC under both primary and supplementary direct support will be provided with psychosocial services in the form of spiritual counseling and/or peer group activities. Depending on results of the identification process, which includes an OVC needs assessment prioritizing interventions, issues regarding support for education, nutrition, basic health management, access/referral to health services, and shelter will be addressed.

In order to provide these services effectively, BIG will train 300 caregivers, as well as sub grantees and district social welfare officers in Kigoma on the national Data Management System (DMS) to ensure that the DMS monitoring and evaluation (M&E) tools are used and input to the national OVC tracking system. BIG will also support capacity building in the four Kigoma districts among the social welfare officers, the Most Vulnerable Children's Committees (MVCC), and other partners, and support the roll out of the DMS through the purchase of computers and training on the use of the data for decision making and to improve the management of programs and services for OVC. In particular, BIG will work with the MVCC to strengthen their capacity in management and coordination of community organizations providing support to OVC and mobilizing the community-based response through existing, locally recognized, and respected faith-based support systems. BIG will also work with the MVCC to ensure supportive M&E supervision of OVC services through follow up, especially to be certain that OVC receive required support on a regular basis. This will be done through joint quarterly supervision visits by the regional coordinator, social welfare officers, and implementing partners. The supervision will also ensure data on children's needs and services available are input and updated in the DMS in a timely manner.

BIG will ensure that they receive centrally procured vouchers so that OVC are able to access insecticide treated mosquito nets (ITN), similar to those used under the President's Malaria Initiative (PMI). An important priority will be to reach OVC under five years of age not covered by the PMI. It will also endeavor to link with services in the community that can help provide nutritional support and training opportunities for OVC.

Another critical item that will be a part of BIG's efforts will be to advocate for the needs of OVC and the need to integrate programs into the budget and planning for communities and districts.

LINKAGES: This activity will contribute to the implementation of the NPA. It is linked to PMI and/or direct USG procurement of bulk ITN for OVC. This activity is related to BIG, palliative care--basic healthcare, Salvation Army, Africare, CRS, Pathfinder International, and Deloitte Consulting. As an OVC partner, this activity will link with the national Implementing Partner Group network for OVC and the FHI program to implement the OVC technical support..

BIG works in partnership with the Christian Council of Tanzania (CCT), National Muslim Council of Tanzania (BAKWATA), and the Tanzania Episcopal Conference (TEC).

BIG will scale up OVC activity in line with the National OVC Plan of Action (NPA), local government of Tanzania (GOT) structures, and will support the national identification process for OVC. BIG will also link with the Peace Corps income generating activities (IGA) to support the nutritional and economic needs of OVC households

CHECK BOXES: The project builds the capacity of local service providers and MVCC through training in the DMS in identification and tracking of OVC and providers. BIG focuses on providing comprehensive services supporting not only access to both primary and secondary education, but also vocational training. Efforts will be made to ensure that female students are given opportunities for advanced education (secondary/vocational).

M&E: Along with all other OVC partners, BIG will adopt the national DMS to be used as their monitoring and evaluation tool. BIG will ensure that sub grantees input data about OVC and services provided for use at the national level, and also that the data 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. BIG will build capacity for the district social welfare officers and M&E officers for the sub grantees and purchase computers for their use. In addition, BIG will conduct quarterly field visits-to assess the quality of services provided, to collect data, and provide onsite refresher training as needed. When necessary, BIG will support implementers at the district level to attend PEPFAR's M&E capacity-building trainings and meetings.

SUSTAINABILITY: Sustainability depends on the capacity of the locally based community initiative. BIG activities demonstrate long-term capacity building through its work with religious institutions that naturally serve as spiritual and social community catalysts. With complementary program-sponsored skill development, OVC caregivers will be well positioned to strengthen community responses. Linking OVC and their caregiver groups for support in vocational skills becomes a means to create opportunities to enhance

Activity Narrative: household economic standing. Youth who become educated, remain healthy and well informed about the HIV epidemic will have future opportunity to become active and productive members of their society. They will strengthen family structures with positive values and norms to support their communities own coping mechanisms.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8699

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23311	8699.23311.09	HHS/Centers for Disease Control & Prevention	Balm in Gilead	10024	4896.09		\$511,079
8699	8699.07	HHS/Centers for Disease Control & Prevention	Balm in Gilead	4896	4896.07	Balm in Gilead	\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,000	False
8.1.A Primary Direct	5,600	False
8.1.B Supplemental Direct	4,400	False
8.2 Number of providers/caregivers trained in caring for OVC	360	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Kasulu

Kibondo

Kigoma

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3505.08

Prime Partner: Africare

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 3419.08

Mechanism: Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$632,714

Activity Narrative: TITLE: Community-based Orphan Care, Protection, and Empowerment Project (COPE)

NEED and COMPARATIVE ADVANTAGE: Unfortunately, there is an increasing number of orphans and vulnerable children (OVC) in Tanzania. OVC face many significant barriers in life. Few attend school and often go without proper nutrition and childcare. Often, caregivers are either too old or too young, and do not have the resources to meet the children's needs. COPE Track 1 aims to reach 36,800 OVC and 10,000 caregivers during FY 2008 by providing quality services to children, ensuring that children attend school, and assist caregivers in finding a source of generating income. In addition to working closely with OVC communities, COPE solicits local government funds to support OVC identification. COPE supports OVC in various service areas, providing at least one service in order to improve the quality of life for OVC. Service areas include psychosocial, education, health, nutrition, and economic development. COPE will support communities to provide comprehensive, sustainable, and quality care to OVC. COPE receives Mission funds to scale up quality and coverage of OVC services.

ACCOMPLISHMENTS: By March 2007, COPE had successfully worked with 471 Most Vulnerable Children's Committees (MVCCs) to provide support to over 45,400 OVC in Dodoma and 1,500 in Zanzibar. COPE trained 52 service corps volunteers (SCV) on OVC care and data storage. OVC identification using standards outlined by the national Plan of Action outlines by the MOHSW (Ministry of Health and Social Welfare) was completed in four of the six districts of Dodoma. Children receive psychosocial support and life skills training. The project trained 1,384 caregivers supporting 5,525 OVC in IGA with 37 caregivers currently engaged in pig farming.

ACTIVITIES: Each activity is directed at providing a comprehensive package of support and protection to OVC and caregivers. Africare will:

1. Enhance community capacity to coordinate care and support services for OVC and caregivers by supporting the government officers and partners in OVC care and support, supporting district child forum meetings for youth to discuss issues and plan for their future, and support districts, partners, and communities in the Data Management System (DMS) to ensure correct data management.
2. Provide life skills training, peer education, and psychosocial care and support to OVC and their families. Community support includes the provision of 50 COPE clubs with play materials in addition to reaching 12,000 children with psychosocial support and life skills training, as well as HIV/AIDS prevention messages. COPE will support peer educators; each to reach ten children with psychosocial support each month. Additionally, COPE will engage communities in stigma reduction through targeted information, education, communication, and (IEC)/Behavior Change Communication (BCC) materials, COPE will also support SCV, partner organizations, and community members in providing psychosocial support to reach 15,000 OVC in the Dodoma region.
3. Provide increased access to educational support services to OVC by providing scholastic materials to 6,000 OVC, providing school uniforms to 2,000 OVC, and giving block grants to ten schools to enable 250 OVC to attend school. COPE will also support 20 schools that were previously provided with block grants to ensure children continue with secondary school.
4. Increase access to health care and nutritional support to OVC. This will include supporting 300 caregivers and 100 OVC in caring for backyard gardens and using the double-dig bed technique. Additional support will be given to SCV in order to provide nutrition education to caregivers and OVC. COPE will provide insecticide treated nets to 5,000 under-five children and identify children symptomatic for HIV-positive status and link these children to health services. COPE will also provide sanitary materials and water guard for safe water to 6,000 OVC and caregivers.
5. Increase access to income-generation activities (IGA) to OVC and caregivers using a successful model used by Salvation Army (WORTH) with a particular focus on women. Support over 500 caregivers, OVC members, and existing associations of OVC and caregivers in IGA will be facilitated through training in areas such as market analysis and business management. Furthermore, 50 older OVC will be enrolled into a trade through apprenticeships and in vocational training centers. Finally, COPE will assist OVC and caregivers in identifying sustainable sources for generating income (access to loans) and provide training for caregivers and OVC on animal care for IGA.

LINKAGES: Africare is a member of the OVC Implementing Partners Group and works closely with other USG-funded and other donor supported implementing partners. Africare works closely with the government Ministries of Health and Social Welfare, Education, and Gender at the national level to ensure that project activities build on government strategies for child well-being and poverty reduction. At the district and village level, the project works with government structures in planning and implementing activities. COPE also supports local associations working with OVC and their caregivers and plans to build the capacity of 20 associations in IGA in order to facilitate sustainability. With the assistance of Community Health Fund, COPE intends to enable children to access treatment when the need arises. The project also addresses malaria concerns through collaborating with the national Malaria Control Program (supported through the President's Malaria Initiative-PMI) to access the Equity Voucher program for free ITNs. COPE is also collaborating with Global Fund Malaria Initiative. Africare also links with the Peace Corps permaculture gardening program in Dodoma.

CHECK BOXES: COPE encourages community-led approaches in care of OVC and encourages gender equality and support to enable girls to continue with school. COPE project focuses on providing comprehensive services and builds the capacity of community leaders and associations to assist families to care for children. Caregivers and OVC are trained to establish their own backyard gardens while also providing health and nutrition education. Vocational training for youth and IGA training are provided to improve income and reduce the poverty/vulnerability of communities.

M&E: 1. Continue to implement the national Data Management System, and use that system for Monitoring and Evaluation. This will ensure sub grantees completion of data input regarding OVC identified at the local level. This data feeds not only into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring. Africare will also build capacity of district social welfare officers and M&E officers for the sub grantees and provide basic training to use the purchased computers to ensure data quality. It will provide for routine monitoring and quarterly field visits to assess the quality of services

Activity Narrative: provided, collect data, and provide onsite refresher training as needed. Lastly, Africare will conduct mid-term and year-end evaluations.

Feedback is routinely provided to staff, partners, community members, and district leaders to ensure quality services as well as follow up of challenging situations. M&E data is used to improve project implementation and documented by other service providers. A pre- and post-test during training ensures tracking of individual progress while the progress of the project as a whole is being assessed from data of the baseline survey of FY 2006.

SUSTAINABILITY: COPE will support capacity development of the district social welfare officers and local CSO sub grantees. It will also integrate the newly trained para-social workers into their program. These social workers will play a facilitative role to ensure the incorporation of COPE work plans, budgets, and reports in the overall district response plans and integration of OVC data in the local government database for the national Data Management System. This will allow for adequate local decision making.

COPE works closely with government structures from the entry into the community using the OVC identification process, to the direct support of OVC and caregivers. The project's support of OVCs, district child forums, and communities in caring for OVC enhances ownership of the situation with locally grown solutions. At the village level, OVC and participating households will be strengthened through training, and Africare may participate in a pilot to provide health insurance to households who are able to care for OVC. COPE will encourage an increase in IGA activities in the community, which will further enhance caregivers' earning potential and ability to care for family needs in the long term without continual dependence on the project. Africare works closely with government structures from entry into the community (using the OVC identification process) to support OVC, communities, and caregivers. The project builds a strong commitment and involvement of communities thus ensuring sustainability. The community, political, traditional, and religious leaders address stigma, discrimination, and denial associated with HIV/AIDS that impede community action and progress. The project's support of OVCs, district child forums, and communities in caring for OVC enhances ownership with locally grown solutions. Increased IGA activities in the community will further enhance caregivers' earning potential and ability to care for family needs in the long term without dependence on donors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7674

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23306	3419.23306.09	U.S. Agency for International Development	Africare	10019	3505.09	Track 1.0	\$503,614
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

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Indirect Targets

Coverage Areas

Dodoma

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1169.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4986.08

Activity System ID: 13430

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$950,000

Activity Narrative: TITLE: Community-based Orphan Care, Protection, and Empowerment Project (COPE)

NEED and COMPARATIVE ADVANTAGE: There is an increasing number of orphans and vulnerable children (OVC) in Tanzania. These children face many barriers regarding school attendance, and often go without proper nutrition and childcare. Their caregivers have difficulty securing income to provide for all of the children's needs. COPE Tanzania, with mission funding to complement Track 1 funds, aims to reach 42,000 OVC and 10,000 caregivers during FY 2008 with quality services, ensuring that children continue going to school and caregivers find a source of generating income. Through working closely with the community and local government to identify OVC and deliver services, the project has been able to identify and support a greater number of beneficiaries in the areas of psychosocial, education, health, nutrition, and economic support.

ACCOMPLISHMENTS: By March 2007, COPE worked with 471 Most Vulnerable Children's Committees (MVCC) to provide support to 45,409 OVC in Dodoma and 1,500 in Zanzibar. COPE trained 52 service corps volunteers (SCV) on OVC care and data storage. OVC identification was completed in four of the six districts. Over 100 COPE clubs, through which children receive psychosocial support and life skills training, have been formed and 1,384 caregivers supporting 5,525 OVC have been trained in Income Generating Activities (IGA) with 37 caregivers currently engaged in pig farming. Africare is funded through both Track 1 and Mission funds.

ACTIVITIES: Each activity is directed at providing a comprehensive package of support and protection to OVC and training their caregivers.

1. Enhance community capacity to coordinate care and support services for OVC and caregivers. 1a) Build capacity of district officers on OVC care and support services; 1b) Train MVCC members in OVC care and support from the 498 villages of Dodoma. 1c) Provide refresher training to 100 volunteers in working with OVCs in their communities and with COPE clubs, providing them with psychosocial support (PSS) and life skills training (LST) as well as OVC support, recording and reporting. Provide the community volunteers with bicycles to enable them reach beneficiaries; 1d) Train MVCC members on their duties for OVC care/support and data management; 1e) Support partners and communities in the Data Management System (DMS) to ensure correct data management.

2. Provide life skills training, peer education, and psychosocial care and support to OVC and their families. 2a) Refresher training to 97 SCV as peer educators in PSS and LST and provide information, education, and communication (IEC) and behavior change communication (BCC) materials to SCVs and youth, reaching 12,000 children; 2b) Support peer educators to reach 10 children each with PSS each to reach 7,500 MVC and 20,000 youth; 2c) Engage communities in stigma reduction through targeted IEC/BCC; 2d) Provide 50 COPE clubs with play materials such as balls, jerseys, and skipping rope for club members; 2e) Support SCVs, partner organizations, and community members in providing PSS to reach 24,500 OVC in Dodoma.

3. Increase access to educational support services to OVC. 3a) Provide scholastic material to 25,000 OVC; 3b) Provide school uniforms to 5,300 OVC; 3c) Give block grants to ten schools, thus allowing 250 children to attend school

4. Increase access to health care and nutritional support to OVC. 4a) Train and support 300 caregivers and 100 OVC in establishing backyard gardens and using the double-dig bed technique and irrigation systems; 4b) Train 97 SCVs as TOT in nutrition promotion; 4c) Provide insecticide treated nets to 15,000 under-five children. 4d) Provide sanitary materials and water guard for safe water to 25,000 OVC and caregivers; 4e) Assist 480 children who are responsible for the household or those with sick caregivers to register and obtain support from the Community Health Fund; 4f) Identify children who are symptomatic for HIV and link them to health services; 4g) Provide food support to at least 100 child-headed households.

5. Increase access to income generation activities (IGA) to OVC and caregivers, modeling a successful program used by Salvation Army (WORTH) with a particular focus on women. 5a) Train over 1,500 caregivers, MVCC members, and existing associations of OVC and caregivers in basic entrepreneurship and IGA activities; 5b) Enroll 50 older OVC for apprenticeships in vocational training centers; 5c) Support OVC and caregivers in developing sustainable sources for generating income (access to loans); 5d) Train caregivers and OVC in IGA groups on animal care for IGA; 5e) Provide tailoring and carpentry equipment to support the development of youth as apprentices.

LINKAGES: Africare is a member of the OVC Implementing Partners Group and works closely with other USG-funded and other donor supported implementing partners. Africare works closely with the government Ministries of Health and Social Welfare, Education, and Gender at the national level to ensure that project activities build on government strategies for child well-being and poverty reduction. At the district and village level, the project works with government structures in planning and implementing activities. COPE also supports local associations working with OVC and their caregivers and plans to build the capacity of 20 associations in IGA. With the assistance of Community Health Fund, COPE intends to enable children to access necessary treatment as needed. The project addresses malaria concerns through collaborating with the national Malaria Control Program (supported through the President's Malaria Initiative-PMI) to access the Equity Voucher program for free ITNs. COPE is also collaborating with the Global Fund Malaria Initiative. Africare also links with the Peace Corps Permaculture gardening program in Dodoma.

CHECK BOXES: COPE encourages gender equality, and facilitates support for girls to continue school, especially secondary schooling. The project builds capacity within local organizations through training in areas such as PSS and IGA. Independently, as well as through partnerships, COPE provides ITNs to beneficiaries for malaria prevention. The COPE project focuses on providing comprehensive services and encourages children to continue with school and vocational training. Additionally, COPE assists caregivers with IGA, and teaches caregivers and OVC how to establish their own backyard gardens while providing health and nutrition education.

M&E: 1. Africare will continue to implement the national Data Management System, and will use that system for Monitoring and Evaluation. They will ensure sub grantees compliance with inputting data regarding OVC identified at the local level. This information feeds not only into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring. It will also build capacity of the district social welfare officers and M&E officers for the sub grantees and provide basic

Activity Narrative: training to use the purchased computers to ensure data quality. In addition, Africare will conduct routine monitoring and quarterly field visits-to assess the quality of services provided, collect data, and provide onsite refresher training as needed. Lastly, it will conduct mid-term and year-end evaluations.

SUSTAINABILITY: COPE will support capacity development of the district social welfare officers and local CSO sub grantees. It will integrate para-social workers into local programs as they are trained. These social workers will play a facilitative role to ensure the incorporation of COPE work plans, budgets, and reports in the overall district response plans and integration of the OVC data in the local government database.

COPE works closely with government structures from the entry into the community using the OVC identification process, to the direct support of MVCC and caregivers. The project's support of OVCs, district child forums, and communities in caring for OVC enhances ownership of the situation with locally grown solutions. At the village level, OVC and participating households will be strengthened through training. Africare may participate in an insurance pilot to provide free health insurance to families who are able to take in orphans in order to strengthen those families. In addition, an increase in IGA activities in the community will further enhance caregivers' earning potential and ability to care for family needs in the long term without dependence on the project.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7675

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23296	4986.23296.09	U.S. Agency for International Development	Africare	10010	1169.09		\$1,000,000
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 women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	42,000	False
8.1.A Primary Direct	22,000	False
8.1.B Supplemental Direct	20,000	False
8.2 Number of providers/caregivers trained in caring for OVC	10,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

Dodoma

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3555.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5002.08

Activity System ID: 13433

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$400,000

Activity Narrative: TITLE: AIHA OVC Social Work Training Program

NEED and COMPARATIVE ADVANTAGE: There is an acute need for trained personnel at 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 in Tanzania, and approximately 300 social workers countrywide. Even so, the existing curriculum in social work pre-service training provides inadequate preparation to support OVC, and in-service training is scant.

The twinning partnership between the Institute of Social Work (ISW) in Tanzania and the Jane Addams College of Social Work (JACSW) is strengthening the ISW's capacity to train social workers and others in the community to respond to the needs of OVC more appropriately. JACSW brings social work expertise and experience of supporting social work training in other developing countries.

ACCOMPLISHMENTS: The twinning partners have conducted training-needs assessments, developed an OVC training manual for in-service social workers, conducted training for 45 social welfare officers, developed OVC training materials in Kiswahili for para-professional social workers, and have piloted the training of 120 para-professional social workers. AIHA has participated actively in the OVC Implementing Partners Group, and has provided support for the coordination of activities and contributed to the development of the MVC National Plan of Action (NPA).

ACTIVITIES: AIHA will continue to support capacity-building activities at all levels of the Institute of Social Work-ISW (e.g., faculty, field supervisors, students, social workers in-service, and para-professional social workers) in priority areas. Planned activities for FY 2008 will:

1. Continue to work with the ISW to expand and support the program for training and using para-professional social workers, especially in high HIV prevalence regions (Dar es Salaam, Iringa, and Mbeya) to serve the needs of OVC and plan for a future certification program. Responsibility for this training will be transferred to the ISW to work with the Capacity Project on a national roll out of training. Sub activities will include: 1a) oversee training for para-professional social workers who are working in local non-governmental organizations and community-based organizations, community development officers who are working very closely with the communities on daily development activities, and some representatives from the Most Vulnerable Children's Committee (MVCC); 1b) establish systems of supervision and support for trained para-professional social workers; 1c) develop certification of the para-professional social worker training program; 1d) evaluation of effectiveness of para-professional social worker program using indicators such as number of cases managed and frequency of completed monthly reports to MVCCs; 1e) national level conference on findings.
2. Improve the institutional capacity of ISW faculty to deliver enhanced pre-service quality social work education, particularly in the areas of HIV/AIDS, and OVC. Sub activities include 2a) evaluation of new OVC and HIV/AIDS-enhanced diploma and degree curricula; 2b) continued expansion of OVC and HIV/AIDS resources and educational materials; 2c) expanded internet connectivity of the learning resource center for utilization by OVC students.
3. Continue in-service training of social workers to serve the needs of OVC. The partnership will continue to work with DSW in identifying gaps and implementing necessary interventions to enhance the capacity of social welfare officers and staff from other departments with a role in managing, coordinating, monitoring, and evaluating a scaled-up response to OVC needs.

LINKAGES: The activities contribute to the implementation the NPA. The partners collaborate closely with the DSW in the Ministry of Health and Social Welfare (MOHSW), which develops policy on OVC and employs social workers at national, regional, and district levels. The DSW coordinates the OVC NPA and chairs the monthly OVC Implementing Partner Group. ISW has supported DSW's work on a new social protection policy. The AIHA program is linked with all other USG-funded OVC partners, as well as other donor-funded OVC programs, through the Implementing Partners Group. It has strong linkages with Family Health International, PACT, PASADA, WAMATA, and the Regional Psycho Social Support Programme (REPSSI), which have evolved through social worker and paraprofessional social worker training activities. JACSW will support a two-year OVC certificate program currently under development by ISW and REPSSI.

CHECK BOXES: The areas of emphasis will include building the capacity of ISW to provide quality in-service education to serve the needs of OVC. In FY 2008, twinning partners, with close collaboration from the DSW, plan to develop an OVC case management certificate-training program for paraprofessional social workers. Para-professional social workers targeted will include community development workers, NGO workers, and members of the MVCCs.

M&E: AIHA twinning center staff have collaborated with partners to develop a monitoring and evaluation system for monitoring shared activities. AIHA will continue to assist partners in implementing this system and developing training-specific monitoring tools. In collaboration with USG stakeholders, AIHA and other partners will continue to select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the work plan. AIHA continues to collaborate with partners in developing appropriate tools and systems necessary to collect and report relevant data and provide technical assistance. AIHA report data to USG teams on a quarterly basis 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 supporting the development of OVC and HIV/AIDS-enhanced certificate, diploma, and degree pre-service curricula for social work students at ISW. By improving the training of social workers, ISW graduates will become more skilled and competent in providing care and support for OVC. Capacity-building activities with ISW faculty and field supervisors will ensure program sustainability beyond the involvement of JACSW.

The program will also train para-professional social workers drawn from local government and organizations operating at community level regarding social work skills to use in care and support of OVC. Support from the MOHSW will enable ISW to continue to support and provide supervision to trainers of para-professional social workers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7677

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23308	5002.23308.09	HHS/Health Resources Services Administration	American International Health Alliance	9936	3555.09	Twinning	\$395,000
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

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	600	False

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4082.08

Prime Partner: Selian Lutheran Hospital - Mto
wa Mbu Hospital

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 6517.08

Activity System ID: 13589

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$150,000

Activity Narrative: TITLE: Selian OVC Program 2008

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 System (DMS).

5. Provide food supplements through centrally purchased commodities, and the insecticide treated mosquito nets (ITNs) available through the national voucher system.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7804

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23310	6517.23310.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$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

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,500	False
8.1.A Primary Direct	1,300	False
8.1.B Supplemental Direct	2,200	False
8.2 Number of providers/caregivers trained in caring for OVC	1,500	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Arumeru

Monduli

Simanjiro

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1228.08

Mechanism: M&S

Prime Partner: US Agency for International
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 9573.08

Planned Funds: \$150,000

Activity System ID: 13611

Activity Narrative: 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 non-governmental, to improve the quality and expand the scope of services provided to orphans and vulnerable children. Activities will include site visits, capacity assessments, mentoring and skills building, as well as monitoring of progress. The staff 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9573

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23302	9573.23302.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$261,000
9573	9573.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$56,712

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5240.08	Mechanism: N/A
Prime Partner: Salvation Army	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 4920.08	Planned Funds: \$700,000
Activity System ID: 13585	

Activity Narrative: TITLE: Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS

NEED and COMPARATIVE ADVANTAGE: Salvation Army Tanzania (TSA/Tanzania) will scale up the OVC programs in all districts of Lindi and Kilimanjaro regions to serve 15,000 orphans and vulnerable children (OVC) in 2008. These programs were originally supported by central funds but are now being transferred over to country-based funding. Kilimanjaro Region has a relatively high prevalence rate (7.3%) due to commercial activities, tourism, and migration of people resulting in increased numbers of OVC due to HIV/AIDS. Lindi is one of the poorest regions in Tanzania, ranking the second to last according to both the basic needs poverty line and the food poverty line. Several studies show that poverty is growing in Tanzanian communities because of the AIDS pandemic where trained people die at their most productive age. Experience obtained from OVC programs in Nachingwea district in Lindi Region, show that the majority of girls give birth at a very young age, with little or no capacity to cope with their children's basic needs, hence escalating the number of OVC. Their burden then lies in the hands of their relatives, grandparents, and guardians. Grandparents are particularly shouldering much of the care for OVC in rural areas.

TSA has been in the forefront in working with communities to provide psychosocial support (PSS) to OVC and their guardians. TSA has established physical structures and collaborated with communities to utilize staff and pastors to give hope and provide spiritual support for those who need it.

ACCOMPLISHMENTS: TSA/Tanzania has been implementing OVC programs across Lindi and Kilimanjaro regions since 2004 through Track 1 funding. As of March 2007, about 3,500 OVC have received psychosocial support through kids clubs, home visits, and counseling sessions. In addition to this, these children have received support in the form of materials for education, food and nutrition, healthcare, and bedding, which were obtained from community members during community conversations and resource mobilization meetings.

A total of 240 caregivers (Mama Mkubwa members, Most Vulnerable Children's Committee—or MVCC, and community volunteers) have been trained in Nachingwea, Lindi, Same, and Moshi rural districts in the Kilimanjaro region. These individuals are equipped with knowledge and skills for effective delivery of care and support to OVC. About 86 kids clubs have been established in these areas. Through clubs, children receive education, depressed and abused children have increased their joy and confidence, and children have notably changed their behavior. There has been a transfer of knowledge from clubs to guardians with children acting as the conduit. Guardians who used to abuse children are now changing their behaviors based on acquisition of parenting skills and coping mechanisms. There has been high interaction between OVC and non-OVC, thereby decreasing stigma.

ACTIVITIES: With FY 2008 funding, TSA/Tanzania will:

1) Train 2,500 Mama Mkubwa/MVCC members in community counseling, PSS, first aid, M&E, nutrition, and resource mobilization to improve knowledge and skills for OVC care and support:

1a) Train 80 Mama Mkubwa members/MVCCs members per district;

1b) Train ten individuals from the DSW and community development officers (one per district) in M&E and navigation of the database. Officers will be able to monitor data collection, tracking, and progress in the respective districts according to program indicators and objectives.

1c) Engage the community in conversations in order 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 teams/MVCCs will be established through the national identification process. The capacity of these committees will be built to deal with the situations that may arise as they provide care for OVC.

3) Scale up services and intensify coverage of the Lindi and Kilimanjaro regions.

3a) Provide PSS through 300 kids clubs. Children will receive counseling, education, and psychological, physical, and emotional rehabilitation. This will include 100 new kids clubs kits and 100 first aid kits distributed to new clubs and replacement of old club tools.

3b) Production and printing of HIV/AIDS sensitization materials and nutrition books.

3c) Provide food supplements through centrally purchased commodities, and the insecticide treated mosquito nets available through the national voucher system.

4) Conduct refresher training for ten staff members in community counseling, PSS, First Aid, Nutrition, M&E, and resource mobilization. Staff and officers will have more knowledge, skills, and will have increased capacity to effectively provide quality care and support to OVC.

LINKAGES: This activity will contribute to the implementation of the OVC National Plan of Action (NPA) and will link with all USG-funded OVC Implementing Partner Group (IPG) networks for OVC. TSA will link with Peace Corps/Tanzania on income generating activities (IGA) to support the nutritional and economic needs of OVC households. TSA has also initiated discussions with Save the Children Fund (UK) in Tanzania for the purpose of complementing (and avoid duplication) of OVC support in the area of nutrition for children under the age of two, since both groups are operating similar programs in the Lindi region. The program will also be linked to the national voucher system for the provision of ITNS.

CHECK BOXES: Gender was selected due to the WORTH program that will increase women's access to income and productive resources; Human Capacity Development was selected due to the in-service training to address the needs of staff and community volunteers in PSS, community counseling, nutrition, monitoring, and reporting tasks.

M&E: 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) Build capacity of the district social welfare and M&E officers to provide basic training to use the purchased computers to ensure data quality and integrity.

Activity Narrative: 3) Mama Mkubwa will conduct daily monitoring and TSA will conduct quarterly field visits to assess the quality of services provided, to collect data, and provide onsite refresher training as needed.
 4) Conduct mid-term and year-end evaluations. Feedback is provided to staff, partners, community members, and district leaders to ensure quality services as well as follow up of challenging situations.
 5). Program work plans include M&E activities that are built in throughout the program processes for each category of staff. Data are collected from the field on monthly basis and reviewed by the program M&E specialist. In FY 2008, 7% of the budget will be used for overall M&E purposes.

SUSTAINABILITY:

TSA will support capacity development of the district social welfare officers and local CSO sub-grantees. It will play a facilitative role to ensure the incorporation of TSA work plans, budgets, and reports in the overall district response plans and integration of the OVC data in the local government database. TSA works closely with government structures from the entry into the community using the OVC identification process, to the direct support of MVCC and caregivers. The project's support of MVCCs, district child forums, and communities in caring for OVC enhances ownership of the situation with locally grown solutions while ensuring sustainability. Village MVCC and households will be strengthened through training. Economic strengthening activities in the community will further enhance caregivers' earning potential and ability to care for family needs in the long term without dependence on donors. Low-cost, community-run kids and youth (KAY) clubs are effectively operated and will contribute to sustainability of PSS for OVC in the communities. Having trained peer kids club leaders in place also contributes to sustainability of the PSS program for OVC in the areas.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7801

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23313	4920.23313.09	U.S. Agency for International Development	Salvation Army	11431	5240.09		\$650,000
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

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Indirect Targets

Target Populations

General population

Children (under 5)

 Boys

Children (under 5)

 Girls

Children (5-9)

 Boys

Children (5-9)

 Girls

Ages 10-14

 Boys

Ages 10-14

 Girls

Other

Orphans and vulnerable children

Coverage Areas

Ilala
Kinondoni
Temeke
Hai
Moshi
Mwanga
Rombo
Same
Siha
Kilwa
Lindi
Liwale
Nachingwea
Ruungwa
Chunya
Ileje
Magu
Bagamoyo
Mkuranga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3506.08	Mechanism: Track 1.0
Prime Partner: Salvation Army	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 9634.08	Planned Funds: \$1,120,000
Activity System ID: 13586	

Activity Narrative: TITLE: Orphans and Vulnerable Children Affected by HIV/AIDS (OVC)

NEED and COMPARATIVE ADVANTAGE: The centrally funded Salvation Army/Tanzania (TSA/Tanzania) originally worked in nine regions. However, because the USG is regionalizing orphans and vulnerable children (OVC) service providers, TSA/Tanzania's regions of focus have been adjusted. The proposed, centrally funded program for 2008 will focus on intensifying OVC programs in the three regions of Dar es Salaam, Coast, and Mbeya, while transitioning out of Mwanza, Tabora, Kagera, and Mara regions by Dec 2007. OVC programs in Lindi and Kilimanjaro will continue with country level funding to TSA/Tanzania. All OVC will be assured continuity of services during this process by other USG partners in the regions.

The three regions of Dar es Salaam, Coast, and Mbeya have highly generalized HIV/AIDS epidemics and are experiencing a growing OVC contingent, highlighting the importance of funding for this program. With lack of community awareness on care giving skills and psychosocial support, OVC have experienced a lack of attention, absence of love and affection, and a lack of education. OVC also experience a deficit in basic needs as food, clothing, shelter in addition to experiencing loss of property, increased abuse, risk of HIV infection, and lack of freedom of expression.

TSA/Tanzania has a wealth of experience in OVC programming. This experience will provide a valuable contribution in scaling up services and in empowering communities to improve the lives of the children who are most affected by HIV/AIDS by using three integrated approaches which include community counseling, kids and youth clubs (KAY) and a self-savings scheme called WORTH. Community counseling is an innovative, action-oriented process through which communities develop strategies to modify and/or reduce recognized risk behaviors to HIV/AIDS while they identify ways to provide care and support for OVC. TSA/Tanzania has extensive experience in forming and managing low-cost, community-run programs. Through KAY clubs, children learn at an early age about HIV/AIDS, its impacts on their community/families, and key prevention strategies. An important component of the KAY curriculum is to provide life skills, including coping mechanisms and strategies for at-risk youth, especially young girls, and to protect themselves from sexual exploitation. Using Pact's experience, TSA/Tanzania has accumulated skills and knowledge for economic security through WORTH, a unique income-generation training program that strengthens the ability of communities and female-headed households to care for the growing number of OVC. TSA/Tanzania is also well experienced in establishing Mama Mkubwa Teams (similar to MVCC), out of the community counseling process.

ACCOMPLISHMENTS: TSA/ Tanzania has been implementing the program in Dar es Salaam, Coast, Mbeya, Lindi, Kilimanjaro, Tabora, Mwanza, Mara, and Kagera. As of March 2007, roughly 25,347 OVC have been provided with psychosocial support through 424 kids clubs, home visits, and counseling sessions. This support has transformed the lives of previously depressed and insecure children into confident, joyful individuals. In addition, OVC have received materials mobilized from community members during community conversations and resource mobilization meetings. A total of 924 caregivers have been trained on skills for effective delivery of care and support to OVC. These include Mama Mkubwa members, WORTH group members, and community volunteers. Based on WORTH training, members have established small businesses such as processing food items (e.g., rosella, green leafy vegetables, ripe bananas, and mangoes), and then marketing the products, thereby increasing their economic power to provide care and support to the identified OVC. About 260 WORTH groups have been established with 5,600 members.

ACTIVITIES: 1) Train 1,840 Mama Mkubwa teams/(MVCCs) members in community counseling, psychosocial support (PSS), first aid, M&E, and resource mobilization training. 1a) Train 80 Mama Mkubwa members/MVCCs members per district. 1b) Train 23 district social welfare/community development officers (1 per district) in M&E and use of the national Data Management System (DMS) in order to monitor data collection, tracking, and progress in the respective districts according to program indicators and objectives. 1c) Conduct community dialogues regarding OVC to assist communities in understanding OVC problems, identify needs, and establish sustainable community plans for further provision of care and support.

2) Provide refresher training for 35 staff in community counseling, PSS, first aid, M&E, and resource mobilization so that staff and officers will have more knowledge, skills, and increased capacity to effectively provide quality care and support to OVC.

3) Train providers on the WORTH program. 3a) Train four social welfare officers on WORTH operations and the guiding book "Selling Made Simple." 3a) Form 40 new WORTH groups as a scale up in new communities with 25 members each. 3b) Train and conduct follow-up for the 260 existing WORTH groups as a means of strengthening and encouraging sustainability of the program. 3c) Train additional OVC households to enhance their capacity to provide quality services to children.

4) Provide PSS to 524 kids clubs. Children will receive counseling, education, and rehabilitation psychologically, physically, and emotionally. 4a) Distribution of 100 new kids clubs kits to new clubs. 4b) 100 first aid kits distributed to clubs. 4c) Replace old club tools.

5) Production of HIV/AIDS sensitization materials and WORTH books. 5a) 1,000 copies of series of "Our Group," "Road to Wealth" and "Selling Made Simple" will be printed. 5b) Copies of HIV/AIDS sensitization materials will be provided to communities to help decrease the stigma of OVC.

6) Provide OVC with access to insecticide treated nets (ITNs), centrally procured nutritional supplements, and other best/promising practices identified through the OVC Implementing Partners Group (IPG).

LINKAGES: This activity will contribute to the implementation of the OVC National Plan of Action (NPA), and with the entire USG-funded IPG network for OVC. TSA/Tanzania will link with Peace Corps Tanzania on income-generating activities (IGA) to support the nutritional and economic needs of OVC households. Salvation Army will continue to work with the Department of Social Welfare through national facilitation teams and continue to be member of the national implementing partner group. Lastly, TSA/Tanzania will link with the voucher scheme for the President's Malaria Initiative so that OVC, especially those under five years, receive ITNs.

Activity Narrative: CHECK BOXES: Gender was selected due to the WORTH program that will increase women's access to income and productive resources; Human Capacity Development was selected due to the in-service training to addresses the needs of staff and community volunteers in PSS, community counseling, nutrition, monitoring, and reporting tasks.

M&E: 1) Adopt the national DMS for monitoring and evaluation (M&E). 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.
 2) Build capacity of the district social welfare and M&E officers and provide basic training to use purchased computers to ensure data quality and integrity.
 3) Conduct daily monitoring through Mama Mkubwa personnel. TSA/Tanzania will conduct quarterly field visits to assess the quality of services provided, collect data, and provide onsite refresher training as needed.
 4) Conduct mid-term and year-end evaluations. Feedback is provided to staff, partners, community members, and district leaders to ensure quality services as well as follow up of challenging situations.
 5). Program work plans include M&E activities that are built in throughout the program. Data are collected from the field on a monthly basis and reviewed by the program M&E specialist. In year 2008, 7%of the budget will be used for overall M&E purposes

SUSTAINAIBILITY: TSA/Tanzania will support capacity development of the district social welfare officers and local CSO sub grantees. It will play a crucial role in ensuring the incorporation of TSA/Tanzania work plans, budgets, and reports in the overall district response plans and integration of the OVC data in the local government database. TSA/Tanzania works closely with government structures from entry into the community using the OVC identification process, to the direct support of OVC and their caregivers. The project's support of OVC, district child forums, and communities in caring for OVC enhances ownership of the situation with locally grown solutions and ensuring sustainability. Village MVCC and households will be strengthened through training. Economic strengthening activities in the community will further enhance caregivers' earning potential and ability to care for family needs in the long term without dependence on donors. Low-cost, community-run KAY clubs are effectively operated and will contribute to sustainability of PSS for OVC in the communities. Having trained peer kids club leaders in place also contributes to sustainability of the PSS program for OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9634

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23307	9634.23307.09	U.S. Agency for International Development	Salvation Army	10020	3506.09	Track 1.0	\$745,101
9634	9634.07	U.S. Agency for International Development	Salvation Army	5240	5240.07	Non-Track 1	\$550,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	40,000	False
8.1.A Primary Direct	40,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	400	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Ilala

Kinondoni

Temeke

Moshi

Same

Nachingwea

Chunya

Ileje

Magu

Bagamoyo

Mkuranga

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3745.08

Prime Partner: Pastoral Activities & Services
for People with AIDS

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8708.08

Planned Funds: \$700,000

Activity System ID: 13563

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8708

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23309	8708.23309.09	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	10022	3745.09		\$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

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * TB

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	9,000	False
8.1.A Primary Direct	6,000	False
8.1.B Supplemental Direct	3,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk 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

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Ilala
Kinondoni
Temeke
Kibaha
Kisarawe
Mkuranga
Rufiji

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1109.08	Mechanism: N/A
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 3385.08	Planned Funds: \$5,000,000
Activity System ID: 13552	

Activity Narrative: TITLE: Jali Watoto Initiative and Anti-stigma Campaign

NEED and COMPARATIVE ADVANTAGE: Approximately 2.5 million children in Tanzania are classified as orphans and vulnerable children (OVC). The Department of Social Welfare (DSW), under the Ministry of Health and Social Welfare (MOHSW), is responsible for providing care and protection for Most Vulnerable Children (MVC). Pact supports the rollout of the Tanzanian National Plan of Action (NPA) for MVC in 20 districts in Tanzania. The Pact program, known as Jali Watoto, integrates an anti-stigma component into its program through targeted information, education, communication (IEC)/behavior change communication (BCC) activities and community outreach. Pact strengthens the capacity of the DSW at the national level through acquiring staff, supports the identification of children and the establishment of MVC committees in the districts, and provides national coordination as Secretariat to the Implementing Partners Group (IPG). Pact not only implements USG-funded OVC programs, but also uses a similar methodology for serving the needs of OVC under Global Fund Round 4.

ACCOMPLISHMENTS: In three phases, Jali Watoto has scaled up to work in 20 districts and five regions in the last 15 months. Over \$1.8 million has been obligated to 16 new partners in the past year, and the program is now collaborating with 24 partners. The program is on track to reach over 30,000 children with one to three services. Pact has strengthened national level coordination, and identified children in the whole district where those districts have less than 20 wards and in at least 20 wards of all other districts. Jali Watoto has trained almost 3,000 people in approaches to stigma, in addition to writing and producing two new chapters of the 'Challenging and Addressing Stigma Toolkit.' Pact supports coordination of the national IPG, which has over 100 members and represents over 53 organizations.

ACTIVITIES: Pact will provide sub-grant support to 20 districts to establish coordinating structures to mobilize and manage resources and to identify OVC. The OVC identification process will extend to cover all wards in each of the districts to achieve 100% coverage. Pact will continue to closely monitor sub-grantee performance and increase levels of verification of services and reporting. Pact will provide early training and capacity building through a specific program aimed at strengthening the organizational capacity to provide appropriate, quality, and sensitive services to OVC underpinned by good financial, governance, and management processes. Pact will establish a small field office in the Lake Zone to manage increased capacity building and M&E. Through Jali Watoto, Pact will scale up OVC activity in line with the NPA, applying the national identification process for OVC and national Data Management System (DMS). Jali Watoto will collaborate with Most Vulnerable Children's Committees (MVCCs) to coordinate and manage Jali Watoto partners. Jali Watoto will also provide statutory services to OVC who have been identified but not served by their grantees.

Jali Watoto will provide a comprehensive package of three or more basic services to OVC through a transparent rapid grants program to between two and three non-governmental organizations/faith-based organizations (NGOs/FBOs) in each district (increasing in FY 2008 from 24 to around 40). All OVC under both primary and secondary support will be provided with psychosocial services through activities such as peer group counseling. Depending on results of the identification process, which includes an OVC needs assessment prioritizing interventions, issues regarding support for education, nutrition, basic health management, access/referral to health services, shelter, and economic strengthening will be addressed. This sub-granting mechanism will provide sub-grants to implement the NPA for service delivery to identified children. Technical advice and support will be available during the intensive initial training. Capacity-building techniques will be made available on an ongoing basis to enable NGOs/FBOs to reach the required national standards of service delivery.

Through partnerships with elderly support organizations such as HelpAge and other organizations that work with the elderly, Pact will work with elderly caregivers through training and piloting programs that offer support to households that provide care to OVC. In addition, sub-grantees will provide training to primary caregivers to build skills to care for sick OVC, including identification of HIV related illnesses for testing, and referral for care and treatment. Nutritional support will be provided as per USG guidelines, following an upcoming assessment of the most appropriate intervention and method.

Economic strengthening is a key to sustainability. Pact will implement a women's empowerment program called WORTH, built around literacy, savings-led micro-finance, and micro-enterprise development. Women enrolled in WORTH groups save their money on a weekly basis and learn how to read and write. Loans are provided to start small businesses. These activities allow women from the group to generate income from their group lending with interest on loans remaining in the group. Pact is successfully implementing a WORTH pilot program under a subcontract to Salvation Army in Northern Tanzania. This new activity would be implemented in districts that coincide with those in which Jali Watoto is currently working.

Pact will continue to be Secretariat to the IPG, chaired by the DSW and consisting of over 53 organizations and 100 members through managing the e-list and preparing a newsletter and all meeting arrangements and corresponding documents. The IPG aims to increase linkages and wraparound programs among OVC implementing partners, to facilitate the sharing of best practices, and share experiences in the implementation of national standards. The national level IPG meetings will be replicated at regional and district levels in at least two of the five Jali Watoto regions. In collaboration with Family Health International (FHI), Pact will also support the rollout of the DMS and will provide national capacity building as a necessary step to ensure the application of the system and the ability for all IPG partners to utilize data effectively.

LINKAGES: This activity will link with USG-funded OVC programs. Basic mapping will be conducted in the program regions to identify other programs for wraparound possibilities. Replication of the national OVC IPG activities at district and regional levels will be done to enhance linkages, reduce duplication, and support the district's social welfare capacity to coordinate OVC activities. Pact will also link with the appropriate USG palliative care and/or treatment partners in the region to provide support for HIV-positive children. Pact works closely with UNICEF, the DSW, FHI, and MOHSW regional and district offices in Mara, Mbeya, Kagera, Mtwara, and Tabora. The program collaborates with the 20 district councils, council multi-sectoral AIDS committees and MVCCs. Pact will also link with Peace Corps to support the nutritional and economic needs of OVC households.

Activity Narrative: CHECK BOXES: Jali Watoto focuses on providing essential services such as psychosocial support, education, and health care to the OVC in the 20 districts in which Pact is operational. This is implemented by strengthening local NGOs with funding and capacity in order to provide quality services to a significant number of OVC. Children served are those formally identified through the national identification process for which the district authorities are funded and supported. The program also works to support the national level capacity, and to strengthen the coordination and collaboration between government and civil society partners in addition to managing the IPG. Emphasis is placed on addressing stigma as an integral part of service provision.

M&E: Pact will support the DMS, and will use the national system for M&E. They will ensure sub-grantees disclose information about OVC identified at the local levels. In addition to feeding into the national system, Pact will ensure that data is also available to MVCCs at the local level for planning, decision making, and monitoring. Pact will also strengthen the district social welfare and M&E officers and purchase 22 computers in the districts to ensure data quality, systems strengthening, and data access for OVC related initiatives.

M&E Officers will be placed strategically into districts in which Jali Watoto already has a presence in order to conduct regular monitoring visits and provide onsite refresher training. These officers will also work with regional authorities in the five regions to establish M&E officer roles for the program in each region. M&E training will assist sub-grantees to monitor progress against PEPFAR indicators and to report on services delivered. Pact will build on its M&E framework performance-monitoring plan.

SUSTAINABILITY: A selection criterion for NGOs/FBOs for funding is the extent and feasibility of their long-term sustainability plans. Jali Watoto aims to build the capacity of different levels of authority and all local partner organizations involved in the OVC program. Pact will catalyze sustainability by strengthening MVCCs and local NGOs/FBOs. Jali Watoto will utilize work plans, budgets, and reports in order to integrate OVC data into the local government database. The program will focus on training in income generation and entrepreneurial skills to assist households to become stronger, self-sustaining units.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7783

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23294	3385.23294.09	U.S. Agency for International Development	Pact, Inc.	10008	1109.09		\$4,532,842
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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	80,000	False
8.1.A Primary Direct	50,000	False
8.1.B Supplemental Direct	30,000	False
8.2 Number of providers/caregivers trained in caring for OVC	8,000	False

Indirect Targets

Coverage Areas

Biharamulo
 Karagwe
 Bunda
 Musoma
 Serengeti
 Tarime
 Kyela
 Mbozi
 Rungwe
 Masasi
 Mtwara
 Newala
 Nanyumbu
 Bukoba
 Chato
 Misenye

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1028.08	Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 3376.08	Planned Funds: \$150,000

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7736

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23293	3376.23293.09	Department of Defense	Kikundi Huduma Majumbani	9983	1028.09		\$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

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,200	False
8.1.A Primary Direct	1,600	False
8.1.B Supplemental Direct	1,600	False
8.2 Number of providers/caregivers trained in caring for OVC	60	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe

HVCT - Counseling and Testing

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$18,120,010

Estimated PEPFAR contribution in dollars	\$800,000
Estimated local PPP contribution in dollars	\$200,000

Program Area Context:

HIV counseling and testing (CT) is recognized as an important prevention strategy as well as the main entry for HIV/AIDS treatment, care, and support services. As a result, the Government of Tanzania is committed to increasing access to CT services for as many Tanzanians as possible and the USG is a leading partner in this effort.

In 2006, the USG directly supported CT services in approximately 200 VCT sites throughout the country with an emphasis in high prevalence and underserved areas. USG supported VCT sites reached 393,352 clients in mainland Tanzania and in Zanzibar. In 2007, the USG goal was to increase the number of Tanzanians tested to 689,000. Semi-annual progress indicated that USG partners tested 421,624 clients, reaching 61% of the annual target. This reflects a significant increase in access and highlights the great strides made in HIV CT over the past 12 months.

CT services received increased emphasis in FY 2007 with the launch of a national testing campaign on July 14. The testing campaign was initiated following encouragement from the US Ambassador to Tanzania and the UN General Assembly request for Member States to designate a "Voluntary HIV Counseling and Testing Day." This was a historic step forward in Tanzania's HIV prevention efforts, which was strengthened by the President and First Lady's decision to be the first persons tested at the launching ceremony. In the first month of the campaign, approximately 97,000 persons were tested. The USG, with direct funding support and partner participation, has played a critical role in the campaign's success and will continue to support the effort until its culmination on World AIDS Day 2007.

Increasing the number of clients tested and expanding national coverage of CT sites will continue to be facilitated by the change in the national testing algorithm, which was approved in FY 2007. The transition to whole blood, non-cold chain dependent kits permits expansion of CT services to remote regions in the country without consistent power supply. The new testing algorithm is also simpler and quicker, which greatly assists testing accuracy and enables more clients to be serviced. National training on the new algorithm has begun in collaboration with laboratory services and approximately 700 individuals have been trained to date. The USG also has initiated discussions with GOT to utilize finger-pricks to collect blood for HIV tests. This issue was highlighted by the US Secretary of Health and Human Services on a recent trip to Tanzania.

GOT introduced new testing modalities in FY 2007 with technical assistance from the USG. Most notable among these is provider-initiated testing and counseling (PITC). The effective and immediate roll-out of this modality is a high priority for both the GOT and USG to significantly increase access and to facilitate "normalization" of CT services. GOT anticipates that the national PITC guidelines and training curriculum, which were developed in collaboration with a USG partner, will be approved in September 2007. Several partners will implement this approach in FY 2008 and the roll-out of this strategy will significantly increase access to testing in clinical settings. Since PITC will be implemented by numerous partners, most notably several USG treatment partners, an existing partner will continue to work with them and the GOT to help assure coordination and adherence to newly developed guidelines.

Home-based testing is another CT method that was endorsed by GOT in the past 12 months following a “south to south” learning exchange in Uganda. One existing USG partner was funded to pilot home-based testing as a component of its existing home-based care activities. The partner is comparing the acceptability and impact of testing families of index patients versus door-to-door, home-based testing. The lessons-learned will be used to guide the rollout and expansion to other partners, increasing the identification of discordant couples. In FY 2008, one additional USG partner will be funded to expand home-based testing and both partners will work with GOT to introduce non-medical, lay counselors to facilitate better management of greater client loads and to provide the bulk of pre-test and possibly post-test counseling.

Finally, another area of progress within CT has been GOT’s rollout of 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. The revised tools, developed with technical assistance from USG staff and partners, will provide more complete and accurate CT data. USG will continue to support efforts to more fully capture testing data by working with relevant USG treatment, blood safety, TB, and other partners to capture and report the numbers of individuals tested, counseled, and receiving results through these other services.

Despite significant strides forward, 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 2008 both the GOT and the USG will maintain an emphasis on demand creation for the estimated 13.7 million Tanzanians aged 15-49 years who do not know their HIV serostatus, while simultaneously expanding access to CT services to the underserved and most at risk. A priority will also be on ensuring adequate testing supplies and improving service delivery in the coming year.

The USG began addressing demand creation last year and will continue to address this need in FY 2008. One approach is complementary demand creation through a USG supported radio communication partner. The focus will continue to be on “testing literacy”, location information, as well as addressing stigma and discrimination as barriers to testing uptake. Promotion of testing to adult men will be a critical element as they exhibit a low up take of this service. 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. Modalities that are complementary to radio include: drama, education of community leaders, mobilization of PLWA and youth groups, distribution of IEC materials, and door-to-door advocacy.

In addition to demand creation, partners will also continue increasing access to CT services, particularly in high prevalence areas and with most at risk populations. Specific areas of focus include development of services along transportation corridors and the use of mobile VCT centers 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.

The chronic shortage of HIV test kits and testing commodities in the regions and district is another challenge facing GOT and USG in FY 2008. The Partnership for Supply Chain Management (SCMS) will continue procurement of test kit buffer stocks and will offer the GOT a national procurement of test kits related to the new algorithm to support its roll-out. In addition, with the full implementation of the Integrated Logistics System (See SCMS, ARV drugs), test kit procurement will become part of an integrated, single ordering system. USG efforts are supplemented by test kit procurement from the GOT, Japanese International Cooperation Agency, Global Fund and Swedish International Development Agency, and a donation from Abbott Fund.

In FY 2008, USG will begin to address several important issues that will ultimately improve the quality of services. One effort will address the associated risk of alcohol consumption and sexual risk using a brief alcohol assessment and intervention implemented in post-test counseling sessions. A USG partner will implement this activity and the impact of the intervention will be assessed with a planned public health evaluation. It is anticipated that other USG partners would beginning implementing this activity in FY 2009 should it prove effective. USG also will work with GOT to address using a national CT logo to market services, working with Councils to ensure adequate funding for CT services, increasing CT for couples and families, and addressing issues associated with disclosure using findings from recently completed targeted evaluation to identify barriers to self-disclosure of HIV+ status.

USG activities will be implemented through partnerships with 28 prime partners, 10 of which are new to the portfolio, and 145 sub-grantees. 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 530 sites in FY 2008, bringing the overall cost per beneficiary to \$14.68.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	822
9.3 Number of individuals trained in counseling and testing according to national and international standards	7461
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1959859

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1028.08

Prime Partner: Kikundi Huduma Majumbani

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8660.08

Activity System ID: 13508

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$166,975

Activity Narrative: 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 SONGONET-HIV, 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, Rukwa, and 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8660

Related Activity: 13483, 13402

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23487	8660.23487.09	Department of Defense	Kikundi Huduma Majumbani	9983	1028.09		\$170,000
8660	8660.07	Department of Defense	Kikundi Huduma Majumbani	4549	1028.07		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13483	8657.08	6517	3490.08	ROADS	Family Health International	\$500,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	56	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	16	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,400	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Chunya

Mbarali

Mbeya

Rungwe

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4781.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8690.08

Planned Funds: \$500,000

Activity System ID: 13531

Activity Narrative: 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;
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.
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.
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 ART and TB partners.

CHECKBOXES: Coordination of CT services, training of health care workers, service provision for VCT and PITC and supporting the District Health Management Teams (DHMTs) in the roll out of CT services. Disseminate the CT guidelines and training materials to all partners implementing CT services.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8690

Related Activity: 16454, 13402

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23501	8690.23501.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	9958	4781.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4790.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8667.08

Planned Funds: \$2,500,000

Activity System ID: 13557

Activity Narrative: 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.

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. SCMS works with the NACP to collect information on test kit availability and usage and conducts analysis of this data as a basis for determining the requirements for HIV test kits and related supplies. This includes the use of State-of-the-art technology and the knowledge of the nature of these commodities to inform decisions on forecasts. 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.

The policy on provider initiated counseling and testing provides for a more proactive identification of HIV infected persons and their subsequent recruitment into the care and treatment program. This innovative approach is projected to become the more dominant area of use for HIV test kits by the start of the COP 2008 year. There is the need for a nimble and agile supply chain to meet the needs of this activity within the HIV care and treatment program. SCMS proposes to support the development and implementation of a strengthened laboratory logistics management system within the broader framework of the integrated logistics system. This will lead to a stronger use-driven, order-based, and accountable supply system for commodities required for counseling and testing services.

Building on linkages and collaboration with other partners in this area will be crucial for a successful transformation of the laboratory logistics system from its current state to the desired. It is projected that \$4,800,000 of these funds will be for procurement of commodities.

LINKAGES:

SCMS will continue to work with the NACP in quantifying requirements for testing commodities and these will inform the procurement plans developed for both the GOT's own resources and those obtained through GFATM grants.

SCMS will continue to share information with the Japanese International Cooperation Agency (JICA) and synchronize procurement plans to ensure that commodity availability is coordinated to ensure an uninterrupted supply of test kits and related supplies.

In 2006/2007 Abbott made significant donations of test kits to Tanzania in addition to the targeted donation for the PMTCT program. SCMS will provide support to track donations of test kits and related supplies to achieve this end.

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 the medical stores department (MSD) to improve its forecasting and procurement planning for these to ensure that the necessary synergy between these 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.

SUSTAINABILITY:

Capacity building in various areas of supply chain management for HIV testing supplies is on-going through training of health care workers at various levels of the supply chain 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 and with their use. Through supply chain monitoring teams, support will be provided closer to sites and the MSD zonal stores to improve logistics activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8667

Related Activity: 13539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23502	8667.23502.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$1,250,000
8667	8667.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1056.08	Mechanism: N/A
Prime Partner: National AIDS Control Program Tanzania	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 4941.08	Planned Funds: \$550,000
Activity System ID: 13539	

Activity Narrative: 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;
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.

CHECK BOXES: Coordination of CT services, training of health care workers, service provision for VCT and PITC and supporting the Council Health Management Teams (CHMTs) in the roll out of CT services. Disseminate the CT guidelines and training materials to all partners implementing CT services.

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 and PITC) and in directly supports the overall 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7776

Related Activity: 16448, 13402, 13443, 13526,
13498, 13413, 13557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23488	4941.23488.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$400,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13498	8663.08	6526	5218.08		IntraHealth International, Inc	\$1,810,000
16448	16448.08	6509	1221.08		Columbia University	\$300,000
13443	5570.08	6500	2290.08		Bugando Medical Centre	\$500,000
13557	8667.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	96	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	100,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1415.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9085.08

Activity System ID: 13566

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,000,000

Activity Narrative: 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 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.

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 Boline, 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 and TB clinics. 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

Activity Narrative: legal aid in case of gender violence related to disclosure of HIV status.

CHECK BOXES: General population and human development capacity are chosen as counseling and testing will be accessible on consent to everyone while training activities will be included to build the capacity of providers for quality service provision. Geographical coverage will be in line with Tutunzane program areas. The project will strive to make sure that every individual in need of testing is accessing the services. Agreements for wrap around services will be developed with several appropriate partners

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9085

Related Activity: 16440, 13402, 13539, 13557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23494	9085.23494.09	HHS/Centers for Disease Control & Prevention	Pathfinder International	10016	1415.09		\$800,000
9085	9085.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	4571	1415.07		\$620,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13557	8667.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000
16440	16440.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$735,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	36	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	750	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	150,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Karatu
Longido
Ilala
Kinondoni
Temeke
Babati
Mbulu
Simanjiro
Bunda
Musoma
Bariadi
Kahama
Shinyanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1136.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3394.08

Activity System ID: 13571

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$749,500

Activity Narrative: 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: The TPDF expanded CT services to eight military hospitals with 2,568 people tested in the last six month reporting period. A total of 2,327 persons were tested at the largest facility, Lugalo Hospital in Dar es Salaam, in the last 12 months of which 548 were found to be HIV+. A recent "Open House" in Mbeya held by the TPDF tested over 1,000 military and civilians in a two day period showing a 20% prevalence among those tested.

ACTIVITIES: A draft HIV/AIDS Policy which will make HIV testing an integrated part of the annual military medical check-ups has been written by a TPDF Task Force. Authorization of the Policy by TPDF HQ is expected in the last quarter of 2007. An outcome of the new Policy will be that all sites where annual medical check-ups are performed need to be prepared to provide CT.

Supportive supervision will be conducted by teams of experts of Lugalo, the National Military Referral Hospital in Dar es Salaam, and PAI. These visits will be used to assess the capacity of the sites, develop strengthening plans, plan and oversee refurbishments, trainings, M&E, and establish relationships with District and Regional Health Management Teams for strengthening referrals with public facilities.

- 1) Expand CT services with TPDF static sites: 1a) Deliver CT at all eight TPDF hospitals and 30 health centers; 1b) Refurbishing of 3-4 counseling rooms for the 15 new sites; 1c) Strengthen provider initiated testing and counseling (PITC) as part of routine hospital services in out patient clinics (including TB) and in patient wards; 1d) Provide CT to all new recruits and individuals deploying on peace keeping missions; 1e) Retrain/train of a total of 164 clinicians, nurse-counselors, lab technicians and pharmacists or pharmacy assistants: four from each hospital (32), and three from each satellite site (96); 1f) Procure test kits and safety gear (gloves, materials for safe disposal of sharps and other wastes) when not available through the central mechanism; 1g) Provision of condoms organized through linkages with TPDF and District Hospitals.
- 2) Provide mobile CT services to border camps and surrounding communities: 2a) Procure two mobile centers; 2b) Train 15 staff in CT and diagnosis of expected TB cases (and provision of treatment where appropriate); 2c) Conduct bi-monthly visits to 12 border camps.
- 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) Organize post-test clubs (separate ones for negatives and positives); 3c) 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; 3d) Organize HIV/AIDS sensitization campaigns, advocating CT, through home-visits and "community events" in the barracks; 3e) Train women's groups working within the barracks in execution of these campaigns.

LINKAGES: Expansion of CT activities in FY 2007 will be accompanied by strengthening of referral systems, particularly where none exists (annual medical exams). ART, PITC, HIV/TB services under this partner will be executed with the focus of creating close linkages among the activities. HIV-infected men and women will be referred for further evaluation for TB and malaria screening and treatment and ART within the facility or the nearest TPDF or public regional/district hospital. Linkages will be strengthened with Prevention activities under the TPDF HIV/AIDS Program including prevention for positives counseling. PAI will ensure linkages with organizations of women living in the barracks for follow up and reinforcement of prevention messages. For clients in the surrounding communities, linkages with existing local NGOs operating in those communities will be formed as to ensure continuum of care. PAI will continue to collaborate with Regional and District Health Management teams and with other USG partners in CT, for supportive supervision purposes, and technical assistance.

CHECK BOXES: With the new TPDF HIV/AIDS Policy making HIV testing an integrated part of the annual medical check-ups to be authorized soon, special efforts will be put on establishing and preparing health centers and dispensaries for HIV-testing within the military. It is anticipated that this will increase the number of military who are HIV+ requiring evaluation for treatment. This will require focusing more effort on strengthening referral systems between CT and ART.

M&E: Data will be collected both electronically and using paper-based tools and registries. All sites use the paper forms developed by MOHSW. On site electronic data entry will take place with all sites equipped with laptops containing a data base and output functions as developed by UCC for the National C&T program. By supporting the National CT MS, PAI builds local capacity and helps to strengthen the national M&E system. 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 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

Activity Narrative: managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7789

Related Activity: 13570, 13572

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23489	3394.23489.09	Department of Defense	PharmAccess	9984	1136.09		\$750,000
7789	3394.07	Department of Defense	PharmAccess	4572	1136.07		\$920,000
3394	3394.06	Department of Defense	PharmAccess	2838	1136.06		\$490,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13570	5093.08	6551	1136.08		PharmAccess	\$200,000
13572	3390.08	6551	1136.08		PharmAccess	\$2,270,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	38	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	164	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	30,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Arumeru
Monduli
Kinondoni
Temeke
Dodoma
Iringa
Bukoba
Kaskazini A (North A)
Moshi
Mbeya
Morogoro
Kibaha
Songea
Tabora
Tanga
Magharibi (West)

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4082.08

Prime Partner: Selian Lutheran Hospital - Mto
wa Mbu Hospital

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8662.08

Activity System ID: 13590

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$272,600

Activity Narrative: 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. (e) 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.

CHECK BOXES: Human resource capacity building is crucial for counselors to provide quality services to the client. In-depth counselor training will be done through NACP or AMREF or abroad. Medical personnel should undergo HIV testing training according to government new testing algorithm and laboratory procedures.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8662

Related Activity: 13587, 13588, 13589, 13591

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23500	8662.23500.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$273,000
8662	8662.07	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	4580	4082.07		\$60,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13587	8220.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$91,968
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
13589	6517.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$150,000
13591	6518.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$774,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arumeru

Arusha

Monduli

Simanjiro

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4960.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 12467.08

Activity System ID: 13599

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$450,000

Activity Narrative: TITLE: Rollout of Provider-Initiated Testing and Counseling (PITC) Training through the Zonal Training Centres

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.

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:

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, CDC, ZTCs, FHI, IntraHealth, MHIC, BMC and AMREF in the enhancement of PITC training materials. 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, and from one facility to another. Referral of clients from health facilities to community support groups, where they exist, will be established or enhanced.

CHECK BOXES: Human Capacity Development/in-service training: this activity addresses in-service needs of PITC training for healthcare providers. Local Organization Capacity Development: These activities will build the capacity of ZTCs to provide and coordinate PITC trainings. They will also strengthen the capacity of ZTCs to monitor and evaluate PITC trainings. Strategic Information: these activities will strengthen MOHSW and ZTC capacity to build the training database. The M&E activities will help to determine the effectiveness of PITC trainings and help revise the materials or the design of future courses.

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 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 ZTC and in each of the implementing hospitals. All the 200 healthcare providers will be trained in data-collection using the national tools, reporting, and utilization. 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 ZTCs 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, and local organizations 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12467**Related Activity:** 13483, 13498, 13539, 13443,
13425**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23506	12467.2350 6.09	HHS/Health Resources Services Administration	University of Washington	9917	4960.09	ITECH	\$450,000
12467	12467.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13483	8657.08	6517	3490.08	ROADS	Family Health International	\$500,000
13498	8663.08	6526	5218.08		IntraHealth International, Inc	\$1,810,000
13425	3431.08	6489	1182.08		African Medical and Research Foundation	\$1,500,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13443	5570.08	6500	2290.08		Bugando Medical Centre	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	400	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Coverage Areas

- Mbinga
- Tunduru
- Iramba
- Manyoni

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1182.08	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 3431.08	Planned Funds: \$1,500,000
Activity System ID: 13425	

Activity Narrative: The African Medical and Research Foundation (AMREF) Counseling and Testing (CT) program (also called ANGAZA meaning 'shed light') was founded in 2001 with USAID support. In FY 2006, AMREF employed a combination of strategies to implement the program including the provision of sub-grants to partners who run either stand alone and/or integrated CT services; VCT services to rural and underserved population through mobile clinics; and social marketing campaigns to create demand for services through promoting the ANGAZA brand. Through these strategies, cumulatively, AMREF trained 838 counselors and reached 364,387 people with VCT services in FY 2006. Despite the above efforts, AMREF encountered several barriers that affected utilization of CT services. C&T coverage is still inadequate and does not reach the entire population. While there are significant numbers of facilities and organizations providing various forms of counseling and testing (approximately 975) this represents only 1/5th of all the health facilities in the country. Other barriers include inadequate number of counselors to provide services; high counselor turnover in some sites; 'longer' counseling sessions (protocol dependant); and delays in adopting provider initiated testing and counseling due to lack of a National PITC policy document. Funding for FY 2006 activities has recently been received and since AMREF's cooperative agreement comes to an end in June 2007, initially, "zero funds" were required to reach the goals proposed in this narrative. In FY 2007, AMREF will deploy several strategies to address the barriers mentioned above and to improve C&T coverage. It will continue to provide CT services through the existing 65 static and 11 mobile sites. The program will increase accessibility to CT services through additional sub-grants to FBOs, NGOs and Governmental organizations, resulting in a total of 75 sub-grantees being supported by AMREF in FY 2007. As part of its work with sub-grantees in FY 2007, AMREF will prepare them for hand-over to the new TBD partner (activity #8656). PITC will be expanded in clinics through integration into services such as TB, STI and MCH and inpatient settings, following national guidelines, protocols and training curriculums to be developed by the Ministry of Health and Social Welfare (MOHSW). As a participant in the national CT working group, AMREF will advocate for links with care and treatment, family planning services, and home-based and palliative care. Subsequent to the development of national training curriculums, the program will carry out PITC training for 240 providers, including updates in strategies for testing children, C&T for the disabled, and lay counselors. Access to C&T will be improved and expanded through an increase in mobile services provided via vans, motorcycles, and bicycles. Through leasing, AMREF will introduce a boat with a mobile VCT clinic on Lake Victoria to access hard to reach fishing communities on the several islands on the lake. In keeping with the MOHSW guidance, AMREF will support the use of "lay counselors" and work with sub-grantees to implement this new initiative. AMREF will continue to create demand for Counseling and Testing services through innovative social marketing techniques and community mobilization methods. The program will continue to promote and advocate for couples counseling and disclosure, engage churches, mosques and other religious setting, and facilitate premarital counseling and testing. The communication tool to facilitate couple disclosure developed during FY 2006 will be scaled-up to other ANGAZA sites. AMREF will work with the MOHSW in phasing out the old (Capillus and Determine sequential testing using venous blood draw) and adopting of the new, to be determined, HIV testing algorithm and will engage/rely on the new SCMS mechanism to procure and distribute buffer stock of test kits and other commodities. Psychosocial support to clients diagnosed as HIV infected will continue to be provided through Post Test Clubs (PTC), ensuring linkages for continuum of care including referral to care and treatment clinics (CTC) for assessment, staging and consideration of antiretroviral therapy as well as the provision of prophylaxis for opportunistic infections. Monitoring and evaluation (M&E) will be strengthened to ensure quality services and efficient reporting. AMREF shall collaborate with VCT district supervisors to conduct mystery client and client exit survey in the selected sites. AMREF will liaison with MOHSW/CDC to ensure the quality of HIV testing is maintained according to national standards. In order to enhance sustainability, the program will (i) ensure sites with VCT activities supported by AMREF are integrated in the district's Comprehensive Council Health Plans (CCHP), so that the financial support to these services is picked up by the local authorities; and (ii) work with districts to decentralize the supervision of these services to the Council Health Management Teams (CHMTs). This will ensure districts take over management oversight of the services. Through these strategies, AMREF anticipates that a total of 311,278 individuals will access VCT services in FY 2007; however, as these were captured in FY 2006, targets here are zero. Through the ANGAZA program, AMREF has extensive experience training and implementing a range of interventions including capacity building, social marketing and provision of VCT services. The NACP has recently adopted the Provider Initiated Testing and Counseling approach in an effort to strengthen and broaden opportunities for clients to access HIV services. The MOHSW is now in the process of developing new technical guidelines, protocol and manuals with a view of rolling out the program at a national level. The USG has identified AMREF as one of several partners to assist MOHSW to rapidly pilot the training phase of this approach. Plus up funds will be used under the leadership of MOHSW and in close collaboration with other USG partners to pilot the PITC training materials. AMREF will utilize its two training classrooms at its headquarters, experienced trainers (2 clinical and 4 laboratory technicians) and other resource persons to support the Ministry with the pilot. They will run two classes of 25 participants each for five days and through 4 training sessions and in total will train over 200 participants. In carrying out the pilot training, the AMREF team will keep track of the training process, document issues and questions that arise so that it can provide inputs to the national roll-o

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8672

Related Activity: 13526, 13539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8672	3431.07	U.S. Agency for International Development	African Medical and Research Foundation	4512	1182.07	USAID	\$200,000
3431	3431.06	U.S. Agency for International Development	African Medical and Research Foundation	2852	1182.06	USAID	\$4,220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	73	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	360	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	466,128	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Arusha
Ilala
Kinondoni
Temeke
Dodoma
Iringa
Makete
Mufindi
Njombe
Biharamulo
Bukoba
Karagwe
Ngara
Kigoma
Moshi
Mwanga
Same
Lindi
Nachingwea
Babati
Kiteto
Simanjiro
Bunda
Musoma
Serengeti
Tarime
Chunya
Mbeya
Mbozi
Rungwe
Kilombero
Morogoro
Masasi
Magu
Misungwi
Sengerema
Ukerewe
Bagamoyo
Nkasi
Sumbawanga

Mbinga
Songea
Tunduru
Kahama
Shinyanga
Singida
Nzega
Tabora
Korogwe
Tanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7408.08	Mechanism: N/A
Prime Partner: PharmAccess	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 12466.08	Planned Funds: \$400,000
Activity System ID: 13393	

Activity Narrative: 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

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 capacity, PAI will work with the respective authorities to build local authority's technical and managerial capacity to manage the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12466

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23509	12466.2350 9.09	U.S. Agency for International Development	PharmAccess	9996	7408.09		\$350,000
12466	12466.07	U.S. Agency for International Development	PharmAccess	8841	8841.07	PharmAccess-USAID	\$220,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	24	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	96	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Coverage Areas

Arusha

Ilala

Temeke

Dodoma

Iringa

Bukoba

Moshi

Mbeya

Morogoro

Nyamagana

Songea

Tabora

Tanga

Mjini (Urban)

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7569.08

Mechanism: N/A

Prime Partner: Strategic Radio
Communication for
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4931.08

Planned Funds: \$380,000

Activity System ID: 13402

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8917

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23510	4931.23510.09	U.S. Agency for International Development	Strategic Radio Communication for Development	9997	7569.09	STRADCOM	\$380,000
8917	4931.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$380,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4896.08

Prime Partner: Balm in Gilead

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8684.08

Activity System ID: 13442

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$351,140

Activity Narrative: 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 has 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 training six counselors; procuring vehicles and tents; buying test kits according to the approved national algorithm, which is suitable for testing in field conditions for testing; and marketing the newly created services. Counselors/health care workers will be trained by AMREF.
- 2) Support three post-test clubs. Each testing site will support clients who have tested and received their results to form clubs that will encourage members to adopt safe behavior practices through discussions, drama, and sports. Staff at the units will also refer those who test positive to care and treatment services available in the area.
- 3) 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 plan will be developed in collaboration with lab personnel in the three regions.

LINKAGES: BIG and its consortium partners will collaborate with district health services to establish a referral system for clients who will need treatment or other social services. The consortium will work closely with other CT providers such as AMREF to replicate the best practices in counseling and testing. Collaboration will also facilitate suitable deployment of mobile services to avoid duplication. Mobile CT services will link with organizations that are working on prevention of drug and alcohol abuse so that they may lead discussions and provide learning materials to post test clubs. The BAKWATA run mobile CT Center in Kigoma will provide outreach CT services to The International Rescue Committee in Kasulu as need arises.

CHECK BOXES: Fewer males took an active part in the mobilization campaign; therefore, extra efforts must be put to involve men in testing. The counselors for this program will be recruited from willing healthcare workers who will undergo a one month counseling training course. The target group for testing will be 15 – 45 years male and female clients. Children under 15 years may be tested with parental or guardian consent in accordance with national guidelines.

M&E: BIG has a M&E system that covers the national office and regional desks and will adopt its M&E system to be in line with the National Monitoring System on HIV/AIDS. Paper-based data collection tools have been developed for the collection of data from service outlets which will be collected at regional level by partners and passed to the M&E manager of BIG. The program also is in line with PEPFAR monitoring and evaluation practices.

SUSTAINABILITY: BIG has already built linkages with NGOs, CBOs and the local government in all areas where HIV counseling and testing services will be established. The program is owned by the local communities. They have contributed resources through voluntarism. The sustainability of the mobile services is based on the linkages with government and other non-governmental organizations as well as the local ownership. The FBOs will continue to maintain and manage the testing facilities as the FBOs are more trusted by the communities in terms of confidentiality.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8684

Related Activity: 13402, 13539, 13416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23503	8684.23503.09	HHS/Centers for Disease Control & Prevention	Balm in Gilead	10024	4896.09		\$350,000
8684	8684.07	HHS/Centers for Disease Control & Prevention	Balm in Gilead	4896	4896.07	Balm in Gilead	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	12	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	12,500	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Iringa

Ludewa

Kigoma

Masasi

Mtwara

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2290.08

Prime Partner: Bugando Medical Centre

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5570.08

Activity System ID: 13443

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$500,000

Activity Narrative: 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 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.

CHECK BOXES: The areas of emphasis were chosen because human capacity development will target health care and community providers. HIV test will target all age groups in the general population and patients seeking care.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7686

Related Activity: 13599, 13539, 13498, 13557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23496	5570.23496.09	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	9975	2290.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13599	12467.08	6564	4960.08	I-TECH	University of Washington	\$450,000
13498	8663.08	6526	5218.08		IntraHealth International, Inc	\$1,810,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13557	8667.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	184	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	25,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Biharamulo
Bukoba
Karagwe
Muleba
Ngara
Chato
Misenye
Kasulu
Kibondo
Kigoma
Bunda
Musoma
Serengeti
Tarime
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5218.08

Prime Partner: IntraHealth International, Inc

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8663.08

Activity System ID: 13498

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,810,000

Activity Narrative: 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 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.
- 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) In collaboration with WAMATA, 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 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. To enhance a transparent partnership, IHI will sign a comprehensive memorandum of understanding with each respective region.

CHECK BOXES: The 15 districts that were chosen for introduction of PITC services are densely populated, with very few VCT sites. PITC services will be introduced in each facility with a focus on family planning clinics, STI clinics, under-five clinics, and in-patient wards. The project also plans to introduce a workplace component targeting one military facility and one facility serving Ngorongoro conservation area in Arusha region.

M&E: All supported sites will use Ministry of Health (MOH) daily registers and monthly summary forms for 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 PITC services, each region will have its own trainers. This means that even at the end of the project, 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 PITC services including the integration of PITC services into annual comprehensive council health plans. This will result in re-training of health workers and procurement of test kits by each

Activity Narrative: district through its basket grant or other sources of health financing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8663

Related Activity: 13599, 13402, 13539, 13416,
13557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23508	8663.23508.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	9938	5218.09		\$1,950,000
8663	8663.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5218	5218.07		\$1,050,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13599	12467.08	6564	4960.08	I-TECH	University of Washington	\$450,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13557	8667.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	37	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	800	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	80,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Bukoba
Muleba
Kasulu
Kibondo
Kigoma
Magu
Rufiji
Bukombe
Kahama
Shinyanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3532.08

Prime Partner: International Rescue
Committee

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4934.08

Activity System ID: 13493

Mechanism: N/A

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$100,000

Activity Narrative: 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.

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

Activity Narrative: with local NGOs working in the host communities on HIV/AIDS programs to better mitigate the effect of refugees repatriation on these local communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8659

Related Activity: 13539, 13456

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23498	4934.23498.09	Department of State / Population, Refugees, and Migration	International Rescue Committee	10184	3532.09		\$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	15	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Refugees/Internally Displaced Persons

Coverage Areas

Kibondo

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3490.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: ROADS

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8657.08

Planned Funds: \$500,000

Activity System ID: 13483

Activity Narrative: 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 construction/renovation of C&T space, 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8657**Related Activity:** 13422, 13481**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23497	8657.23497.09	U.S. Agency for International Development	Family Health International	10567	3490.09	ROADS	\$500,000
8657	8657.07	U.S. Agency for International Development	Family Health International	4538	3490.07	ROADS	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13422	3424.08	6487	1175.08		Academy for Educational Development	\$3,900,000
13481	3460.08	6517	3490.08	ROADS	Family Health International	\$650,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	120	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Kinondoni

Njombe

Kahama

Mbozi

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7570.08

Mechanism: N/A

Prime Partner: Mbeya HIV Network Tanzania

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 16967.08

Planned Funds: \$170,995

Activity System ID: 16967

Activity Narrative: 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 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.

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13483, 13508, 13402

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13483	8657.08	6517	3490.08	ROADS	Family Health International	\$500,000
13508	8660.08	6530	1028.08		Kikundi Huduma Majumbani	\$166,975
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Construction/Renovation

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	80	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples
People Living with HIV / AIDS
Religious Leaders
Teachers

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbozi
Rungwe

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7571.08
Prime Partner: Resource Oriented
Development Initiatives

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16968.08

Activity System ID: 16968

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$217,760

Activity Narrative: 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 NGOs have yet to be 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17021, 17005, 16988, 13402

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17021	17021.08	7571	7571.08		Resource Oriented Development Initiatives	\$97,230
17005	17005.08	7571	7571.08		Resource Oriented Development Initiatives	\$95,200
16988	16988.08	7571	7571.08		Resource Oriented Development Initiatives	\$160,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	25	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7580.08

Prime Partner: SONGONET-HIV Ruvuma

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16970.08

Activity System ID: 16970

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$134,040

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16966, 17006, 17012, 16985, 13402

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16966	16966.08	7580	7580.08		SONGONET-HIV Ruvuma	\$105,060
17006	17006.08	7580	7580.08		SONGONET-HIV Ruvuma	\$67,830
17012	17012.08	7580	7580.08		SONGONET-HIV Ruvuma	\$331,636
16985	16985.08	7580	7580.08		SONGONET-HIV Ruvuma	\$100,000
13402	4931.08	7569	7569.08		Strategic Radio Communication for Development	\$380,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	34	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	12	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1228.08	Mechanism: M&S
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 16971.08	Planned Funds: \$100,000
Activity System ID: 16971	
Activity Narrative: 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.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7573.08	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: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 16969.08	Planned Funds: \$110,000
Activity System ID: 16969	

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	6	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Monduli

Ngorongoro

Dodoma

Iringa

Biharamulo

Kasulu

Kibondo

Kigoma

Same

Kilwa

Liwale

Ruangwa

Babati

Simanjiro

Bunda

Serengeti

Tarime

Chunya

Mbarali

Kilombero

Morogoro

Ulanga

Masasi

Magu

Bagamoyo

Kisarawe

Rufiji

Mpanda

Nkasi

Songea

Tunduru

Bariadi

Meatu

Manyoni

Sikonge

Urambo

Lushoto

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16439.08

Activity System ID: 16439

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$200,000

Activity Narrative: 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 RFE-PPP 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 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$200,000

Estimated local PPP contribution in dollars \$200,000

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8030.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16440.08

Activity System ID: 16440

Mechanism: Community Services

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$735,000

Activity Narrative: TITLE: Scaling-Up Home Based Counselling 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13566	9085.08	6550	1415.08		Pathfinder International	\$1,000,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	24	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	2,821	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	102,308	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Dodoma

Iringa

Kilolo

Makete

Mufindi

Njombe

Morogoro

Mvomero

Geita

Ilemela

Magu

Misungwi

Nyamagana

Bagamoyo

Mkuranga

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16448.08

Activity System ID: 16448

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: 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 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 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+ and HIV- to receive robust prevention supports (e.g., condoms, behavior change).

CHECKBOXES: CU will focus primarily on expanding VCT in all regional, district and health centers in the four regions where it works – building local human and management capacity to manage the program. Gender is a focus as more women than men receive care and treatment – CU will target men and MARPs for HCT. Target populations include the general population on in patient wards, TB and STI clients. MARPs are targeted especially on Zanzibar (MSM, IDUs, and youth) and also fishing villages and islands in Kagera.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16454, 13539, 13443, 13498,
13557

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13498	8663.08	6526	5218.08		IntraHealth International, Inc	\$1,810,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13443	5570.08	6500	2290.08		Bugando Medical Centre	\$500,000
13557	8667.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	90	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	55,651	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Ilala
Kinondoni
Temeke
Biharamulo
Bukoba
Karagwe
Muleba
Ngara
Chato
Misenye
Micheweni
Wete
Kaskazini A (North A)
Kaskazini B (North B)
Kasulu
Kibondo
Kigoma
Chakechake
Mkoani
Kati (Central)
Kusini (South)
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji
Mjini (Urban)
Magharibi (West)

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3745.08

Prime Partner: Pastoral Activities & Services
for People with AIDS

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16453.08

Activity System ID: 16453

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13539

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Workplace Programs

Wraparound Programs (Health-related)

- * TB

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	21	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	30,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk 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

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Ilala
Kinondoni
Temeke
Kibaha
Kisarawe
Mkuranga
Rufiji

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1470.08	Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 9608.08	Planned Funds: \$42,600
Activity System ID: 13629	
Activity Narrative: 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.

SUSTAINAIBILITY: The technical assistance and support provided by HHS/CDC will ensure a long term sustainable system for CT services in Tanzania.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9608

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23495	9608.23495.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$91,557
9608	9608.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$34,718

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4950.08

Mechanism: GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4944.08

Planned Funds: \$29,400

Activity System ID: 13650

Activity Narrative: TITLE: HIV CT Activities, Management and Staffing (GHAI)

ACTIVITIES:

This activity is split-funded between GAP and GHAI. Please refer to activity #9608 for the activity narrative for this position.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7835

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23505	4944.23505.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$21,600
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

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9308.08	Mechanism: MUCHS
Prime Partner: Muhimbili University College of Health Sciences	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 21423.08	Planned Funds: \$100,000
Activity System ID: 21423	
Activity Narrative: The \$100K is being reprogrammed to program services for conseling and testing activities. From TBD to new prime partner mechanism. Previously a sub-grantee though MOH, Muhimbili was recently awarded a coag to conduct these activities. See narrative for activity 4941.08 for the narrative.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs
 Budget Code: HTXD
 Program Area Code: 10

Total Planned Funding for Program Area: \$23,918,743

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

There are few ingredients more important for the success of HIV/AIDS care and treatment scale up than a reliable source ARV drugs and related commodities. This an area that is receiving increased attention from the USG/Tanzania program and the support it provides to strengthen national systems. In Tanzania, first-line ARV drugs are procured by the Ministry of Health and Social Welfare (MOHSW) with Global Fund or other donor funds, and the US Government (USG) funds second-line and pediatric formulations. The USG supports the strengthening of the national system, the quantification for all drugs and related commodities, and funds the purchase of commodities when requested by the MOHSW.

Though anti-retroviral drugs have been in sufficient stock in the last year, the steady stream of related commodities has been a significant problem. Many of the problems stem from protracted Government of Tanzania (GoT) procurement processes. Strengthening the national system is a critical priority. Within the national system, the MOHSW's Pharmaceutical Supply Unit (PSU) is responsible for issuing tenders for all essential drugs and commodities funded by the GoT, which are handled by a Ministerial Tender Board. The Medical Stores Department (MSD), a parastatal located within the MOHSW, manages the procurement and distribution process. All ARVs imported into Tanzania, regardless of who purchases the goods, must be in conformity with the National Standard Treatment Guidelines and they must be registered with the Tanzania Food and Drug Authority (TFDA). Pharmaceutical products are also subject to sampling and quality assurance testing upon importation.

The USG remains committed to the current arrangement with the GoT and continues to avoid the creation of a two-tiered system for distributing drugs by working cooperatively with the GoT on the procurement and distribution of ARVs. All of the Emergency Plan programs are dependent on a functional procurement and distribution system. This will be a critical point of attention given the USG's support of Tanzania's ambitious plan to expand ART from 200 current sites to 500 additional sites in remote health centres. This plan, combined with the GoT's goal of reaching up to 400,000 patients in the next year will test the limits of the MSD distribution system.

To bolster the MSD distribution system, the USG and its partners continue to provide assistance to the MSD to strengthen its management and reporting systems. The USG has provided support and technical assistance to scale up the Integrated Logistics System (ILS) for essential drugs and commodities including PMTCT, ART, and home-based care. The ILS serves as the backbone for data management at the MSD and it was initially piloted in two of the country's 21 regions and by now has been scaled up to seven additional regions. The ILS was recently assessed and compared favorably to the pre-packed "push" reporting system that is used in all other districts. The USG team plans to expand the ILS out to all regions with FY 2008 support, which will greatly improve the supply of the commodities.

With FY 2008 support, the USG will support the GoT in analyzing facility-level data gathered through the ILS system, as well as the older reporting system (called Indent). SCMS will continue to strengthen the capacity of the National AIDS Control Programme (NACP) and MSD staff in the areas of data analysis, quantification, forecasting, procurement scheduling and pipeline monitoring. This critical information will allow the GoT to more effectively call on donors for support and/or plan future Global Fund proposals according to hard data on supply pipelines and accurate quantifications. Technical assistance on quantification and procurement has also been offered to the MOHSW for their Medical Diagnostics Unit, which is responsible for lab reagents, so as to help avoid the frequent reagent stock outs.

The USG will continue to support regional and zonal teams that work at facilities on monitoring stock, quantifying drug requirements, and providing on-the-job training on data management and reporting through the ILS. These teams also serve as an early warning system if stock of HIV-related commodities becomes dangerously low. A supervisor, based in Dar es Salaam, will coordinate these teams and serve as the link between the central MSD warehouse and the eight zonal stores. These teams will begin to work more closely with facilities to ensure that reporting and ordering forms are filled out correctly and will ensure that private, non-facility based partners are able to access the commodities purchased with PEPFAR funding and fed through the MSD system.

Finally, the management of USG supply chain logistics and procurement activities will spearheaded by a Procurement and Logistics Advisor recently hired through a Personal Services Contract, who will manage the SCMS activities in Tanzania. The Procurement and Logistics Advisor will work across USG agencies to coordinate activities related to procurement, supply chain, drug donations, and anticipate bottlenecks in the procurement process. The Procurement and Logistics Advisor will also play an important role in liaising with GoT counterparts on critical commodity supply issues.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1228.08	Mechanism: M&S
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 9177.08

Planned Funds: \$350,000

Activity System ID: 13613

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9177

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23207	9177.23207.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$393,000
9177	9177.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$310,343

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4790.08

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3433.08

Planned Funds: \$23,568,743

Activity System ID: 13558

Activity Narrative: TITLE: Procurement and Supply Chain Management of ARV Medicines.

NEED and COMPARATIVE ADVANTAGE: There are 200 care and treatment centers providing antiretroviral therapy, expected to increase to over 700 sites during 2007. The Supply Chain Management System (SCMS), supported by the USG, has provided technical assistance in forecasting and procurement of antiretroviral (ARV) drugs. More than 100,000 patients will be on ARV treatment by the start of the FY 2008, and the need for dependable forecasting and quantification services will be ever more crucial to the success of the national care and treatment 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 be crucial for scaling up and maintaining ARV availability in the future.

ACCOMPLISHMENTS: All the USG procurements during the past year have been done through SCMS and its partners. USG support, through SCMS, has ensured that the Tanzania ARV treatment program has not experienced any stock-out situation since its inception in October 2004 and SCMS is committed to maintaining this level of performance.

ACTIVITIES: With FY 2008 funding, key SCMS activities include:

1) Procurement of ARVs: procurements are divided between the Government of Tanzania (GoT) and USG, based on a Memorandum of Understanding (MOU). For ARVs that will be procured by the USG as its contribution to the pool, SCMS will be the procurement mechanism. Nearly 85% of the total budget is for the ARV procurements.

2) National quantification and procurement planning activities for ARV supplies: this will involve working with the National AIDS Control Programme (NACP) and the Medical Stores Department (MSD) to accurately quantify all ARVs for first- and second-line patients.

3) Strengthening of the logistics system: ARVs supplies are delivered to the Care and Treatment Clinics (CTCs) through a PULL system, which has sites placing orders monthly and MSD making shipments directly to the sites through a system of Report and Requests submitted monthly. The system has an in-built buffer stock at the site level to make up for growth in consumption and to provide for the time taken for order processing and delivery by MSD. While no major breakdowns affecting service delivery has occurred to date, the system is not as smooth running as desired. SCMS will provide training of new sites and refresher training as well as make improvements to the system to enhance efficiency

Also, in late FY 2007, SCMS will establish a Supply Chain Monitoring Teams in all the MSD zones in the country. These teams will provide logistics capacity building support to CTCs and their respective MSD zonal stores, as well as Regional and Council (district) Health Management Teams. Support through on-the-job training and coaching will enable sites to implement tasks in logistics management as required. SCMS will foster collaboration with other partners in the area of clinical care to enhance the overall quality of care delivered at the CTCs. By partnering with Care and Treatment partners in the regions, comprehensive site support will be provided to CTCs.

4) Complete the implementation of the Integrated Logistics System (ILS): the ILS has now been implemented in seven regions, and several more are in transition to the ILS. For cost-efficient handling of commodities, facilities need to have greater control of the supply of commodities by determining their specific needs and placing orders consistent and with their use (i.e., phase out the pre-packed kit system). The USG will support expansion of this system into the remainder of regions by the end of 2008.

5) Address program complexities: the expansion to over 700 sites delivering ART services will require a rethink of some of the technical aspects of the distribution system in place. For instance, the need for MSD to deliver to all 700 sites on a monthly basis with all the complexities introduced by late and non-reporting and a lack of synchronization of reporting and delivery times will make the ARV logistics system cumbersome and difficult to implement.

6) Develop/strengthen a Pharmacovigilance system: In March 2007, the World Health Organization put out an alert about some of the untoward effects associated with the use of Stavudine 40mg formulations. This and other events, such as the recall of Viracept formulations in April/May 2007, prompt discussions on the recommended treatment guidelines and the need to put out guidance from the national level to guide clinicians in their work across the nation. Such events also often highlight the lack of a systematic mechanism of collecting and reporting data on drug use at the country/local level to guide such discussions. SCMS will work with the Ministry of Health and Social Welfare/Tanzanian Food and Drug Authority/NACP to develop/strengthen a national Pharmacovigilance system for collecting important data on the use of ARVs at the national level to guide decision making on safety, efficacy and related matters derived from widespread use of these drugs in the population.

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 strengthen the warehousing and distribution of ARV drugs. The design and implementation ARVs Logistics Management Information System are done in concert with these two key partners. Annual national forecasts are conducted and procurement is either by GoT or USG, dictated by the terms of an MOU between the USG and the GOT. SCMS is the procurement mechanism used by the USG and this is expected to remain so in FY 2008 period, though SCMS is expecting to play a larger role in mobilizing the drug procurement funds from other donors. PEPFAR Treatment Partners obtain their supply of ARVs from the national pool of drugs. Capacity of Partner-supported sites to manage the logistics system adequately has been ensured through system strengthening activities by SCMS.

CHECK BOXES: As more sites are trained to implement ART services (nearly all of the 700 sites will soon be under the USG treatment partners), SCMS will continue to support the capacity building of these sites in Supply Chain Management.

M&E: Performance in this activity will be measured by the availability of supplies to support service delivery. Quantities and volumes procured and distributed, as well as stock out situations, will be reported to track

Activity Narrative: performance.

SUSTAINABILITY: Capacity building in various areas of Supply Chain Management for ARV medicines is ongoing through training of health care workers at various levels of the supply chain 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 and with their use. Through Supply Chain Monitoring Teams, support will be provided closer to sites and the MSD zonal stores to improve logistics activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7733

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23208	3433.23208.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$21,069,743
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

Indirect Targets

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$110,542,070

Amount of Funding Planned for Pediatric AIDS	\$11,623,431
Estimated PEPFAR contribution in dollars	\$2,700,000
Estimated local PPP contribution in dollars	\$3,219,000
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

An estimated 400,000 Tanzanians have advanced HIV infection and would benefit from HIV treatment. The Government of Tanzania (GoT) has made significant progress in expanding access to antiretroviral therapy (ART) with the number of service outlets providing ART increasing from 32 in 2004 to over 200 in 2007. At the end of March 2007, 71,584 patients were currently

on ART, compared with approximately 30,000 one year earlier. Logistical systems for the distribution of medications and ART monitoring systems were strengthened. Availability of drugs has improved and the “pull” system (where ART sites order drugs based on need) has been fully implemented. This resulted in no reported stock-outs in ART drugs in 2007.

With assistance from USG, technical guidelines for clinical care and treatment of HIV-infected adults and children were developed and are currently under review. Standard operating procedures for early infant diagnosis (spearheaded by a USG implementing partner) and guidelines for active case-finding of HIV-exposed children at routine immunization clinics are being finalized by the pediatric technical working group jointly with the lab team. Guidelines for implementation of provider-initiated testing and counseling (PITC) are being implemented. However, the pediatric procedures need yet to be developed.

As of March 2007, 124 service outlets are providing ART to adults and children; 1,124 and 150 health care workers have been trained in adult and pediatric ART services respectively; 118,221 adults and children are in HIV care; and 62,978 adults and 5,982 children are currently on ART with USG support alone. Of those enrolled in ART, 79.8% are alive and on ART at 12 months of therapy.

Despite this promising progress, Tanzania continues to face human capacity shortages, limited laboratory capacity, fragile procurement systems, and weak referral systems; all of which have been compounded by technical and policy challenges. To address these deficiencies, and to contribute to sustainability, the most notable change in the USG-funded approach has been the implementation of a regional strategy. In FY 2006, under the leadership of the National AIDS Control Program (NACP) and the USG team, and in collaboration with USG implementing treatment partners, each partner was assigned specific regions, and given the mandate to strengthen ART services and coordination with other HIV related programs at all of the GOT treatment sites within their designated regions. The partners are working with the regional and district governmental authorities in their assigned regions to plan and budget for the provision of ART services at regional, district, and health-center levels. Through this process, the geographical scope of direct USG support has increased, and is more aligned with the national plan. Currently, 19/21 regions on Tanzania mainland are directly supported by a USG treatment partner, and in FY 2008 the remaining two regions will also receive support through USG. National coordinating bodies such as the NACP and the Zanzibar AIDS Control Program (ZACP) will receive ongoing assistance in FY 2008 with planning of regular stakeholder meetings, developing and implementing national guidelines, and by strengthening the national monitoring and evaluation system.

Sustainability is a hallmark of the USG approach, and a few sites have “graduated” to a direct funding relationship with the USG, allowing ART partners to support additional new facilities. The GOT has ambitious plans to expand some ART services (for example, follow up of stable patients and initiation of standard first line ARV regimens) to a total of 500 health centers by the end of 2007. Additional demand for ARV services will be created through an ongoing national testing campaign. The goal of the GoT is to test a total of 4,000,000 individuals until the end of 2007.

With the regional approach established, the USG and its partners are in an excellent position to actively support the GoT expansion plans. To address health-care staff shortages, USG staff and partners will assist with the implementation of the emergency hiring plan supported by reprogrammed Global Fund monies (see OPSS). Mkapa Fellows, a program which provides incentives for health care workers posted in remote areas, will also be utilized. Preceptors are identified to provide mainly clinical support for implementing partners to assist with the roll out of ARV services.

Although some district authorities have access to basket funds to support ART scale-up, the administrative and technical expertise to efficiently manage and expend these funds is weak. In FY 2008, the USG will supplement this with direct USG funds, and provide technical assistance to build the capacity and coordination of these authorities in both management and provision of supportive supervision of treatment services in their regions/districts.

USG partners will ensure that all facilities will receive agreed-upon standards for a minimal level of support. These will include improved training of a primary and secondary team of ART clinic staff, provision and participation in regular supportive supervision site visits, active promotion of provider-initiated HIV testing, support for prevention with positives (PWP) programs, post-exposure prophylaxis, advocacy for inclusion of ART services within the regional and district budgets, strengthening of systems for case-reporting and record keeping as per national standards, establishment of clinical mentoring from regional hospital/partner by distance communication (mobile phone), and development/strengthening of referral systems and linkages to community care programs.

Facilities will be renovated as needed to improve patient flow and confidentiality, and will receive equipment and supplies not provided from the GoT or Medical Stores Department; this will be done in coordination with the GoT to ensure essential equipment maintenance and support through the national system. Most procurement of drugs, reagents, and other commodities will occur through the partnership with Supply Chain Management Systems, and site renovation work will be centralized for more efficient oversight.

In FY 2008, USG partners directly supporting HIV treatment will specifically focus on providing: 1) improved identification of pediatric cases and referrals for services, 2) improved linkages with other programs to ensure and enhance a continuum of care (TB/HIV, C&T, PMTCT, prevention services including a PWP initiative focusing on partner testing, disclosure, risk reduction, family planning, and treatment of sexually transmitted infections), and 3) improved quality of treatment services at all levels. Linkages across all program areas will be strengthened, for example through use of referral tracking forms. Each USG treatment partner will specifically work to improve linkages to PMTCT programs, with the goal of increasing the numbers of pregnant women accessing ART to 10% of total ART patients. A national level radio campaign will work to increase demand for ART. As partners are providing a greater variety of services at facilities, linkages between the services within a facility and between facilities are expected to become stronger. More linkages with communities should ensure continuum of care and improvement of adherence.

To further enhance ART service programs, the following public health evaluations will be conducted: 1) Cost analysis of ARV services; 2) Use of PLWHAs as clinic agents for prevention of HIV; 3) Validation of the clinical criteria for “presumptive diagnosis” of severe HIV disease in infants and children under 18 months; 4) Impact of primary drug resistance on virological failure of first-line regimen in Tanzania; and 5) STI/RTI prevalence assessment among HIV-infected patients in HIV care.

Although Tanzania has a higher proportion of HIV-infected children currently on treatment (nine percent) than most African countries (median seven percent), the proportion is significantly below the GoT target of greater than 25%. A USG-funded assessment of the barriers to pediatric care identified a number of areas where policy changes and technical assistance should increase the number of children in care. In FY 2008 these activities will include active identification of HIV-exposed infants and initiation of HIV care at immunization clinics, raising health care worker awareness and clinical skills in pediatric care, promotion of provider-initiated testing among children, and routinely recording mothers' HIV-status in the child health card. A particular focus will be to develop regional networks for the diagnosis of early pediatric HIV infection through dried blood spot (DBS) polymerase chain reaction (PCR) testing. These interventions will help USG to increase the pediatric proportion of patients currently on ART to 15% of the PEPFAR end-of-plan goal; resulting in 18,000 and 22,500 on pediatric ART in FY 2008 and FY 2009 respectively.

Improved quality of treatment programming will be supported by individual partners, and through collaboration, with other donors, such as the German Technical Cooperation, the Clinton Foundation, and Médecins Sans Frontières, with best practices being shared at national level meetings. To assess the quality of the national ART program, USG is funding a national evaluation in which patient level outcomes will be analyzed using routinely collected data.

With USG support, more than 600 service outlets will provide ART; more than 200,000 HIV-positive patients will be actively on ART; and more than 9,000 health care workers will be trained by the end of FY 2009. These efforts will contribute to GoT and Emergency Plan goals, more than doubling the current number of patients on ARV's by the end of 2009.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	648
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	94732
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	264768
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	212911
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	9018

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4790.08	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 9237.08	Planned Funds: \$2,500,000
Activity System ID: 13559	

Activity Narrative: TITLE: Support for Treatment /ARV Services

NEED and COMPARATIVE ADVANTAGE:

The low coverage of ARV treatment services are widely recognized. Less than 20% of Adults and 15% on children in need of ARV currently receive the service. The provision of Co-trimoxazole for the chemoprophylaxis of opportunistic infections in HIV positive persons have long been demonstrated as a cost-effective intervention. The treatment of opportunistic infections is known to slow the progression of the disease and to provide an enhanced quality of life to people living with HIV. With its positioning in the supply sector, SCMS will be able to procure and distribute high quality pharmaceuticals to support the HIV AIDS services of all treatment partner

ACCOMPLISHMENTS: Quantification of all the key commodity requirements for the care and treatment program within NACP was completed in May 2007 through technical support from SCMS. Among these are Co-trimoxazole and other medicines for the treatment of OIs. Support has also been provided to coordinate procurement plans for GOT, USG and JICA to improve commodity availability. This type of support will be increased in COP 08

ACTIVITIES

Collection of data on commodity use and analyzing these for use as the basis for forecasting requirements is crucial for ensuring uninterrupted supply of drugs and related commodities for HIV/AIDS care. Beyond the quantification of requirements, procurement planning and its implementation has been weak in the past years. The result has been that the effective and known strategy of cotrimoxazole prophylaxis has not been universally implemented as will be desired. SCMS will work on improving the policy development and implementation on the use of cotrimoxazole prophylaxis as well as undertake commodity procurements where necessary to support this initiative. In addition to making adequate quantities of the products available at the central level, internal distribution bottlenecks contribute significantly to the poor performance at the service delivery level. Similar support will be provided in respect of other commodities necessary for the provision of care to HIV/AIDS patients. Through support for the ILS and the use of SCMTs, SCMS will improve commodity availability at service delivery levels by improving logistics management.

Focus will be on the provision of uninterrupted supply of cotrimoxazole through effective procurement and strengthened in-country distribution systems for us at all care and treatment centers for the benefit of HIV positive individuals, HIV-TB co-infected patients, pregnant women who are HIV positive and HIV exposed children

Most of the commodities for the management of OIs are the routinely used essential medicines. SCMS will work with the Pharmaceutical and Supplies Unit (PSU) of the MOHSW to build capacity in the area of logistics management to improve the availability and use of essential medicines. \$2,000,000 of the funds requested will be used for commodity procurements while the remaining is used in the provision of TA

LINKAGES: Collaboration will be fostered through the NACP as the coordinating entity with all Care and Treatment sites. Implementing partners including track one partners will be engaged for the success of this intervention.

CHECK BOXES:

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

SUSTAINABILITY: Capacity building in various areas of Supply Chain Management for HIV Supplies is ongoing through training of health care workers at various levels of the supply chain 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 and with their use. Through Supply Chain Monitoring Teams, support will be provided closer to sites and the MSD zonal stores to improve logistics activities

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9237

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23465	9237.23465.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$2,000,000
23341	9237.23341.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$4,310,000
9237	9237.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$1,864,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1135.08	Mechanism: N/A
Prime Partner: Mbeya Regional Medical Office	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 3386.08	Planned Funds: \$3,238,000
Activity System ID: 13519	

Activity Narrative: TITLE: Expanding ART in Mbeya Region

NEED and COMPARATIVE ADVANTAGE: Mbeya is one of the regions with the highest prevalence (13.5%). 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 FY 2007, the MRMO is supporting treatment services in 10 hospitals and four health centers ensuring all six districts in Mbeya are supported with ART. Under this same funding, an additional 38 health care workers are being trained in ART provision, bringing the total trained in the region to 200. As of June 31, 2007, the MRMO supported 5,600 people on treatment, 6% of which were children, and has enrolled over 15,000 in care.

ACTIVITIES: Though all hospitals in the Mbeya region 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. This serves as a bottle neck in increasing enrolment of patients and also means the MRH bears the brunt of the cost of bringing on new patients in the region. As part of FY 2007 and FY 2008 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 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 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. This expansion will bring the total number of ART sites supported in the region to 34 by September 2009, ensuring services are available in over 77% of all facilities and to more than 95% of the population.

1. Expand services and support to a total of 10 hospitals and 24 primary health care facilities in the region covering all six districts.
 - 1a. Based on NACP health center assessments and strengthening reports, work with District Health Management Teams (DHMT) in finalizing the 12 new health centers for introduction of ART services
 - 1b. Work with the DHMT and facility directors in developing facility based-work plans and implementation of these plans
 - 1c. Renovate space at 12 health centers to support CTC
 - 1d. Train an additional 38 health providers/clinical staff in ART and TB/HIV co-management
 - 1f. Assist in the acquisition of reagents, medications and clinical supplies through local distributors when not available through central mechanisms
 - 1g. Work with facility pharmacists in improving capacity in forecasting, stock management and ordering
2. Continue to improve the quality of care and treatment service.
 - 2a. Strengthen and reinforce implementation of Standard Operating Procedures (SOP for clinical services, laboratory monitoring and maintenance of patient records
 - 2b. Provide ongoing mentoring and supportive supervision through combined zonal and regional medical teams
 - 2c. 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
 - 2d. Improve patient record/data collection, working with DOD, DHMT and facility staff to analyze data to inform improvement of services
3. Reinforce and expand PITC.
 - 3a. Train 200 staff in inpatient wards and outpatient clinics in HIV CT, actively promoting provider initiated counseling and testing for all patient contact points
 - 3b. Continue to sensitize hospital staff and clients in CT as a regular part of all out patient services, including the TB clinic.
 - 3c. Reinforce sensitization through rotation of staff from the HIV CTCs to assist regular hospital staff in patient identification and provision of this service.
4. Increase the number of women and children on ART.
 - 4a. Promote and support routine counseling and testing of mothers and their children at all contact points in the health facilities, including ANC, labor and delivery wards, immunization clinics, and female and pediatric inpatient wards
 - 4b. Continue to improve and strengthen referrals between ANC PMTCT services/sites and CTC for evaluation of HIV+ mothers for treatment
 - 4c. Train ANC and CTC staff in the collection of DBS for infant diagnosis.
 - 4d. 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.
 - 4e. Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.
5. Reinforce comprehensive nature of clinical services.
 - 5a. Strengthen referral systems for services within a facility among wards and clinics
 - 5b. Use site coordinators to conduct daily checks on registers in outpatient clinics, in-patient wards, ANC and the TB clinic to keep track of patients referred to the CTC.
 - 5c. Strengthen prevention for positives counseling among all staff providing CT services and care and treatment at CTC
 - 5d. Strengthen and formalize referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers.

Activity Narrative:

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 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 22 and 34 by Sept 2008 and Sept 2009 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7749

Related Activity: 16410, 16442, 16446, 13540, 13529, 13515, 16530, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23429	3386.23429.09	Department of Defense	Mbeya Regional Medical Office	10037	1135.09		\$320,000
23428	3386.23428.09	Department of Defense	Mbeya Regional Medical Office	10037	1135.09		\$3,000,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
16410	16410.08	6536	1135.08		Mbeya Regional Medical Office	\$350,000
16530	16530.08	6536	1135.08		Mbeya Regional Medical Office	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
16442	16442.08	6536	1135.08		Mbeya Regional Medical Office	\$100,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	34	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	8,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	17,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	90	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbozi

Rungwe

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3745.08

Mechanism: N/A

Prime Partner: Pastoral Activities & Services
for People with AIDS

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5560.08

Activity System ID: 13564

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$1,750,000

Activity Narrative: TITLE: Continued expansion of PASADA's comprehensive ART services in Dar es salaam Archdiocese.

NEED and COMPARATIVE ADVANTAGE:

PASADA is a Faith-Based Organization providing comprehensive HIV services to a catchments population of 800,000. The need for ART services in the region is still high, evidenced by the increasing number of HIV+ clients registered (currently over 20,000). PASADA plans to expand its services and to enroll at least 5,100 people on ART, including pediatric cases. PASADA is already decentralizing ART services to 4 satellite sites in its catchments area bringing services closer to those who need them. PASADA plans to decentralize further to 6 other sites which are in need of having these services, capacity building in terms of training in ART management, renovation and pharmaceutical supplies. PASADA is well placed to expand the provision of quality ART services, offering a continuum of care from prevention and VCT to Home-Based and Palliative Care, TB diagnosis and treatment, PMTCT and support to OVC. By September 2008, over 5,100 clients will be on ART and 1,400 trained PLWHA actively promoting prevention, gender awareness and reduction of stigma at community level. By September 2009, 11 sites will be providing ART services and 600 providers trained. Strong linkages exist between the sites, community volunteers, groups and members. Training of staff in satellite sites on ART management has been continuous.

ACCOMPLISHMENTS:

PASADA "graduated" from sub-grantee status to being supported directly by the USG in FY2007. Working in 5 ART sites, 2,142 people were started on ART, including 231 children and 52 pregnant women. The program has succeeded in providing comprehensive and integrated services that provide a continuum of care to 17,500 patients who have received Cotrimoxazole prophylaxis. A total of 254 health care providers were trained in ART management. PASADA works through its community-based sites and deploys over 300 trained community volunteers.

ACTIVITIES:

1) PASADA plans to 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 not only to ART, but to the whole continuum of care It will base the ART services on the national ART guidelines and cater for adults, children and pregnant women. It will involve 1a) training of clinical and laboratory staff in ART management. 1b) providing technical and financial/management support to initiating ART in lower level sites so as to carry out minor renovation work, furnishing and supply of appropriate clinical and diagnostic equipment commodities and supplies; 1c) supervision, monitoring and evaluation of ART progress; 1d) promoting linkages and referrals between ART, PMTCT, counseling and HBC services; 1e) Support for the employment of 2 clinical staff in each of the five dispensaries

2) Increasing the number of children on ART through active pediatric case finding in MCH settings, involving provision of Cotrimoxazole and other appropriate OI prophylaxis, ITNs and nutrition; 2a) Sensitization at community level on importance of HIV testing for children to access care, treatment and support throughout the catchments area; 2b) training of ART program staff (clinical staff, adherence counselors, HBC nurses) in PASADA and the dispensaries on management of pediatric ART.

3) Increasing the number of PLWHA actively involved in promotion of prevention, stigma reduction, gender awareness and ART adherence at community level, through 3a) training in basic counseling skills; 3b) training on ART and adherence counseling; 3c) continuation of Help Desks manned by trained PLWHA (also referred to as 'expert clients'. Community awareness increases access to care and treatment, particularly for women and children and, in turn, creates other resource people at community level.

4) Improving quality of treatment services through 4a) innovative on-site continuing education program of all ART program staff; 4b) strengthening linkage with other associated services i.e. HBC and Palliative Care, Counseling; PMTCT, OVC and Community Education for prevention; Prevention for positives 4c) improving data collection and management; 4d) employment and retaining of competent, qualified and motivated staff (including salaries of ART program staff); 4e) ensure continuous availability of pharmaceuticals, medical consumables, laboratory reagents, test kits, equipment and supplies in PASADA. 5) Organizational strengthening, including improvement of general management skills and financial management and accountability through 5a) ensuring regular transport for activities; 5b) ensuring regular maintenance and insurance of project vehicles, buildings etc.; 5c) maintaining security services of the organization; 5d) 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 several reproductive health (RH) and HIV related services within its sites and also through linkages with public, private faith based organizations and continued strong linkages with communities. Specifically, linkages with TB/HIV, family planning, malaria and child survival services. Close collaborative links with government agencies already exist 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 and AIDS e.g. Pact, Pathfinder International, Catholic Relief Services, Action Aid, Help Age International.

At community level, PASADA works 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 and AIDS is one of PASADA's priorities, particularly through the Community Education and prevention program.

CHECK BOXES:

- 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.
- 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 does carry out training in the management of HIV/AIDS in the workplace for private companies and other institutions. 6) Wraparound programs: PASADA is a site within the national TB control program and has an integrated community-based TB/HIV HBC program and is involved with activities in all other 3

Activity Narrative: wraparound programs.

M&E:

PASADA will use the ART monitoring system developed and updated by the MOHSW/NACP. PASADA CTC and its 5 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 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 4 satellite sites. The database currently has 20,045 registered clients, over 6,000 of which are actively patients in care at any given time and of which, 2,142 are on ART. The database will have data from 1 CTC & 5 satellites and 1 CTC & 11 satellites by Sept 2008 and 2009 respectively.

SI Targets: To do above activities, PASADA will support training of 150 HCW in SI and provide technical assistance to 11 satellite CTCs.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7784

Related Activity: 13487, 13562, 16408, 16441, 16482, 13540, 13459, 13456, 13486, 13529, 13490, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23460	5560.23460.09	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	10022	3745.09		\$156,000
23459	5560.23459.09	U.S. Agency for International Development	Pastoral Activities & Services for People with AIDS	10022	3745.09		\$1,462,500
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
16408	16408.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$164,320
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13486	3475.08	6519	1513.08	Track 1.0	Harvard University School of Public Health	\$5,428,858
13487	10179.08	6519	1513.08	Track 1.0	Harvard University School of Public Health	\$1,357,214
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,100	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,100	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,460	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1056.08

Mechanism: N/A

Prime Partner: National AIDS Control
Program Tanzania

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3378.08

Planned Funds: \$300,000

Activity System ID: 13540

Activity Narrative: 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 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.

Activity Narrative: 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 (NLP) 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

SUSTAINABILITY:

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 gaps identified; Integrate ART activities in to the Districts Comprehensive Health Plans.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7771

Related Activity: 16473, 13549, 13529, 13538,
13572, 13459, 13541, 13467,
13490, 13452, 13471, 13655,
13519, 13515, 13564, 16480,
13583, 13581, 13591

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23427	3378.23427.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000
13591	6518.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$774,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
16473	16473.08	6516	1219.08		Family Health International	\$400,000
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000
13655	8840.08	6568	4950.08	GHA1	US Centers for Disease Control and Prevention	\$200,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000
13572	3390.08	6551	1136.08		PharmAccess	\$2,270,000
16480	16480.08	7408	7408.08		PharmAccess	\$800,000
13581	3395.08	6554	1138.08		Rukwa Regional Medical Office	\$1,835,000
13583	3399.08	6555	1139.08		Ruvuma Regional Medical Office	\$1,830,000
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4781.08

Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5319.08

Activity System ID: 13532

Mechanism: ZACP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$245,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7757

Related Activity: 13458, 16352, 13459, 13456,
13528, 13457, 13530

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23464	5319.23464.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	9958	4781.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000
13528	3503.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$357,000
13530	8695.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$115,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13458	12461.08	6509	1221.08		Columbia University	\$500,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	90	False

Indirect Targets

Coverage Areas

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Tumbatu Sub-District (prior to 2008)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1027.08

Mechanism: N/A

Prime Partner: Mbeya Referral Hospital

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 5507.08

Planned Funds: \$3,743,670

Activity System ID: 13515

Activity Narrative: TITLE: Expanding Care and Treatment Services in the Southern Highlands Zone

NEED and COMPARATIVE ADVANTAGE:

The Mbeya Referral Hospital (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, and to establish health service referral systems among four regions (Mbeya, Iringa, Rukwa and Ruvuma) serving a catchment population of over six million people. Initiated in late 2004, under PEPFAR funding and multiple donor support, an infectious disease medicine clinic and training facility with a referral level laboratory has been under development and is scheduled to be fully functional by January 2008. It is anticipated this center will support continued expansion of ART and clinical care needs at this facility as well as provide classrooms and a fully functional clinic and lab for improved practical training in HIV services.

ACCOMPLISHMENTS:

The MRH began full recruitment of patients in January 2005 and now boasts a patient-load 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 also provides technical supervision to the hospitals in the Mbeya, Rukwa and Ruvuma Regions through out the zone, contributing to quality services to a total patient population in the Southern Highlands of over 10,000 on ART and another 26,000 with care. In collaboration with the NACP, the MRH has also supported the direct training of over 475 health providers through the Southern Highlands in ART services (numbers per region indicated in separate activity submissions).

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. This serves as a bottle neck in increasing enrolment of patients and also means the MRH bears the brunt of the cost of bringing on new patients in the region. As part of FY 2007 and FY 2008 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. This will be a key component of the overall improvement of services through out the region, including expansion to health centers.

Within the MRH, activities will include:

1. Provision of ART to patients, both in main MRH CTC and at satellite/health centers.
 - 1a. In coordination with the Mbeya Regional Medical Office, directly support satellite health centers within the municipality in providing ART to decongest the MRH CTC
 - 1b. Provide ongoing mentoring to MRH and satellite health center CTC staff
 - 1c. Continue to sensitize hospital staff and clients in provider initiated counseling and testing (PICT) as a regular part of all out patient services, including the TB clinic.
 - 1d. Reinforce PICT sensitization through rotation of staff from the HIV CTCs to assist regular hospital staff in patient identification and provision of this service.
 - 1e. Reinforce patient record/data collection, working with DOD and facility staff to collect, record and analyze data to inform improvement of services
 - 1f. Strengthen prevention for positives counseling as a critical aspect of all HIV services within the facility from CT, TB and the CTC
 - 1g. Continue to provide evaluation for malnutrition and nutritional counseling to all HIV+ clients as part of both care and treatment
 - 1h. Procure commodities for services and patient monitoring when not available through central mechanism
2. Provide support to zonal facilities to ensure quality services
 - 2a. Strengthen and reinforce implementation of SOP for clinical services, laboratory monitoring and maintenance of patient records
 - 2b. Bi-monthly visits to facilities in the zone by supportive supervisory teams consisting of a medical officer, clinical officer and nurse
 - 2c. Observe service provision and provide direct technical and material support to health facilities in the zone
 - 2d. Mentor RMO development and/or strengthening of regional supportive supervisory teams
 - 2e. 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
3. Function as the zonal training center in HIV related services for the Southern Highlands in support of NACP
 - 3a. In collaboration with the NACP, conduct initial and refresher training in ART, TB/HIV co-management, and PICT for the regions of Mbeya, Rukwa and Ruvuma
 - 3b. Provide practical portion of training with MRH CTC staff to reinforce class room lectures
 - 3c. Work with RMO to continually evaluate training needs in the zone and meet those need through both formal and informal mechanisms/approaches
4. Increase enrollment of women and children in ART services.
 - 4a. Promote routine counseling and testing of mothers and their children at all contact points in the health facility, including the maternal child health (MCH) center (Meta), labor and delivery wards, immunization clinics, and female and pediatric inpatient wards
 - 4b. Continue to strengthen co-management of HIV+ mothers identified in the MCH with the CTC for evaluation and follow up for treatment
 - 4c. Develop capability for infant diagnosis. The MRH will receive equipment from the Clinton Foundation and technical assistance from USG lab partners to conduct infant diagnosis for the entire Southern Highlands.
 - 4d. Train MCH and CTC staff in the collection of DBS for infant diagnosis.
 - 4e. Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.
5. Strengthen of referral system between HIV services points at the MRH.
 - 5a. Use site coordinator to conduct daily checks on registers in outpatient clinics, in-patient wards, MCH

Activity Narrative: and the TB clinic to keep track of patients referred to the CTC.
5b. Strengthen and formalize referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers.

LINKAGES:

This activity is linked to activities under this facility in TB/HIV 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 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 for 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7747

Related Activity: 16410, 16442, 16446, 16530, 13540, 13519, 13529, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23426	5507.23426.09	Department of Defense	Mbeya Referral Hospital	9969	1027.09		\$296,000
23425	5507.23425.09	Department of Defense	Mbeya Referral Hospital	9969	1027.09		\$2,775,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
16410	16410.08	6536	1135.08		Mbeya Regional Medical Office	\$350,000
16530	16530.08	6536	1135.08		Mbeya Regional Medical Office	\$200,000
16442	16442.08	6536	1135.08		Mbeya Regional Medical Office	\$100,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
16446	16446.08	6535	1027.08		Mbeya Referral Hospital	\$100,000
13519	3386.08	6536	1135.08		Mbeya Regional Medical Office	\$3,238,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,580	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,700	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	270	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbeya Urban (prior to 2008)
Mbozi
Rungwe
Mpanda
Nkasi
Sumbawanga
Mbinga
Namtumbo
Songea
Songea Urban (prior to 2008)
Tunduru

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1228.08	Mechanism: M&S
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 9232.08	Planned Funds: \$50,000
Activity System ID: 13614	
Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9232

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23443	9232.23443.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$139,500
9232	9232.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$15,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4960.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8868.08

Activity System ID: 13600

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,450,000

Activity Narrative: TITLE: Ensure new pre-service institution graduates can provide adequate HIV care and treatment.

NEED and COMPARATIVE ADVANTAGE:

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 and sustainability of quality programs. Throughout FY 2006 and FY 2007, I-TECH has been working with the MOHSW to incorporate HIV/AIDS and TB into the pre-service curricula for Clinical Officers (CO), Assistant Medical Officers (AMO), and Pharmacy Technicians. I-TECH has worked in close collaboration with UCSF and the HIV/AIDS Twinning Center, two technical partners involved in pre-service work in Tanzania. I-TECH is also 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.

ACCOMPLISHMENTS:

By the end of FY 2007, I-TECH will have completed the following activities related to HIV/AIDS and TB integration into pre-service for CO, AMO and pharmacy technicians: needs assessment; convened 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.

ACTIVITIES:

1. Enhance HIV/AIDS and TB components of the pre-service curricula for Clinical Officers, Assistant Medical Officers, and Pharmacy Technicians to ensure new graduates provide quality of HIV care and treatment \$300,000. 1a) Pilot test and revise new HIV/AIDS and TB pre-service modules developed in FY07. 1b) Implement faculty development training package to improve teaching skills of pre-service institution faculty (include Zanzibar College of Health Sciences). 1c) Train the faculty on HIV/AIDS and TB clinical content.
2. Enhance the HIV and HIV/TB related pre-service curricula of the Medical and Pharmacy Schools in collaboration with the Curry TB Center, Harvard University and RPM+. \$200,000. 2a) The Curry TB Center is currently enhancing the Medical School curricula to include TB. I-TECH will work with them to expand this enhancement to also include HIV/AIDS. 2b) I-TECH will build on work done by Harvard related to pharmacy school pre-service curricula to ensure the incorporation of HIV/AIDS and TB training content.
3. Strengthen capacity of the ZTCs to support national HIV/AIDS and TB/HIV trainings in pre-service training institutions. \$325,000. 3a) Conduct pre-service faculty development courses in teaching methodology and adult learning. 3b) Equip pre-service training institutions with basic training equipment and materials so they can provide quality HIV/AIDS and TB/HIV trainings. 3c) Equip ZTCs with necessary staffing and basic training equipment/materials, so they can provide services to pre-service institutions.
4. Monitor and evaluate pre-service training related to HIV/AIDS and TB. This activity will improve the quality of HIV-related training. This activity will focus on two components: Increased capacity of pre-service faculty to deliver pre-service HIV/AIDS and TB training, and student increase in knowledge and preparedness to provide HIV care and treatment. \$325,000. 4a) Develop and implement standardized student knowledge and skills assessments 4b) Conduct a baseline assessment of skills in practice among recent graduates. 4c) During the implementation of the new HIV content in the curriculum, monitor the changes made to methods, materials, and content and use lessons learned to improve pre-service curricula and teaching.
5. Develop a National Training Center to serve as a resource to ZTCs, a training venue, a distance learning center, and a center for curriculum development in the new CDC/NIMR building. This supports the institutionalization of training through GOT systems. \$200,000. 5a) Hire essential staff for national training center. 5b) Develop a business plan to ensure the centre becomes sustainable. 5c) Implement the business plan.

LINKAGES:

I-TECH plans to coordinate with the UCSF Curry TB Centre to ensure integration of TB and with the François-Xavier Bagnoud Center (FXB) to ensure integration of PMTCT content. I-TECH will also work closely with the MOHSW, the NACP, the NTLF, RPM+ and with all pre-service institutions. In addition, by leveraging the work of the I-TECH global pre-service working group, I-TECH's framework for developing and/or revising pre-service training will assist in standardizing approaches in Tanzania. I-TECH will also leverage its work with the Zonal Training Centers to strengthen the capacity of pre-service institutions.

CHECK BOXES:

Human Capacity Development/pre-service training: This activity addresses the pre-service training needs of health care workers entering the workforce. Local Organization Capacity Development: This activity will strengthen the teaching capacity of faculty at pre-service institutions throughout Tanzania. These activities aim to improve teaching skills as well as update HIV/AIDS and TB technical knowledge.

M&E: As described above in activity four, I-TECH will focus on the monitoring and evaluation of two components: Increased capacity of pre-service faculty to deliver pre-service HIV/AIDS training, and student increase in knowledge and preparedness to provide HIV care and treatment. In addition, each cohort of students will be assessed using the standardized exam as they complete their year of learning. Student exam results will be compared over time, and will be triangulated with process evaluation data on implementation of the curriculum. Roughly 10% of activity funds will be spent on M&E of this activity.

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 hopes that by including the MOHSW and pre-service institutions in the curriculum revision process, updates can be done on a regular basis without outside assistance. 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: 8868

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8868	8868.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$552,500

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4082.08

Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 6518.08

Activity System ID: 13591

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$774,000

Activity Narrative: TITLE: Selian – ARV Services

NEED and COMPARATIVE ADVANTAGE:

There are an estimated 25,000 HIV+ people in need of comprehensive treatment services in the Arusha area of northern Tanzania. Currently only 5,000 have been initiated. Selian AIDS Control Program care and treatment services provide 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, PMTCT, facility and home based palliative care, and services for OVC. Selian provides ART through a network of three facilities: Selian Hospital, Arusha town clinic, and Kirurumo health center at Mto wa Mbu. Selian "graduated" from sub-grantee status to being supported directly by the USG in FY 2007.

ACCOMPLISHMENTS:

As of June 30 2007, Selian has expanded the number of patients enrolled to 3,062 in three CTCs. Of these, 1,341 are on ART including 140 children, and 94 pregnant women and are receiving comprehensive HIV/AIDS services. Selian has successfully expanded its referral linkages to other components of the AIDS Control Project. All 1,245 newly enrolled patients have been provided with cotrimoxazole prophylaxis. Regular referrals are made from the five VCT sites and the TB clinic. Selian also has increased the use of the unique cadre of volunteer adherence counselors started last year.

ACTIVITIES:

1) Continue to provide and expand ART services at three CTCs which are following the national guidelines for ART and which serve adults, children, and pregnant women. More HIV+ patients will be enrolled, initiated on ART, and provided with comprehensive services. 1a) Increase number on treatment to 2400 in 2008 and 3100 by end of FY 2009.

The program will further increase the number on ART through recruitment in MCH settings, and the introduction of PICT. The project will ensure continuous availability of pharmaceuticals, medical consumables, laboratory reagents, test kits, equipment, and supplies.

1b) Improve quality of treatment services through innovative on-site continuing education programming of all ART program staff; train 25 health care workers to deliver ARV services. 1c) Incorporate government monitoring systems into hospital computerized health information management systems. 1d) Increase voluntary adherence counselors (VACs) by 15 each year to 63 in FY 2008 and 78 in FY 2009 and promote the use of expert clients. 1e) Share administrative costs for AIDS Control Programme

2) Initiate voluntary provider-initiated testing program for patients presenting to the hosting institutions of the three CTCs. This will lead to more people knowing their status and initiating treatment. 2a) Provide training for 30 clinicians in PICT. 2b) Carry out community sensitization to in three communities to improve acceptance of voluntary PICT. 2c) Establish appropriate register and monitoring system for PICT.

3) Expand community outreach for awareness-raising concerning the successful treatments available with ART and PICT. This will initiate greater community support and reduced stigma surrounding seeking treatment for HIV/AIDS. 3a) Conduct seminars for 180 religious leaders. 3b) Continue promoting VACs as community educators. 3c) Provide support for post test club.

LINKAGES:

Selian will ensure that it continues to provide services that support a continuum of care model by providing several reproductive health (RH) and HIV related services within its sites and through its referral system with palliative care, TB, OVC, and hospital to ART treatment. Relationships with other organizations will be strengthened. Effective relationships have been established several organizations including: 1) World Food Programme for food supplementation to ART patients. 2) Evangelical Lutheran church in Tanzania for provision of palliative care and hospice. 3) Other providers in the area including the CTC at St. Elizabeth's Hospital in Arusha and the Mt. Meru Regional Hospital.

CHECK BOXES:

1) Selian is actively engaged in providing In-Service Training for its staff. 2) Selian provides food to ART Clients which is from World Food Program. 3) As an ART component of the AIDS Control Program, the target population is People with HIV, Pregnant Woman. 4) 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. Weekly and monthly data summaries are provided to the ART team who utilize the data for patient management and for program improvement. 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 2008, the three CTCs will continue to utilize paper and electronic systems to collect, manage, and analyze HIV care and treatment data. TA for M&E will be provided for three organizations (CTCs) and 5% of the budget is attributed to M&E.

SUSTAINABILITY:

Selian is a Tanzanian faith-based organization providing ART services. The capacity building being done 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 from the government of Tanzania.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7805

Related Activity: 13470, 16353, 13540, 13472, 13565, 13471, 13529, 13588, 13587, 13538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23462	6518.23462.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$68,000
23461	6518.23461.09	U.S. Agency for International Development	Selian Lutheran Hospital - Mto wa Mbu Hospital	10023	4082.09		\$637,500
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13587	8220.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$91,968
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
16353	16353.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$200,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13470	12462.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$300,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,030	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,100	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	35	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Arumeru

Arusha

Monduli

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1136.08

Prime Partner: PharmAccess

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3390.08

Activity System ID: 13572

Mechanism: N/A

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$2,270,000

Activity Narrative: TITLE: Providing comprehensive care and treatment services to the TPDF

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 TPDF 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. PharmAccess International (PAI) has been working with the TPDF on health issues since 2003 and is poised to continue to address the needs to improve coverage and access to treatment in the military facilities across Tanzania.

ACCOMPLISHMENTS:

TPDF initiated ART services in 2003 at Lugalo Hospital, Dar es Salaam. As part of FY 2004 and FY 2005 PEPFAR funding, Lugalo Hospital expanded care and treatment services to 2,800 HIV+, and ART services to more than 1,800 soldiers, dependents and civilians. Since 2006, ART services have been expanded to all eight military hospitals and three satellite sites. In 2007, this will be expanded to an additional nine health centers along with VCT and PMTCT services. As of April 2007, 2,536 have been initiated on ART.

ACTIVITIES:

A draft HIV/AIDS Policy which will make HIV testing an integrated part of the annual military medical check-ups has been written by a TPDF Task Force. Authorization of the Policy by TPDF HQ is expected in the last quarter of 2007. 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 as part of medical services. This will require preparing facilities for a possible large increase in patient load as well as prepare more health centers to assist in delivery of these services.

1) Increase the total number of health facilities under the TPDF to a total of eight hospitals and 28 health centers.

1a) Renovate patient counseling and treatment rooms at 13 new satellite sites/health centers.

1b) Conduct initial and refresher ART training of 48 medical personnel from the eight military hospitals, 84 from the 28 satellite health centers.

1c) Train 108 (three health staff of each of the 36 facilities) on HIV/AIDS pediatrics (222 in total since initiation of program).

1d) Train 200 barracks volunteers in basic home-base care to assist in patient follow up and at home-management.

1e) Conduct community education and mobilization through "Open House" days at each facility to increase access to services and partner testing.

1f) Strengthen the referral system between the health centers and hospitals as well as public District and Regional hospitals for additional ANC services and adult and infant diagnosis, ART and TB/HIV at CTC.

2) Provide ART to a total of 7,200 individuals through TPDF facilities.

2a) Include prevention for positives counseling as a critical aspect of all HIV services.

2b) Evaluate patients for malnutrition and offer nutritional counseling and support.

2c) Procure medications for OI when not available through central mechanism.

2d) Reinforce provider initiated counseling and testing (PICT) as a regular part of all out patient services.

2f) Continue to improve patient record/data collection, working with TPDF HQ and facility staff to collect, record and analyze data to inform improvement of services.

2g) Monitor quality of services at the hospitals through linkages with regional supportive supervisory teams and Lugalo Hospital as well as through quarterly TPDF ART meetings (attended by all chief ART staff).

2h) Monitor services at the 28 health centers based at military camps, including border camps, through four mobile centers consisting of a team of a clinician, nurse counselor, and a lab technician.

3) Ensure proper lab capacity is developed at all eight hospitals for patient monitoring and OI diagnostics.

3a) Provide CD4 equipment to the five remaining hospitals.

3b) Provide standard operating procedures and training in QA/QC; 3c) Train technicians in proper equipment maintenance.

3d) Procure lab reagents and consumables when not available through central mechanisms.

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, including promotion and counseling of preventive measures for HIV+, PITC, C&T, PMTCT, TB/HIV and OVC. 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 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 with Regional and District Health Management teams and with USG treatment partners for supportive supervision purposes, and technical assistance.

CHECK BOXES:

The areas of emphasis will include initial and refresher training, infrastructure improvement, providing equipment and drugs, HBC services and community support to accomplish the much-needed continuum of care in the TPDF program.

M&E

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 the patient-based registers (paper based and electronic) to all TPDF ART facilities across Tanzania. All sites will have laptops with a database and output functions as developed by University Computing Center (UCC) for the NACP. To that end, PAI, in collaboration with UCC, will train 66 health care workers, develop SOPs and provide supportive supervision to 33 facilities. Data will be used for patient and program monitoring purposes. PAI will continue to promote the synthesis and use of data by facility staff,

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7786

Related Activity: 16409, 16426, 13540, 13529, 13570, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23431	3390.23431.09	Department of Defense	PharmAccess	9984	1136.09		\$216,000
23430	3390.23430.09	Department of Defense	PharmAccess	9984	1136.09		\$2,025,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
16409	16409.08	7408	7408.08		PharmAccess	\$360,000
16426	16426.08	6551	1136.08		PharmAccess	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13570	5093.08	6551	1136.08		PharmAccess	\$200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	38	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	8,300	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	250	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Arusha
Kinondoni
Temeke
Dodoma
Iringa
Bukoba
Kaskazini A (North A)
Moshi
Mbeya
Morogoro
Nyamagana
Kibaha
Songea
Tabora
Tanga
Magharibi (West)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2244.08

Prime Partner: Regional Procurement Support
Office/Frankfurt

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 9234.08

Activity System ID: 13578

Mechanism: N/A

USG Agency: Department of State / African
Affairs

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$6,228,000

Activity Narrative: 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9234

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23451	9234.23451.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	9915	2244.09	RPSO	\$7,000,000
9234	9234.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4574	2244.07		\$3,898,898

Emphasis Areas

Construction/Renovation
Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Coverage Areas

Bukoba
Wete
Kasulu
Kibondo
Kigoma
Hai
Moshi
Mwanga
Rombo
Same
Bunda
Musoma
Musoma Urban (prior to 2008)
Serengeti
Tarime
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Kisarawe
Mkuranga
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui
Mjini (Urban)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1138.08

Mechanism: N/A

Prime Partner: Rukwa Regional Medical
Office

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3395.08

Activity System ID: 13581

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$1,835,000

Activity Narrative: TITLE: Expansion of 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 through out 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 ART in this region mirrors that in Mbeya and Ruvuma.

ACCOMPLISHMENTS:

Currently, over 1,300 patients from the three district hospitals and one of the health centers in the region are on ART. 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 impassible. This makes oversight of services through out the region challenging. The DOD is exploring mechanisms for stationing 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.

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. This allows a systematic expansion of services to new sites, increasing overall ART enrollment in Rukwa while maintaining quality of services through strengthening of tiered supportive supervision from the zonal hospital to the RMO to the DMO to the health centers. Technical assistance and input from other USG treatment partners will continue to play a factor in scaling up treatment services in this region such as CU's expertise in applying the district network model approach.

Under FY 2008 funding, the Rukwa RMO and DOD will provide significant inputs to roll out HIV care and treatment to eight additional health centers bringing the total number of facilities to 11 by September 2009, with 100% of NACP identified facilities in this region supporting ART and ensuring services are available in all four districts in the region.

1. Expand services and support to a total of three hospitals and eight primary health care facilities in the region covering all four districts. This will be at a rate of two to four health centers per district.
 - 1a. Based on NACP health center assessments and strengthening reports, work with DHMT in initiating ART services in the eight new health centers.
 - 1b. Work with the DHMT and facility directors in developing facility-based work plans and implementation of these plans.
 - 1c. Renovate space at most of the facilities to support CTC.
 - 1d. Train an additional 38 health providers/clinical staff in ART and TB/HIV co-management.
 - 1f. Assist in the acquisition of reagents, medications and clinical supplies through local distributors when not available through central mechanisms.
 - 1g. Work with facility pharmacists in improving capacity in forecasting, stock management and ordering.
2. Continue to improve the quality of care and treatment service.
 - 2a. Strengthen and reinforce implementation of SOP for clinical services, laboratory monitoring and maintenance of patient records.
 - 2b. Expand mentoring and supportive supervision down beyond the district level facilities through regional medical teams.
 - 2c. 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.
 - 2d. Improve patient record/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.
 - 3a. Train 75 staff in inpatient wards and outpatient clinics in HIV CT, actively promoting provider initiated counseling and testing for all patient contact points.
 - 3b. Continue to sensitize hospital staff and clients in CT as a regular part of all out patient services, including the TB clinic.
 - 3c. Reinforce sensitization through rotation of staff from the HIV CTCs to assist regular hospital staff in patient identification and provision of this service.
4. Increase the number of women and children on ART.
 - 4a. Promote and support routine counseling and testing of mothers and their children at all contact points in the health facilities, including ante-natal clinic (ANC), labor and delivery wards, immunization clinics, and female and pediatric inpatient wards.
 - 4b. Continue to improve and strengthen referrals between ANC PMTCT services and CTC for evaluation of HIV+ mothers for treatment.
 - 4c. Train ANC and CTC staff in the collection of dried blood spot (DBS) for infant diagnosis.
 - 4d. 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.
 - 4e. Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.
5. Reinforce comprehensive nature of clinical services.

Activity Narrative: 5a. Strengthen referral systems for services within a facility among wards and clinics.
 5b. Use 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.
 5c. Strengthen prevention for positives counseling among all staff providing CT services and care and treatment at CTC.
 5d. Strengthen and formalize referrals to and from CBO, NGO and FBO serving patients in their communities through facility social workers.

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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7794

Related Activity: 13540, 13580, 13529, 13649, 13515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23433	3395.23433.09	Department of Defense	Rukwa Regional Medical Office	10039	1138.09		\$152,000
23432	3395.23432.09	Department of Defense	Rukwa Regional Medical Office	10039	1138.09		\$1,425,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13580	3398.08	6554	1138.08		Rukwa Regional Medical Office	\$350,000
13649	5107.08	6568	4950.08	GHAI	US Centers for Disease Control and Prevention	\$33,000
13515	5507.08	6535	1027.08		Mbeya Referral Hospital	\$3,743,670
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Mpanda

Nkasi

Sumbawanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1139.08

Mechanism: N/A

Prime Partner: Ruvuma Regional Medical Office

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3399.08

Planned Funds: \$1,830,000

Activity System ID: 13583

Activity Narrative: TITLE: Expansion of ART Services Ruvuma Region

NEED and COMPARATIVE ADVANTAGE:

As in Rukwa, the Ruvuma Regional Medical Office (Ruvuma 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 DOD partner and a region under the support of the Mbeya Referral Hospital, roll out of ART in this region mirrors that in Mbeya and Rukwa.

ACCOMPLISHMENTS:

Over 1,400 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 such as Columbia University (CU's) expertise in applying a district network model approach and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF's) experience in the nearby isolated southern regions of Mtwara and Lindi.

Under FY 2008 funding, the Ruvuma RMO and DOD will provide significant inputs to roll out HIV care and treatment to 12 additional health centers, bringing the total number of facilities to 24 by September 2009 with 100% of NACP identified facilities supporting ART in the region.

1. Expand services and support to a total of three hospitals and 21 primary health care facilities in the region. This will be at a rate of two to four health centers per district.
 - 1a. Work with DHMT expanding services to 12 new health centers for the introduction of ART services, using NACP health center assessments and strengthening reports as a reference.
 - 1b. Work with the DHMT and facility directors in developing facility-based work plans and implementation of these plans.
 - 1c. Renovate space at most of the facilities to support CTC.
 - 1d. Train an additional 48 health providers/clinical staff in ART and TB/HIV co-management.
 - 1f. Assist in the acquisition of reagents, medications, and clinical supplies through local distributors when not available through central mechanisms.
 - 1g. Work with facility pharmacists in improving capacity in forecasting, stock management, and ordering.
2. Continue to improve the quality of care and treatment service.
 - 2a. Strengthen and reinforce implementation of SOP for clinical services, laboratory monitoring, and maintenance of patient records.
 - 2b. Expand mentoring and supportive supervision down beyond the district level facilities through regional medical teams.
 - 2c. 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.
 - 2d. Improve patient record/data collection, working with DoD, DHMT and facility staff to analyze data to inform improvement of services.
3. Reinforce and expand provider initiated counseling and testing to all facilities.
 - 3a. Train 100 staff in inpatient wards and outpatient clinics in HIV CT, actively promoting provider initiated counseling and testing for all patient contact points.
 - 3b. Continue to sensitize hospital staff and clients in CT as a regular part of all out patient services, including the TB clinic.
 - 3c. Reinforce sensitization through rotation of staff from the HIV CTCs to assist regular hospital staff in patient identification and provision of this service.
4. Increase the number of women and children on ART.
 - 4a. Promote and support routine counseling and testing of mothers and their children at all contact points in the health facilities, including ante-natal clinics (ANC), labor and delivery wards, immunization clinics, and female and pediatric inpatient wards.
 - 4b. Continue to improve and strengthen referrals between ANC PMTCT services and CTC for evaluation of HIV+ mothers for treatment.
 - 4c. Train ANC and CTC staff in the collection of dried blood spot (DBS) for infant diagnosis.
 - 4d. 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.
 - 4e. Ensure all HIV exposed and infected children are initiated on cotrimoxazole prophylaxis as appropriate.
5. Reinforce comprehensive nature of clinical services.
 - 5a. Strengthen referral systems for services within a facility among wards and clinics.
 - 5b. Use site coordinators to conduct daily checks on registers in outpatient clinics, in-patient wards, maternal and child health (MCH) and the TB clinic to keep track of patients referred to the CTC.
 - 5c. Strengthen prevention for positives counseling among all staff providing CT services and care and treatment at CTC.
 - 5d. Strengthen and formalize referrals to and from CBOs, NGOs and FBOs serving patients in their

Activity Narrative: communities through facility social workers.

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 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 12 and 24 by September 2008 and September 2009 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7797

Related Activity: 16449, 13540, 13582, 13529, 13678, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23435	3399.23435.09	Department of Defense	Ruvuma Regional Medical Office	10040	1139.09		\$160,000
23434	3399.23434.09	Department of Defense	Ruvuma Regional Medical Office	10040	1139.09		\$1,500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13582	3402.08	6555	1139.08		Ruvuma Regional Medical Office	\$350,000
13678	5007.08	6571	1026.08		US Peace Corps	\$370,700
16449	16449.08	6555	1139.08		Ruvuma Regional Medical Office	\$100,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	24	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Mbinga

Namtumbo

Songea

Tunduru

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2369.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3494.08

Planned Funds: \$8,188,236

Activity System ID: 13471

Activity Narrative: TITLE: Expanding comprehensive ART services in six regions and other under-served areas in Tanzania.

NEED and COMPARATIVE ADVANTAGE:

Approximately 2 million Tanzanians live with HIV and close to a cumulative 800,000 AIDS cases have been reported. HIV prevalence is higher in urban areas (10.9%) than in rural areas (5.3%) and it varies in different regions. In our current four regions, Kilimanjaro, Arusha, Tabora and Shinyanga, it is estimated that 100,823, 68,527, 123,689 and 182,363 people are infected respectively who will need care and ART services at some point, whereas now, an estimated 7% of People Living with HIV/AIDS (PLHA) from these regions have accessed care. The figure is lower in Mtwara and Lindi regions where EGPAF will extend support in FY 2008. With a strong commitment and support from the government and local authorities, EGPAF will play an important role to ensure accessible care and treatment services.

ACCOMPLISHMENTS:

As of March 2007, 20,026 patients have enrolled into HIV care and 9,477 initiated on ART including 1,090 (11.5%) children in 26 hospitals. However, 95,000 patients are estimated to need ART. About 300 health care workers (HCWs) have been trained to provide comprehensive ART care including patient monitoring. Quality of care has been improved in the facilities through integration with PMTCT, infrastructure improvement and equipment and commodity supply.

ACTIVITIES:

EGPAF will use the additional funds to accomplish the original targets of rolling out HIV care and treatment in 189 sites within six regions. Activities will include:

- 1) Provide support to four lower level health facilities per district in four regions 1a) Support planning, training, mentorship and supervision by district teams. Ensure HIV is included in Comprehensive Council Health Plans 1b) Improve referral system between facilities and facilitate transport for mentorship, supervision, and specimen testing 1c) Minor renovations and equipment supply.
- 2) Provide continuum of care through integration and linkage between Care & Treatment and PMTCT and TB services and community based services 2a) Strengthen referral mechanisms for HIV+ women from PMTCT to care and treatment by promoting use of referral slips and/or physical escorting and registers to countercheck 2b) Train PMTCT HCWs to carry out clinical staging of HIV+ mothers and partners and provide basic care at RCH clinics till they are eligible for ART 2c) Support community liaison person at each site to link enrolled patients to CBO's for non-medical care and support 2d) Support PLHA groups to provide peer-led adherence counseling, defaulter tracking and strengthening prevention among positives. Condoms and other contraceptives will be provided where religion is not a constraint.
- 3) Support and expand provider-initiated testing and counseling (PITC) to all health facilities 3a) Train HCWs in PITC 3b) Provide HIV test kits when central supply is unavailable 3c) Conduct community sensitization meetings to increase testing demand and uptake.
- 4) Increase the number and percentage of children enrolled in care and receiving ART. 4a) Train HCW on routine testing, basic care and referral in RCH clinics and in-patient wards. 4b) Sensitize and disseminate the revised child health cards with HIV exposure identification. 4c) Train HCW on early infant diagnosis including use of dried blood spot for PCR testing. 4d) Mentor HCW on pediatric ART. 4e) Provide care and treatment to HIV exposed and infected children through OVC programs; 15% of total patients on ART will be children; 4f) Implement PITC at all points where children come in contact with the health care system, including outpatient clinics, RCH clinics, and inpatient wards. EGPAF is part of the USG initiative to increase identification of HIV exposed and infected children among those attending normal immunization clinics. A demonstration project for integrating identification and referral of HIV exposed children within immunization services is being implemented in 6 sites among 3 partners, with EGPAF providing overall coordination.
- 5) Continue support for ART services in the current 38 health facilities. 5a) Provide back up team training and focused pediatric training. 5b) Support activities for continuous quality improvement. 5c) Recruit a laboratory technician to assist with quality assurance in collaboration with MOHSW. EGPAF will follow MOHSW standard operating procedures for QA. 5d) Strengthen data collection, on-site utilization and reporting.
- 6) Expand support for both PMTCT and ART to underserved areas in Lindi and Mtwara regions in close collaboration with Clinton Foundation as requested by the Ministry of Health.

LINKAGES:

We will strengthen collaboration with NGOs that support programs for PLHA to ensure PLHA receive a combination of clinical, psychological, spiritual, social, & preventive services to optimize quality of life. The CTC community liaison person will coordinate with CBO's and PLHA groups in client follow-up and tracking. The program will promote active participation of community resource persons and structures and will use wrap-around programs for nutritional support (like WFP, World Vision) and the Emergency Hiring Plan for human resource support. Continue partnership with Mkapu Fellows Foundation for placement of critically needed human resource cadres in our supported facilities. Public-Private Partnerships: EGPAF currently supports five private hospitals which are owned, staffed and run by private companies. The GoT provides ARV drugs to these hospitals and EGPAF supplements the GOT's efforts with HIV-related supplies when central supplies are not available. In addition, EGPAF supports 13 Faith Based Organization hospitals.

CHECK BOXES

Renovation will be conducted in an effort to improve health center capacity 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 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 supervision to their respective sites. EGPAF will provide the required

Activity Narrative: National and PEPFAR reports. In order to promote data use culture, we 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 recognition of top performing sites will occur and operational practices will be standardized across all sites.

Evaluation to assess the impact of an HIV management (non-ART) training course for Reproductive and Child Health (RCH) service providers on outcomes for HIV positive mothers and HIV-exposed children

Primary objectives:

1. Document the impact of a new RCH training program providers' HIV knowledge, practice, and clinical activities for HIV+ mothers and HIV-exposed children

Secondary objective:

2. To document the impact of RCH Provider HIV training on patient referral and retention to CTCs.
3. To document specific additional challenges for RCH providers at lower health facilities concerning care and linkages.

The pretested, 4 day training has 4 modules: Introduction; natural causes & disease progression of HIV/AIDS; common clinical manifestations of HIV/AIDS & WHO staging of HIV-positive clients; basic principles of disease management; and treatment counseling.

Evaluation Design

1. RCH service provider pre-and post-training knowledge and HIV care
2. For pregnant women: documented clinical staging, CD4 measurement (in some clinics), appropriate referral to CTC, registration at CTC, administration of TMP-SMX, and reduction of early LTFU after referral.
3. For children: HIV exposure identification rates (via PMTCT results on charts and new tests).
4. For identified HIV-exposed children: documented clinical staging, administration of TMP-SMX, appropriate referral to CTC, retention in RCH up to 18 months
5. HIV positive mothers of children attending RCH: enhanced knowledge on caring for an exposed child, referral to CTC.

SUSTAINABILITY:

EGPAF Tanzania works closely with the Government 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 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 TA will gradually decrease over time, and in the next year training from Baylor and 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7706

Related Activity: 16353, 13540, 13472, 13549, 13565, 13444, 13529, 13573, 13588, 13591, 13587

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23456	3494.23456.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10047	2369.09		\$1,000,497
23455	3494.23455.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10047	2369.09		\$4,373,446
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13472	3415.08	6513	1158.08		Elizabeth Glaser Pediatric AIDS Foundation	\$4,537,965
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13587	8220.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$91,968
13588	6515.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$325,000
16353	16353.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$200,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13573	5117.08	6552	3623.08		Program for Appropriate Technology in Health	\$2,000,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13444	3484.08	6500	2290.08		Bugando Medical Centre	\$684,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13591	6518.08	6559	4082.08		Selian Lutheran Hospital - Mto wa Mbu Hospital	\$774,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	189	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	15,620	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	41,620	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	33,300	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arumeru
Arusha
Monduli
Ngorongoro
Karatu
Longido
Hai
Moshi
Mwanga
Rombo
Same
Siha
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Kishapu
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3443.08

Activity System ID: 13467

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$11,760,554

Activity Narrative: TITLE: Tunajali HIV/AIDS Care and Treatment Project

NEED AND COMPARATIVE ADVANTAGE: The HIV epidemic has reached critical levels in regions where Deloitte Consulting/Family Health International (FHI) work, with prevalence rates of 13.4% in Iringa, 5.4% in Morogoro, and 4.9% in Dodoma. Singida's 3.2% prevalence is considered low compared to a 50% in-patient rate. Deloitte and FHI have been treatment partners under a previous mechanism and a newly awarded contract. The program successfully teams Deloitte's expert financial and programmatic management with FHI's technical expertise in order to scale up access to the continuum of care and treatment toward meeting the Government of Tanzania's five-year goal of enrolling about 400,000 people living with HIV/AIDS (PLWHA) on Antiretroviral Therapy (ART) by the end of 2007. Deloitte/FHI is a well-respected partnership, with established strong working relationships with the Government of Tanzania (GoT).

ACCOMPLISHMENTS:

By March, 2007, Deloitte/FHI supported 33 sites in Dodoma, Morogoro, and Iringa; with 9,294 on ART (790 children), and 20,324 PLWHA on care, already exceeding FY 2007 targets of 9,000 and 20,000 respectively. In addition, the program trained 132 staff in ART management, 33 in monitoring and evaluation (M&E), and eight in supervision. Unique to the program, Deloitte/FHI hired 24 "retired, but not tired" staff for three regional hospitals, and linked with the Tunajali Home-based Care (HBC) program, supporting HBC coordinators for effective referrals to/from HBC services, and strengthening adherence and prevention.

MAJOR ACTIVITIES:

The program, called Tunajali, will focus on scale up of services, ensuring care and treatment is integrated in local systems, maximizing resources, and creating ownership towards sustainability. The scale up will occur by providing grants to health facilities for ongoing activities in 38 Care and Treatment Clinics (CTCs), and expand outward to 60 Health Centres, which will especially increase access to treatment for rural patients. Tunajali will work closely with the Regional Health Management Team (RHMT) and District Health Management Team (DHMT), the GoT entities charged with managing health services at the local level. This includes building capacity of the RHMT/DHMT in planning, coordination, and monitoring. In Dodoma, Morogoro, and Iringa, this is ongoing. With FY 2007 plus up funding, expansion was initiated to Singida. Activities will be prioritized by planning and coordinating with local authorities, leveraging support from other donors, including basket funds. Deloitte/FHI will work with the RHMT/DHMT to strengthen supportive supervision and with facilities to development internal quality improvement measures.

The funding requested for FY 2008 includes support to renovate and equip 60 Health Centres with furniture and equipment; purchase buffer stocks of lab reagents/supplies, and opportunistic infection (OI) drugs to complement MSD supplies; procure vehicles for supportive supervision and transporting samples; and train staff in ART, Provider-initiated Testing and Counseling (PITC), adherence counseling, pediatric HIV/AIDS, and M&E, using national guidelines and curriculum. To increase case-finding, PITC will be initiated at in/outpatient, pediatric and TB wards, and interventions will be strengthened to support Early Infant Diagnosis (collecting filter paper samples and transferring to closest zonal testing center) and increase pediatric treatment numbers. Emphasis will be on ensuring that providers are equipped to deal with pediatric services at the lowest service level possible to ensure access. Vulnerable children from homes of PLWHA who have been exposed but not tested will be identified. Referral networks and linkages to support the continuum of care will also be strengthened to ensure two-way referrals between Care and Treatment Clinics and other services, such as TB, HBC, hospital outpatient services, Prevention of Mother-to-Child Transmission (PMTCT), family planning, and counseling/testing services. Referrals systems will be monitored through simple referral and feedback mechanisms within facility and HBC programs, and feedback sessions will be organized. Deloitte/FHI will link with IntraHealth to strengthen PITC, and with Columbia for lessons learned in their prevention for positives study. Other preventive measures, including access to safe water, Insecticide Treated Nets (ITNs), and nutritional assessment and education will be provided. Family planning options will be offered. The program will work with PLWHA groups and communities to promote ART literacy and treatment preparedness, and will involve PLWHA in supportive roles to enhance adherence, awareness, and reduce stigma. PLWHA will be involved as counselors and role models to provide communities with accurate messages, encouraging HIV+ health worker involvement. Tunajali will attempt to equalize the gender imbalance through increased focus on male participation, family-centered approaches to antenatal care, and stronger promotion of testing services with males. To reduce stigma, the video recently developed by I-TECH will be used to sensitize providers to reduce the negative impact on PLWHA. Tunajali will also focus on improving both the quality of services and the quality of the workplace. To improve quality of ART services, the program will establish quality improvements (QI) measures (using established processes) to monitor key facility-based indicators, ensuring adherence to national tools/guidelines and Standard Operating Procedures. A participatory approach to QI will contribute, along with other facility improvements and retention interventions, to improved morale among health workers. To foster quality services, Tunajali will provide mentoring, training, and technical assistance; and support M&E, including supportive supervision, data collection, and reporting.

Particular focus will be placed on ensuring adequate manpower at facilities. Tunajali will expand a successful pilot of using retired officers to alleviate the human resource crisis, and will proceed with task shifting: nurses to triage patients, lay counselors and HBC coordinators to assist in referral to/from HBC and tracing defaulters, and final year Clinical Officer/Assistant Medical Officer/nursing students caring for patients.

An important feature of the Deloitte/FHI partnership in Tunajali is the financial management technical assistance. This is very critical as grant-making is extended to district health authorities and district hospitals. Deloitte will ensure close financial management of sub grantees; including establishing financial control systems to minimize opportunity for fraud, abuse, and mismanagement; monitoring disbursements of grants; conducting financial assessments and periodic reviews of reports; and providing capacity building to ensure fiscal accountability. These measures will also help to build transparency and sustainability. They will also accelerate the possibilities for graduation toward direct funding in appropriate cases.

LINKAGES:

The Tunajali treatment program is integrated with Tunajali HBC and orphan programming. A quality continuum of care is assured by strengthening linkages between entry points to care and treatment: TB, MTCT, VCT services funded through the USG. Deloitte will also work with EngenderHealth to establish

Activity Narrative: PMTCT services based on EngenderHealth's previous experience. The program is also closely linked with the National AIDS Control Programme (NACP) and the FHI technical assistance provided to NACP. In addition, it works closely with all other treatment partners. Tunajali works through RHMT and CHMT in the regions and the Ministry of Health and Social Welfare (MOHSW) at national level.

AREAS OF EMPHASIS:

Significant human capacity development will be undertaken at the facility level to improve morale and maximize the staffing capacity; and with regional/local government to strengthen their response and management of programs, and improve infrastructure. Gender will be emphasized to bring greater numbers of HIV+ men for treatment. Focus will be placed on increasing pediatric patients by integrating more closely with maternal child health services and strengthening linkages to PMTCT and immunization services.

M&E:

Tunajali will collaborate with the NACP/MOHSW to implement the national M&E system for Care and Treatment in Dodoma, Iringa, Morogoro, and Singida. At each site, data will be collected by an trained data clerk using the national paper-based tools. Quality of data will be assured through supportive supervision by Tunajali regional M&E officer working in collaboration with trained CHMT/RHMT staff. Data will be sent to national units and Tunajali to be analyzed and used in reports for feedback to sites for future planning and quality improvement as well as reporting to NACP and USG. Currently, all 33 CTCs are using the national MS Access-based CTC2 database. This number is set to increase to 98 by Sept 2008. In FY 2008, Tunajali will support training of 129 HCWs on M&E and provide technical assistance to 98 CTCs, four regional offices, and 27 DHMT/CHMT.

SUSTAINABILITY:

Tunajali is committed to sustainability and plans to work through local authorities. Empowering local authorities creates ownership, putting the responsibility of sustainability into their hands. Training/mentoring of CTC staff, RHMTs and CHMTs to build technical and management capacity, and to continue using national standards and guidelines also ensures sustainability. Authorities will be informed of lessons learned and innovative approaches, facilitating the adoption and updating of national norms, standards and guidelines. Tunajali will participate in the 2008/9 budgeting and planning cycles at district and regional levels to ensure integration of our programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7701

Related Activity: 13461, 13464, 16483, 13540, 13529, 13462, 13549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23439	3443.23439.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$912,000
23438	3443.23438.09	U.S. Agency for International Development	Deloitte Consulting Limited	9987	1197.09	Fac Based/RFE	\$8,580,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13461	12380.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$2,000,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13464	12463.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
16483	16483.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$500,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	125	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	19,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	42,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	32,070	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,620	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Dodoma
Dodoma Urban (prior to 2008)
Kondoa
Kongwa
Mpwapwa
Iringa
Iringa Urban (prior to 2008)
Kilolo
Ludewa
Makete
Mufindi
Njombe
Kilombero
Kilosa
Morogoro
Morogoro Urban (prior to 2008)
Mvomero
Ulanga
Iramba
Manyoni
Singida
Singida Urban (prior to 2008)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1511.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 3473.08

Activity System ID: 13469

Mechanism: Track 1.0

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$5,006,215

Activity Narrative: TITLE: Expanding comprehensive ART services in six regions and other under-served areas in Tanzania.

NEED and COMPARATIVE ADVANTAGE:

There are approximately 2 million Tanzanians living with HIV and close to a cumulative 800,000 AIDS cases have been reported.

HIV prevalence is higher in urban areas (10.9%) than in rural areas (5.3%) and it varies in different regions. In our current four regions, Kilimanjaro, Arusha, Tabora and Shinyanga, it is estimated that 100,823, 68,527, 123,689 and 182,363 people are infected respectively who will need care and ART services at some point. It is now estimated that only 7% of People Living with HIV/AIDS (PLHA) from these regions have accessed care by end of March 2007. The percentage is much lower in Mtwara and Lindi regions where EGPAF will extend support in FY 2008. With a strong commitment and support from the government and local authorities, EGPAF will play an important role to ensure optimum accessibility to care and treatment services.

ACCOMPLISHMENTS:

As of March 2007, 20,026 patients have been enrolled into HIV care, 9,477 initiated on ART including 1,090 (11.5%) children in 26 hospitals. However, 95,000 patients are estimated to be in need for ARV. About 300 health workers have been trained to provide comprehensive ART care including patient monitoring. Quality of care has been improved in the facilities through integration with PMTCT, infrastructure improvement and supply of equipments and other commodities such as office, laboratory and pharmacy supplies.

ACTIVITIES:

1) Provide support to four lower level facilities (Health Centers) per district in current four regions (total of 124 sites) 1a) Support planning, training, mentorship and supervision by district teams. Ensure HIV is included in Comprehensive Council Health Plans 1b) Improve referral system between facilities and facilitate transport for mentorship and supervision and specimen testing 1c) Minor renovations and supply of equipment

2) Provide continuum of care through integration and linkage between Care & Treatment and PMTCT and TB services and community based services 2a) All ART supported sites will offer PMTCT services. Strengthen mechanisms for referral of HIV+ women from PMTCT to care and treatment by promoting use of referral slips and/or physical escorting and registers to countercheck 2b) Train PMTCT health care workers (HCW) to carry out clinical staging of HIV+ mothers and partners and keep them at Reproductive & Child Health (RCH) clinic for basic care services till they are eligible for ART 2c) Support community liaison person at each site to link enrolled patients to CBO's for non-medical care and support 2d) PLHA groups will be supported to provide peer-led adherence counseling, tracking of defaulters and for strengthening prevention among positives. Condoms and other contraceptives will be provided in facilities where religion is not a constraint.

3) Support and expand provider-initiated testing and counseling (PITC) to all health facilities 3a) Train Health Care Workers (HCW) in Provider Initiated Testing and Counseling (PITC) using the National curriculum 3b) Provide HIV test kits when central supply is not available 3c) Conduct community sensitization meetings to increase demand and uptake of testing.

4) Increase the number and percentage of children enrolled to care and receiving ART 4a) Train HCW on routine testing, basic care and referral of children attending RCH clinics and in-patient wards. 4b) Sensitize and disseminate the revised child health cards with HIV exposure identification. 4c) Train health care workers on early infant diagnosis including use of dried blood spot (DBS) for PCR testing. 4d) Mentor health workers on pediatric ART. 4e) Provide care and treatment to HIV exposed and infected children through OVC programs; 15% of total patients on ART will be children; 4f) Implement PITC at all points where children come in contact with the health care system. This includes offering HIV testing to children and their mothers at outpatient clinics, reproductive and child health clinics, and inpatient wards. EGPAF is part of the USG initiative to increase identification of HIV exposed and infected children among those attending normal immunization clinics. A demonstration project for integrating identification and referral of HIV exposed children within immunization services is being implemented in two EGPAF sites, two Columbia sites, and two Harvard sites, with EGPAF providing overall coordination.

5) Continue support for ART services in the current 38 health facilities. 5a) Provide trainings for back up teams and focused pediatric training 5b) Support activities for continuous quality improvement. 5c) Recruit a laboratory technician to assist with quality assurance (QA) at EGPAF supported sites in collaboration with MOHSW. EGPAF will follow MOHSW standard operating procedures for QA. 5d) Strengthen data collection, on-site utilization and reporting.

6) Expand support for both PMTCT and ART to underserved areas in Lindi and Mtwara regions in close collaboration with Clinton Foundation in response to a request by the Ministry of Health. \$2,078,236.

LINKAGES:

We will strengthen collaboration with NGOs (like PATHFINDER, MILDMAY, World Food Program (WFP), World Vision, KIWAKKUKI and MARTEA) that support other programs for PLHA, to ensure they (PLHA) receive a combination of clinical, psychological, spiritual, social, & preventive services to optimize quality of life. The CTC community liaison person will coordinate with CBO's and PLHA groups in follow-up and tracking of clients. The program will promote active participation of community resource persons and structures, and will use wrap-around programs for nutritional support (like WFP, World Vision) and the Emergency Hiring Plan for human resource support. Continue partnership with Mkapa Fellows Foundation for placement of critically needed human resource cadres in our supported facilities. Public-Private Partnerships: EGPAF currently supports five private hospitals (Tanzania Sugar Plantation Corporation, Mwadui Diamond mines hospital, Ithna Asheri hospital, and Arusha International Conference Centre hospital) which are owned, staffed and run by private companies. The GoT provides ARV drugs to these hospitals and EGPAF supplements the Government's efforts with HIV-related supplies when central supplies are not available. In addition, EGPAF supports 13 Faith Based Organization hospitals.

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

Activity Narrative: training of health care workers. HIV testing and enrollment into treatment will focus on the general population

M&E:

EGPAF will collaborate with 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 supervision to their respective sites. EGPAF will provide the required National and PEPFAR reports. In order to promote data use culture, we 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 recognition of top performing sites will occur and operational practices will be standardized across all sites.

SUSTAINABILITY:

EGPAF Tanzania works closely with the Government 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 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 TA will gradually decrease over time, and in the next year training from Baylor and 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7705

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23446	3473.23446.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10144	1511.09	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

Coverage Areas

Pwani (prior to 2008)

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1512.08

Mechanism: Track 1.0

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3474.08

Planned Funds: \$4,400,000

Activity System ID: 13456

Activity Narrative: Title: Expanding HIV Care and Treatment Services in Kagera, Kigoma, Pwani, Zanzibar

Need and Comparative advantage

Columbia University (CU) supports ART services in Kagera, Kigoma, Pwani and Zanzibar (HIV prevalence of 0.9%-7.2%) where currently there is an estimated 51,503 patients in need of ART. There is need to bring services closer to PLHAs in order to reach all those eligible for ART. CU proposes to establish ART services at lower level facilities. This will involve infrastructure rehabilitation, training of health care workers, and establishing the systems that are necessary to support ART programs. CU has supported high quality comprehensive HIV Care and Treatment services for adults and children in Tanzania since 2004, and is well positioned to further expand these services in FY 2008.[* regional HIV prevalence]

Acomplishments

In FY 2007, CU supported ARV services in 24 hospitals. By June 2007, CU had enrolled 20,321 clients in care and initiated 8,102 on ART (64% females and 36% males). Over 550 children under the age of 15 are receiving ART. 55 pregnant women have started ART since the onset of the program. Early Infant Diagnosis activities at CU sites have identified 754 HIV-exposed infants, of which 680 received an HIV test. 117 were noted to be HIV-infected and 65 are receiving Care and Treatment.

Activities

1. Increase coverage of HIV Care and Treatment services through decentralization. Focus on children (15% of total): 1a) Renovate health centers for ART provision; 1b) Train 372 staff in Integrated Management of Adolescent and Adult Illnesses (IMAI) curriculum 1c) Provide clinical mentoring to staff in the provision of ART and enhance health care workers' (HCW) skill to treat children; 1d) Ensure commodities and supplies related to adult and pediatric ART provision and OI drugs are available on-site through capacity of the Council Health Management Teams (CHMT) in forecasting and logistics, and gap filling; 1e) Ensure clients not eligible for ART are enrolled into care programs; 1f) Ensure Pre-ART and ART registers are used to monitor clients on Care and Treatment; 1g) Provide care, treatment, and support through OVC programs to HIV-exposed and infected children. This includes screening for HIV; HIV testing by DNA PCR for infants; establishing referral linkages for care, including cotrimoxazole prophylaxis, and adherence support by community health workers; 1h) In collaboration with the Ministry of Health and Social Welfare (MOHSW), expand roll-out of the early infant diagnosis program to all four zones in Tanzania; including training zonal trainers and health facilities; 1i) Implement Provider Initiated Testing and Counseling (PITC) at pediatric inpatient and outpatient departments; 1j) Implement active case-finding at immunization clinics and ensure mother's PMTCT status is documented on the child health card.

2. Provide comprehensive services at HIV Care and Treatment sites: 2a) Ensure CU supported sites provide Pediatric ART, PMTCT, EID, TB/HIV, PITC and HBC services; 2b) Ensure strengthened linkages between services; 2c) Establish sample transportation systems; 2d) Provide prevention with positives services to clients attending care and treatment; 2e) Adherence support to clients enrolled into ART programs 2f) Establish partnerships with programs providing commodities, nutritional, psychosocial, and income generating support; 2g) Coordinate with existing palliative care programs; 2h) Establish PITC at all entry points in CU supported facilities.

3. Ensure high quality ART service provision at all CU supported sites: 3a) Implement standards of care and evaluate quarterly; 3b) Strengthen paper-based systems at all sites and computerized systems at 20 sites; 3c) Strengthen the capacity of sites, districts and regions in the collection, analysis and interpretation of data and empower in data ownership; 3d) Conduct regular data feedback sessions 3f) Hire additional data clerks at high volume ART sites;

4. Ensure ART service delivery is sustainable: 4a) Empower Regional Health Management Teams (RHMTs) and CHMTs in planning, implementation, and supportive supervision, and ensure ART related activities are all included in the Comprehensive Council Health plans; conduct supportive supervision with CHMT and RHMT; 4b) Support one local NGO in each region; utilize community groups to provide psychosocial support, link PLHAs to community support groups, and conduct defaulter tracing. 4c) Empower PLHA groups (at least one per region) to conduct adherence support activities; 4d) Address policy issues around the use of lay counselors and task shifting amongst HCWs at national level;

5. Expand public-private partnerships: 5a) Identify urban sites with shortage of health care providers; 5b) identify private health care workers providing medical services in the same urban sites; 5c) Engage local authorities and private practitioners in dialogue regarding collaborative provision of services; 5d) Train private practitioners in the NACP ART training curriculum, mentor and supervise service provision; 5e) Document process and outcome and disseminate results to national stakeholders and other implementing partners; 5f) Explore working with private for-profit businesses to initiate and/or strengthen care and treatment services as part of their package of health services to employees and dependents; leverage resources in the provision of ART for employees at the work place, and support HIV counseling and testing for the community with links to care where possible (NB This portion of the activity includes a rapid response capability to be mobilized in support of specific workplace program requests); 5g) Continue providing training on clinical care and M&E to Kagera Sugar Hospital and other companies with on-site health clinics. These clinics are staffed, managed, and stocked by their respective companies.

6. Strengthen regional laboratory network in 4 regions: 6a) Upgrade 14 laboratories and train 40 staff/region on laboratory management, opportunistic infections diagnosis and good laboratory practices; 6b) Upgrade infrastructure in six new laboratories; 6c) Upgrade 20 health center laboratories to perform hematology, chemistry tests and diagnose opportunistic infections; 6d) Create and provide minimum package of laboratory equipments and reagents to the regional, district, and health center laboratories; 6e) Create sample transportation system between lower tier and higher tier laboratories; 6f) On-site training for the six new labs on HIV monitoring; 6h) Establish a communication system between laboratories to ensure accurate reagents procurement, forecasting, and provide training on estimation of existing stock, sample transportation, and data collection; 6g) Establish laboratory data management system in 40 laboratories; 6h) Technical Assistance by in-country and regional CU lab Advisors

Linkages

PLHA organizations will be supported to assist in basic care and adherence support CU works closely with the NACP, the diagnostics unit and the National TB and Leprosy Program (NTLP) in implementing

Activity Narrative: comprehensive HIV/AIDS activities. CU has created effective linkages with TADEPA, a local NGO in Kagera providing community mobilization and defaulter tracing services. Further linkages will be formed with the Kagera Zone AIDS Project to provide adherence support to PLHAs. Population Services International, Mennonite Economic Development Associates in commodity provision. IEC/BCC partnerships with STRADCOM. In Zanzibar, the Zanzibar Association of People Living with HIV/AIDS and Zanzibar non-governmental organization cluster will provide adherence support to PLHAs. CU works closely with Clinton HIV/AIDS Initiative on Zanzibar. New partnerships with private sector groups such as Interchick (Pwani), Kagera Sugar, Uvinza Salt, Kabanga nickel mines, Nyaza Cooperative Cotton outgrowers will be explored. CU will not provide food support directly, but will explore linkages with the World Food Program (WFP) and faith-based organizations in order to leverage resources for nutritional support.

Check Boxes

General population, most at risk populations, and others will be targeted through testing activities and the provision of ART. Patients on wards targeted through PITC. Employees will be targeted for job satisfaction, increased retention. 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. Workplace programs will be part of public-private partnership (PPP) activities. CU will continue providing technical assistance to the MOHSW M&E unit.

M&E:

a) CU will collaborate with NACP/MOHSW to implement the national M&E system in all regions b) Data will be collected & reported using paper-based and electronic National CTC tools. National and OGAC reports will be generated c) CU will promote site feedback and data use d) A data quality assurance protocol for paper-based and electronic data will be implemented at all sites with one QA supervision visit/quarter. e) The NACP access database is currently implemented at six sites & will be scaled up to 20 sites by Sept 08 f) CU will train 126 HCW in M&E systems and provide technical assistance (TA) to all 42 CTCs g) CU will 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 PLHA organizations for sustainability and adherence.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7697

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23447	3474.23447.09	HHS/Centers for Disease Control & Prevention	Columbia University	10145	1512.09	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

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Coverage Areas

- Same
- Chakechake
- Mjini (Urban)
- Bagamoyo
- Kisarawe

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3621.08	Mechanism: N/A
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 5384.08	Planned Funds: \$8,010,000
Activity System ID: 13490	

Activity Narrative: TITLE: Scaling up of the ARV services and HIV care in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE:

Out of the 2.5 million population in Dar es Salaam region, 272,000 (10.9%) are estimated to be the people living with HIV/AIDS (PLWHA). Of these it is estimated that 54,000 (20%) will need ART.

MDH is a collaboration between the Harvard School of Public Health, Dar es Salaam City Council and MUHAS which has been ongoing for more than 15 years in training and research. 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 end of FY 2007, 25 sites will be providing comprehensive care and treatment services. The 25 sites include three district hospitals, an Infectious Disease Clinic, three refilling health centers upgraded to initiate ART, Muhimbili National Hospital and 17 private facilities, to boost public-private partnership. A total of 15,000 (30% of eligible in Dar) patients will be actively on ART, of which 3,750 (25%) will be children. The male to female ratio would be 1:1. Additional 8,000 clients not on ART will be on care.

ACTIVITIES:

Harvard will use the additional funds to accomplish the original targets of rolling out HIV care and treatment in 34 sites within three municipalities and activities will include:

(i) Expansion of comprehensive ART services including prevention among positives:

Additional five sites (Kimara, Tabata, and Tandale dispensaries. Mnazi Moja and Kigamboni health centers) will be included. Thus, MDH will put 5,000 more patients on ART; and by end of FY 2008, 20,000 (40% of eligible in Dar) patients will be actively on ART and additional 10,000 not on ARVs will be on care using pre-ART registers.

(ii) Staffing support –MDH will support the human resource requirements in the city through recruitment and hiring of necessary staff within the government system, creating a conducive working environment, training and career plan to ensure job satisfaction and retention.

(iii) Strengthening pediatric AIDS care and treatment – pediatric enrollment will increase from 10% to 25%. MDH will strengthen linkages between PMTCT (using ANC and immunization care to identify HIV exposed infants), maternal & child health clinics, inpatient and care and treatment centers (CTC). Sick children attending immunization clinics will be evaluated and referred for HIV testing. Improving infant HIV diagnosis through DNA-PCR will be emphasized. Practice of pediatric only day for patients under 15 years will be promoted. All health care workers (including non-pediatricians) will be trained to provide care and treatment for pediatric AIDS patients including co-trimoxazole prophylaxis.

(iv) Procurement and provision of various non-ARV medications – MDH will support sites in procuring and stock managing non-ARV drugs for treatment of opportunistic infections including pediatric preparations.

(v) Laboratory services – MDH lab support will be coordinated and synchronized with the national program – the Ministry of Health and Social Welfare (MOHSW) and the national referral lab. We will support procurement of essential Lab equipments, reagents and supplies for the 30 sites. We will support quality assurance & quality control programs as well Lab automation. MDH will also continue to build capacity of human resource within the labs by hiring and training.

(vi) Quality management program (QMP) – MDH has indicators incorporating PMTCT, care & treatment and TB/HIV programs to collect data and make use of this information for monitoring 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.

(vii) Tracking patients lost to follow up: MDH has a patient tracking system to trace those missed their scheduled visit, lost to follow up and with abnormal laboratory results. Currently the team has 30 nurses and additional 40 will be recruited. We will also involve PLWHA and volunteers on ART in the tracking system. MDH will strengthen linkages with organizations providing home based care.

(viii) 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 (intro and refresher) on the full spectrum of HIV treatment and care will be conducted using the national curricula. On site training and follow up, supportive supervision together with District Health Management (DHM) teams (monthly), preceptorship, system strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

(ix) Nutrition: Currently, MDH is providing nutritional information and counseling to all patients. It is proposed that nutritional supplements (plumpynut) be given to the severely malnourished patients (BMI <16) on care and ART (10% of 38,000) for three months. A nutrition coordinator and assistant will be recruited. One nutritionist per site (total of 14) will also be recruited and trained.

LINKAGES:

MDH will map and document available services for PLWHA. Referral systems will be strengthened to enable patient's access to various levels of services provided by the health facilities and other organizations particularly those of PLWHA and OVCs that provide clinical, psychological, spiritual, social, preventive and palliative care in the communities. Linkages within health facilities particularly between CTCs, TB, PMTCT, outpatient and inpatient departments will be strengthened. Provider initiated counseling and testing (PICT) will be strengthened to minimize missed opportunities. Patients will be linked with various wraparound programs – nutrition, reproductive health/family planning, malaria control, water and sanitation.

CHECK BOXES:

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 with specific emphasis on pregnant women and children. Linkages with PLHA groups will be formed and/or strengthened.

Activity Narrative: M&E:

MDH will collaborate with the NACP/MOHSW to implement the national M&E system for care & treatment. Patient records at all sites will be managed electronically using a well-developed electronic medical record system linked with the National CTC3 database for generation of NACP and USG reports. In order to promote data use, MDH will provide regular feedback to CTCs and build capacity to synthesize data to inform patient management and district/regional planning. We will support training of 50 HCWs in SI and provide TA to all 34 CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes and to document the lessons learnt 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 jointly with the district staff. All MDH activities will be in line with the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7722

Related Activity: 13562, 16408, 16441, 13540, 13488, 13549, 13565, 13486, 13529, 13489, 13564

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23458	5384.23458.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10048	3621.09		\$1,102,886
23457	5384.23457.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10048	3621.09		\$3,553,482
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13488	3414.08	6520	3621.08		Harvard University School of Public Health	\$900,600
16408	16408.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$164,320
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13489	5120.08	6520	3621.08		Harvard University School of Public Health	\$300,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13486	3475.08	6519	1513.08	Track 1.0	Harvard University School of Public Health	\$5,428,858
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	34	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	8,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	32,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1513.08

Prime Partner: Harvard University School of
Public Health

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 3475.08

Activity System ID: 13486

Mechanism: Track 1.0

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$5,428,858

Activity Narrative: TITLE: Scaling up of the ARV services and HIV care in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE:

Out of the 2.5 million population in Dar es Salaam region, 272,000 (10.9%) are estimated to be the people living with HIV/AIDS (PLWHA). Of these it is estimated that 54,000 (20%) will need ART.

MDH is a collaboration between the Harvard School of Public Health, Dar es Salaam City Council and MUHAS which has been ongoing for more than 15 years in training and research. 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 end of FY 2007, 25 sites will be providing comprehensive care and treatment services. The 25 sites include three district hospitals, an Infectious Disease Clinic, three refilling health centers upgraded to initiate ART, Muhimbili National Hospital and 17 private facilities, to boost public-private partnership. A total of 15,000 (30% of eligible in Dar) patients will be actively on ART, of which 3,750 (25%) will be children. The male to female ratio would be 1:1. Additional 8,000 clients not on ART will be on care.

ACTIVITIES:

(i) Expansion of comprehensive ART services including prevention among positives:

Additional five sites (Kimara, Tabata, and Tandale dispensaries, Mnazi Moja and Kigamboni health centers) will be included. Thus, MDH will put 5,000 more patients on ART; and by end of FY 2008, 20,000 (40% of eligible in Dar) patients will be actively on ART and additional 10,000 not on ARVs will be on care using pre-ART registers.

(ii) Staffing support –MDH will support the human resource requirements in the city through recruitment and hiring of necessary staff within the government system, creating a conducive working environment, training and career plan to ensure job satisfaction and retention.

(iii) Strengthening pediatric AIDS care and treatment – pediatric enrollment will increase from 10% to 25%. MDH will strengthen linkages between PMTCT (using ANC and immunization care to identify HIV exposed infants), maternal & child health clinics, inpatient and care and treatment centers (CTC). Sick children attending immunization clinics will be evaluated and referred for HIV testing. Improving infant HIV diagnosis through DNA-PCR will be emphasized. Practice of pediatric only day for patients under 15 years will be promoted. All health care workers (including non-pediatricians) will be trained to provide care and treatment for pediatric AIDS patients including co-trimoxazole prophylaxis.

(iv) Procurement and provision of various non-ARV medications – MDH will support sites in procuring and stock managing non-ARV drugs for treatment of opportunistic infections including pediatric preparations.

(v) Laboratory services – MDH lab support will be coordinated and synchronized with the national program – the Ministry of Health and Social Welfare (MOHSW) and the national referral lab. We will support procurement of essential Lab equipments, reagents and supplies for the 30 sites. We will support quality assurance & quality control programs as well Lab automation. MDH will also continue to build capacity of human resource within the labs by hiring and training.

(vi) Quality management program (QMP) – MDH has indicators incorporating PMTCT, care & treatment and TB/HIV programs to collect data and make use of this information for monitoring 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.

(vii) Tracking patients lost to follow up: MDH has a patient tracking system to trace those missed their scheduled visit, lost to follow up and with abnormal laboratory results. Currently the team has 30 nurses and additional 40 will be recruited. We will also involve PLWHA and volunteers on ART in the tracking system. MDH will strengthen linkages with organizations providing home based care.

(viii) 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 (intro and refresher) on the full spectrum of HIV treatment and care will be conducted using the national curricula. On site training and follow up, supportive supervision together with District Health Management (DHM) teams (monthly), preceptorship, system strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

(ix) Nutrition: Currently, MDH is providing nutritional information and counseling to all patients. It is proposed that nutritional supplements (plumpynut) be given to the severely malnourished patients (BMI <16) on care and ART (10% of 38,000) for three months. A nutrition coordinator and assistant will be recruited. One nutritionist per site (total of 14) will also be recruited and trained.

LINKAGES:

MDH will map and document available services for PLWHA. Referral systems will be strengthened to enable patient's access to various levels of services provided by the health facilities and other organizations particularly those of PLWHA and OVCs that provide clinical, psychological, spiritual, social, preventive and palliative care in the communities. Linkages within health facilities particularly between CTCs, TB, PMTCT, outpatient and inpatient departments will be strengthened. Provider initiated counseling and testing (PICT) will be strengthened to minimize missed opportunities. Patients will be linked with various wraparound programs – nutrition, reproductive health/family planning, malaria control, water and sanitation.

CHECK BOXES:

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 with specific emphasis on pregnant women and children. Linkages with PLHA groups will be formed and/or strengthened.

M&E:

MDH will collaborate with the NACP/MOHSW to implement the national M&E system for care & treatment.

Activity Narrative: Patient records at all sites will be managed electronically using a well-developed electronic medical record system linked with the National CTC3 database for generation of NACP and USG reports. In order to promote data use, MDH will provide regular feedback to CTCs and build capacity to synthesize data to inform patient management and district/regional planning. We will support training of 50 HCWs in SI and provide TA to all 30 CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes and to document the lessons learnt 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 jointly with the district staff. All MDH activities will be in line with the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7719

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23448	3475.23448.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10146	1513.09	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

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1513.08

Mechanism: Track 1.0

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10179.08

Planned Funds: \$1,357,214

Activity System ID: 13487

Activity Narrative: TITLE: Scaling up of the ARV services and HIV care in Dar es Salaam

NEED and COMPARATIVE ADVANTAGE: Out of the 2.5 million population in Dar es Salaam region, 272,000 (10.9%) are estimated to be the people living with HIV/AIDS (PLWHA). Of these it is estimated that 54,000 (20%) will need ART.

MDH is a collaboration between the Harvard School of Public Health, Dar es Salaam City Council and MUHAS which has been ongoing for more than 15 years in training and research. 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 end of FY 2007, 25 sites will be providing comprehensive care and treatment services. The 25 sites include three district hospitals, an Infectious Disease Clinic, three refilling health centers upgraded to initiate ART, Muhimbili National Hospital and 17 private facilities, to boost public-private partnership. A total of 15,000 (30% of eligible in Dar) patients will be actively on ART, of which 3,750 (25%) will be children. The male to female ratio would be 1:1. Additional 8,000 clients not on ART will be on care.

ACTIVITIES:

(i) Expansion of comprehensive ART services including prevention among positives: Additional five sites (Kimara, Tabata, and Tandale dispensaries, Mnazi Moja and Kigamboni health centers) will be included. Thus, MDH will put 5,000 more patients on ART; and by end of FY 2008, 20,000 (40% of eligible in Dar) patients will be actively on ART and additional 10,000 not on ARVs will be on care using pre-ART registers.

(ii) Staffing support –MDH will support the human resource requirements in the city through recruitment and hiring of necessary staff within the government system, creating a conducive working environment, training and career plan to ensure job satisfaction and retention.

(iii) Strengthening pediatric AIDS care and treatment – pediatric enrollment will increase from 10% to 25%. MDH will strengthen linkages between PMTCT (using ANC and immunization care to identify HIV exposed infants), maternal & child health clinics, inpatient and care and treatment centers (CTC). Sick children attending immunization clinics will be evaluated and referred for HIV testing. Improving infant HIV diagnosis through DNA-PCR will be emphasized. Practice of pediatric only day for patients under 15 years will be promoted. All health care workers (including non-pediatricians) will be trained to provide care and treatment for pediatric AIDS patients including co-trimoxazole prophylaxis.

(iv) Procurement and provision of various non-ARV medications – MDH will support sites in procuring and stock managing non-ARV drugs for treatment of opportunistic infections including pediatric preparations.

(v) Laboratory services – MDH lab support will be coordinated and synchronized with the national program – the Ministry of Health and Social Welfare (MOHSW) and the national referral lab. We will support procurement of essential Lab equipments, reagents and supplies for the 30 sites. We will support quality assurance & quality control programs as well Lab automation. MDH will also continue to build capacity of human resource within the labs by hiring and training.

(vi) Quality management program (QMP) – MDH has indicators incorporating PMTCT, care & treatment and TB/HIV programs to collect data and make use of this information for monitoring 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.

(vii) Tracking patients lost to follow up: MDH has a patient tracking system to trace those missed their scheduled visit, lost to follow up and with abnormal laboratory results. Currently the team has 30 nurses and additional 40 will be recruited. We will also involve PLWHA and volunteers on ART in the tracking system. MDH will strengthen linkages with organizations providing home based care.

(viii) 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 (intro and refresher) on the full spectrum of HIV treatment and care will be conducted using the national curricula. On site training and follow up, supportive supervision together with District Health Management (DHM) teams (monthly), preceptorship, system strengthening and logistical improvement will be prioritized. In consultation with the DHM, further training opportunities for selected MDH staff will be offered.

(ix) Nutrition: Currently, MDH is providing nutritional information and counseling to all patients. It is proposed that nutritional supplements (plumpynut) be given to the severely malnourished patients (BMI <16) on care and ART (10% of 38,000) for three months. A nutrition coordinator and assistant will be recruited. One nutritionist per site (total of 14) will also be recruited and trained.

LINKAGES:

MDH will map and document available services for PLWHA. Referral systems will be strengthened to enable patient's access to various levels of services provided by the health facilities and other organizations particularly those of PLWHA and OVCs that provide clinical, psychological, spiritual, social, preventive and palliative care in the communities. Linkages within health facilities particularly between CTCs, TB, PMTCT, outpatient and inpatient departments will be strengthened. Provider initiated counseling and testing (PICT) will be strengthened to minimize missed opportunities. Patients will be linked with various wraparound programs – nutrition, reproductive health/family planning, malaria control, water and sanitation.

CHECK BOXES:

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 with specific emphasis on pregnant women and children. Linkages with PLHA groups will be formed and/or strengthened.

M&E:

Activity Narrative: MDH will collaborate with the NACP/MOHSW to implement the national M&E system for care & treatment. Patient records at all sites will be managed electronically using a well-developed electronic medical record system linked with the National CTC3 database for generation of NACP and USG reports. In order to promote data use, MDH will provide regular feedback to CTCs and build capacity to synthesize data to inform patient management and district/regional planning. We will support training of 50 HCWs in SI and provide TA to all 30 CTCs, three district offices and one regional office. MDH will regularly perform data analyses to evaluate treatment outcomes and to document the lessons learnt 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 jointly with the district staff. All MDH activities will be in line with the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10179

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23449	10179.2344 9.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10146	1513.09	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

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2290.08

Mechanism: N/A

Prime Partner: Bugando Medical Centre

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3484.08

Planned Funds: \$684,000

Activity System ID: 13444

Activity Narrative: 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 Illnesses (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 non-laboratory 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 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:

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7683

Related Activity: 13450, 13458, 16352, 13540, 13459, 13456, 13529, 13451, 13452, 13457

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23452	3484.23452.09	HHS/Centers for Disease Control & Prevention	Bugando Medical Centre	9975	2290.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13458	12461.08	6509	1221.08		Columbia University	\$500,000
13451	5114.08	6504	2368.08		Catholic Relief Services	\$350,000
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,000	False

Indirect Targets

Coverage Areas

Biharamulo
Bukoba
Karagwe
Muleba
Ngara
Kasulu
Kibondo
Kigoma
Bunda
Musoma
Serengeti
Tarime
Geita
Ilemela
Kwimba
Magu
Misungwi
Nyamagana
Sengerema
Ukerewe
Bariadi
Bukombe
Kahama
Maswa
Meatu
Shinyanga
Igunga
Nzega
Sikonge
Tabora
Urambo
Uyui
Chato
Misenye
Kishapu

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1514.08

Prime Partner: Catholic Relief Services

Mechanism: Track 1.0

USG Agency: HHS/Health Resources
Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3476.08

Planned Funds: \$1,063,792

Activity System ID: 13449

Activity Narrative: TITLE: AIDSRelief Rapid Expansion of ART

NEED and COMPARATIVE ADVANTAGE:

HIV-prevalence in Mwanza, Mara, Manyara & Tanga regions ranges from 2-7%, with an estimated total of 350,000 HIV positive individuals. An estimated 70,000 individuals are in need for ARV. As of June 2007, only 13% (8,974) were on active ART. Effective scale-up of care & treatment services requires improved infrastructures, staff capacity building, strengthened supply chains & enhanced management systems. With four regionally-based teams working closely with Regional and Council Health Management Teams (RHMT), faith & community-based groups, AIDSRelief (AR) can provide technical support & material inputs necessary to increase ART enrollment to reach at least 50% of patients requiring ART. AR has the additional advantage of working through faith-based partners who are rooted in communities in order to support the spiritual & psychosocial needs of people living with HIV.

ACCOMPLISHMENTS:

Since initiating our program in July 2004, AR 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, promoting the conditions necessary to achieve durable viral suppression. As of June 2007, 18 AIDSRelief-supported HIV treatment centers are providing care to 18,822 patients. Of these, 8,974 patients, including 719 children, were on active ART.

ACTIVITIES:

AR will provide significant inputs to roll out HIV care and treatment to 87 health facilities located in Mwanza, Mara, Manyara, & Tanga regions

1) On-site preceptorship & ongoing supportive supervision to 87 facilities to achieve the minimum criteria for the delivery of ART; 1a) Ensure staff at all 87 facilities receive training in ART care & treatment using NACP or IMAI curricula, augmented by AR adherence training including education on prevention for positives & site management leadership skills;

2) Direct technical & material support (when central supplies are not available) to 87 facilities, including 52 lower level health centers (two per district); 2b) Develop comprehensive facility-specific work-plans including Provider Initiated Testing and Counseling (PITC) & PMTCT in all facilities providing ART, with emphasis on local accountability for clinic growth & performance; 2c) Renovate & purchase basic laboratory & clinical equipment.

3) Increased number of pregnant women and children on ART 3a) Integrate ART services with PMTCT, TB, ANC, inpatient & out-patient services to improve pediatric referrals; 3b) Monitor use of cotrimoxazole for HIV-exposed & infected infants, implement universal CD4 screening of pregnant women & expedite entry onto ART for those eligible; 3c) Strengthen capacity through basic training & mentoring of non-pediatric health workers to provide care & treatment for children;

4) Strengthen role of the RHMT/CHMTs in the provision of supportive supervision to all dispensing facilities; 4a) Ensure all RHMTs have adequate skills and knowledge of ART care and treatment protocols; 4b) Facilitate regular supportive supervision by RHMT/CHMTs to all dispensing facilities; 4c) Promote regional planning & resource management;

5) Conduct ongoing QA/QI activities to measure success of programs. Institutional Review Board and other ethical committee review approvals will be gained as necessary before initiation of activities; 5a) Conduct chart reviews at each partner site for improvement of clinical practices; 5b) Conduct Life Table Analysis to identify factors associated with early discontinuation of treatment; 5c) Conduct Quality of Life analysis to assess whether morbidity decreases over time;

6) Expand laboratory capacity at facility & regional level; 6a) Establish training laboratory at a regional hospital enabling laboratory staff from other facilities to improve technical skills and knowledge; 6b) Ensure all facilities have adequate resources & capacity to perform diagnostic testing using nationally recognized standard operating procedures; 6c) Formalize & strengthen referral systems for transport & processing of lab specimens from lower level facilities; 6d) Ensure adequate systems to procure, store & track laboratory reagents & commodities;

7) Improve pharmaceutical management; 7a) Strengthen capacity in inventory control & forecasting, including OI drugs & pediatric ARV formulation; 7b) install computers in 35 facilities 7c) Improve infrastructure for pharmacy management, storage & dispensing;

8. Improve adherence to treatment; 8a) Strengthen referrals between HIV service points & provide community-based support; 8b) Involve PLHA as lay counselors & treatment support partners; 9) Strengthen financial & management systems of partner institutions.

LINKAGES:

AR's established relationships with regional & district government, including RHMTs, faith-based networks & community based groups reinforce linkages for improved patient support. AR also has the ability of provide a comprehensive continuum of care through PMTCT, TB screening, HBC & OVC activities as well as linking with CRS' broad portfolio of programs which involve many of our 39 current partners. These include water resource development, micro-enterprise, savings and small farmer programs supported by the USG and other donors. OVC & nutritional support programs provide added opportunities for identification of HIV-exposed & infected children. AR community outreach volunteers & staff will map facility catchment areas & formal linkages will be established between CTCs & groups providing home based palliative care in these areas. Outreach & adherence staff, using patient attendance data, will utilize these networks to follow up missed appointments or patients lost to follow up. PLHA groups will assist with scale-up by performing as lay counselors & adherence support partners & assist with stigma reduction & education of prevention for positives through sensitization of ward, street and 10-cell leaders.

CHECK BOXES:

Activities related to renovation will be conducted in an effort to improve laboratory capacity at AIDSRelief supported sites. Human capacity development activities revolve around in-service training of health care

Activity Narrative: workers. HIV testing and enrollment into treatment will focus on the general population with added emphasis on pregnant women and children. Discordant couples will be given prevention messages in counseling sessions. PLHAs will be utilized as lay counselors and treatment support partners. Wrap-around programs include activities with HBC, agriculture, water sanitation and micro-lending.

M&E:

AIDSRelief 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 & treatment in Mwanza, Mara, Manyara & Tanga regions. Data will be collected using national tools. AR staff accompanied by regional & district MoH personnel will provide quarterly supportive supervision for M&E to 87 care and treatment CTCs). This approach will build the capacity of MoH staff to provide supportive supervision for quality assurance. We shall provide regular feedback to supported sites & build capacity at facility & regional level to utilize data to inform patient management & district/regional planning. Computerization of paper-based information systems at facility level enhances their ability to synthesize data & generate information that can be used for improving patient management & reporting to NACP & other donors. The NACP facility-based CTC 2 database is currently in use at 19 AIDSRelief supported CTCs. This will be expanded to 35 CTCs by end FY 2008. SI Targets: Initial & refresher trainings in the use of revised care & treatment tools will be provided to 498 HCWs. Technical Assistance (TA) will be provided for four regional and 13 district offices as well as the 87 CTCs. 7% of project support is designated for M&E.

SUSTAINABILITY:

AR will lay a foundation for sustainable Regional & District management of care and treatment by: 1) Ensuring all RHMT, District Health Management Teams & CTC's receive training using the national curriculum & work towards the achievement of minimum criteria for the delivery of ART; 2) Integrating the program into existing health infrastructure & decentralizing services to health center level; 3) Strengthening laboratory & pharmacy supply chains & medical records; 4) Promote development of patient support mechanisms within communities which educate people about their health and promote treatment adherence; 5) Working with RHMTs & CHMTs to ensure a quality assurance/improvement plans provide an evidence base for critical information used to manage HIV care and treatment. programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7692

Related Activity: 13450, 13540, 13565, 13444, 13529, 13451

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23450	3476.23450.09	HHS/Health Resources Services Administration	Catholic Relief Services	10017	1506.09	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		\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13451	5114.08	6504	2368.08		Catholic Relief Services	\$350,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13444	3484.08	6500	2290.08		Bugando Medical Centre	\$684,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2368.08	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 5505.08	Planned Funds: \$12,800,000
Activity System ID: 13452	

Activity Narrative: TITLE: AIDSRelief Rapid Expansion of ART

NEED and COMPARATIVE ADVANTAGE:

HIV-prevalence in Mwanza, Mara, Manyara & Tanga regions ranges from 2-7%, with an estimated total of 350,000 HIV positive individuals. An estimated 70,000 individuals are in need for ARV. As of June 2007, only 13% (8,974) were on active ART. Effective scale-up of care & treatment services requires improved infrastructures, staff capacity building, strengthened supply chains & enhanced management systems. With four regionally-based teams working closely with Regional and Council Health Management Teams (RHMT), faith & community-based groups, AIDSRelief (AR) can provide technical support & material inputs necessary to increase ART enrollment to reach at least 50% of patients requiring ART. AR has the additional advantage of working through faith-based partners who are rooted in communities in order to support the spiritual & psychosocial needs of people living with HIV.

ACCOMPLISHMENTS:

Since initiating our program in July 2004, AR 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, promoting the conditions necessary to achieve durable viral suppression. As of June 2007, 18 AIDSRelief-supported HIV treatment centers are providing care to 18,822 patients. Of these, 8,974 patients, including 719 children, were on active ART.

ACTIVITIES:

AIDSRelief will use the additional funds to accomplish the original targets of rolling out HIV care and treatment to 87 health facilities located in Mwanza, Mara, Manyara, & Tanga regions:

1) On-site preceptorship & ongoing supportive supervision to 87 facilities to achieve the minimum criteria for the delivery of ART; 1a) Ensure staff at all 87 facilities receive training in ART care & treatment using NACP or IMAI curricula, augmented by AR adherence training including education on prevention for positives & site management leadership skills;

2) Direct technical & material support (when central supplies are not available) to 87 facilities, including 52 lower level health centers (two per district); 2b) Develop comprehensive facility-specific work-plans including Provider Initiated Testing and Counseling (PITC) & PMTCT in all facilities providing ART, with emphasis on local accountability for clinic growth & performance; 2c) Renovate & purchase basic laboratory & clinical equipment.

3) Increased number of pregnant women and children on ART 3a) Integrate ART services with PMTCT, TB, ANC, inpatient & out-patient services to improve pediatric referrals; 3b) Monitor use of cotrimoxazole for HIV-exposed & infected infants, implement universal CD4 screening of pregnant women & expedite entry onto ART for those eligible; 3c) Strengthen capacity through basic training & mentoring of non-pediatric health workers to provide care & treatment for children;

4) Strengthen role of the RHMT/CHMTs in the provision of supportive supervision to all dispensing facilities; 4a) Ensure all RHMTs have adequate skills and knowledge of ART care and treatment protocols; 4b) Facilitate regular supportive supervision by RHMT/CHMTs to all dispensing facilities; 4c) Promote regional planning & resource management;

5) Conduct ongoing QA/QI activities to measure success of programs. Institutional Review Board and other ethical committee review approvals will be gained as necessary before initiation of activities; 5a) Conduct chart reviews at each partner site for improvement of clinical practices; 5b) Conduct Life Table Analysis to identify factors associated with early discontinuation of treatment; 5c) Conduct Quality of Life analysis to assess whether morbidity decreases over time;

6) Expand laboratory capacity at facility & regional level; 6a) Establish training laboratory at a regional hospital enabling laboratory staff from other facilities to improve technical skills and knowledge; 6b) Ensure all facilities have adequate resources & capacity to perform diagnostic testing using nationally recognized standard operating procedures; 6c) Formalize & strengthen referral systems for transport & processing of lab specimens from lower level facilities; 6d) Ensure adequate systems to procure, store & track laboratory reagents & commodities;

7) Improve pharmaceutical management; 7a) Strengthen capacity in inventory control & forecasting, including OI drugs & pediatric ARV formulation; 7b) install computers in 35 facilities 7c) Improve infrastructure for pharmacy management, storage & dispensing;

8) Improve adherence to treatment; 8a) Strengthen referrals between HIV service points & provide community-based support; 8b) Involve PLHA as lay counselors & treatment support partners; 9) Strengthen financial & management systems of partner institutions

LINKAGES:

AR's established relationships with regional & district government, including RHMTs, faith-based networks & community based groups reinforce linkages for improved patient support. AR also has the ability of provide a comprehensive continuum of care through PMTCT, TB screening, HBC & OVC activities as well as linking with CRS' broad portfolio of programs which involve many of our 39 current partners. These include water resource development, micro-enterprise, savings and small farmer programs supported by the USG and other donors. OVC & nutritional support programs provide added opportunities for identification of HIV-exposed & infected children. AR community outreach volunteers & staff will map facility catchment areas & formal linkages will be established between CTCs & groups providing home based palliative care in these areas. Outreach & adherence staff, using patient attendance data, will utilize these networks to follow up missed appointments or patients lost to follow up. PLHA groups will assist with scale-up by performing as lay counselors & adherence support partners & assist with stigma reduction & education of prevention for positives through sensitization of ward, street and 10-cell leaders.

CHECK BOXES:

Activities related to renovation will be conducted in an effort to improve laboratory capacity at AIDSRelief supported sites. Human capacity development activities revolve around in-service training of health care

Activity Narrative: workers. HIV testing and enrollment into treatment will focus on the general population with added emphasis on pregnant women and children. Discordant couples will be given prevention messages in counseling sessions. PLHAs will be utilized as lay counselors and treatment support partners. Wrap-around programs include activities with HBC, agriculture, water sanitation and micro-lending.

M&E:

AIDSRelief 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 & treatment in Mwanza, Mara, Manyara & Tanga regions. Data will be collected using national tools. AR staff accompanied by regional & district MoH personnel will provide quarterly supportive supervision for M&E to 87 care and treatment CTCs). This approach will build the capacity of MoH staff to provide supportive supervision for quality assurance. We shall provide regular feedback to supported sites & build capacity at facility & regional level to utilize data to inform patient management & district/regional planning. Computerization of paper-based information systems at facility level enhances their ability to synthesize data & generate information that can be used for improving patient management & reporting to NACP & other donors. The NACP facility-based CTC 2 database is currently in use at 19 AIDSRelief supported CTCs. This will be expanded to 35 CTCs by end FY 2008. SI Targets: Initial & refresher trainings in the use of revised care & treatment tools will be provided to 498 HCWs. Technical Assistance (TA) will be provided for four regional and 13 district offices as well as the 87 CTCs. 7% of project support is designated for M&E.

SUSTAINABILITY:

AR will lay a foundation for sustainable Regional & District management of care and treatment by:

- 1) Ensuring all RHMT, District Health Management Teams & CTC's receive training using the national curriculum & work towards the achievement of minimum criteria for the delivery of ART
- 2) Integrating the program into existing health infrastructure & decentralizing services to health center level
- 3) Strengthening laboratory & pharmacy supply chains & medical records
- 4) Promote development of patient support mechanisms within communities which educate people about their health and promote treatment adherence
- 5) Working with RHMTs & CHMTs to ensure a quality assurance/improvement plans provide an evidence base for critical information used to manage HIV care and treatment. programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7694

Related Activity: 13450, 13540, 13565, 13444, 13529, 13451

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23454	5505.23454.09	HHS/Health Resources Services Administration	Catholic Relief Services	10123	10123.09		\$1,069,103
23453	5505.23453.09	HHS/Health Resources Services Administration	Catholic Relief Services	10123	10123.09		\$8,959,052
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13450	12379.08	6504	2368.08		Catholic Relief Services	\$2,000,000
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13565	3468.08	6550	1415.08		Pathfinder International	\$3,600,000
13451	5114.08	6504	2368.08		Catholic Relief Services	\$350,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13444	3484.08	6500	2290.08		Bugando Medical Centre	\$684,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	87	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	13,420	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	43,270	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	36,780	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	420	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Babati

Hanang

Kiteto

Mbulu

Simanjiro

Bunda

Musoma

Musoma Urban (prior to 2008)

Serengeti

Tarime

Geita

Kwimba

Magu

Misungwi

Sengerema

Ukerewe

Handeni

Korogwe

Lushoto

Muheza

Pangani

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3461.08

Activity System ID: 13459

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$7,100,000

NEED AND COMPARATIVE ADVANTAGE

Columbia University (CU) supports ART services in Kagera, Kigoma, Pwani and Zanzibar (HIV prevalence of 0.9%-7.2%) where currently there is an estimated 51,503 patients in need of ART. There is need to bring services closer to PLHAs in order to reach all those eligible for ART. CU proposes to establish ART services at lower level facilities. This will involve infrastructure rehabilitation, training of health care workers, and establishing the systems that are necessary to support ART programs. CU has supported high quality comprehensive HIV Care and Treatment services for adults and children in Tanzania since 2004, and is well positioned to further expand these services in FY 2008.[* regional HIV prevalence]

ACCOMPLISHMENTS

In FY 2007, CU supported ARV services in 24 hospitals. By June 2007, CU had enrolled 20,321 clients in care and initiated 8,102 on ART (64% females and 36% males). Over 550 children under the age of 15 are receiving ART. 55 pregnant women have started ART since the onset of the program. Early Infant Diagnosis activities at CU sites have identified 754 HIV-exposed infants, of which 680 received an HIV test. 117 were noted to be HIV-infected and 65 are receiving Care and Treatment.

ACTIVITIES

COLUMBIA University will use the additional funds to accomplish the original targets of rolling out ART services at 61 health facilities in five regions. This will involve: increasing coverage of HIV Care and Treatment services through decentralization.

1. Focus on children (15% of total): 1a) renovate health centers for ART provision; 1b) train 372 staff in IMAI curriculum 1c) provide clinical mentoring to staff in the provision of ART and enhance health care workers' (HCW) skill to treat children; 1d) ensure commodities and supplies related to adult and pediatric ART provision and OI drugs are available on-site through capacity of the Council Health Management Teams (CHMT) in forecasting and logistics, and gap filling; 1e) ensure clients not eligible for ART are enrolled into care programs; 1f) ensure Pre and ART registers are used to monitor clients on Care and Treatment; 1g) provide care, treatment, and support through OVC programs to HIV-exposed and infected children. This includes screening for HIV; HIV testing by DNA PCR for infants; establishing referral linkages for care, including cotrimoxazole prophylaxis, and adherence support by community health workers; 1h) in collaboration with the Ministry of Health and Social Welfare (MOHSW), expand roll-out of the early infant diagnosis program to all four zones in Tanzania; including training zonal trainers and health facilities; 1i) implement PITC at pediatric inpatient and outpatient departments; 1j) implement active case-finding at immunization clinics and ensure mother's PMTCT status is documented on the child health card.

2. Provide comprehensive services at HIV Care and Treatment sites: 2a) ensure CU supported sites provide Pediatric ART, PMTCT, EID, TB/HIV, PITC and HBC services; 2b) ensure strengthened linkages between services; 2c) establish sample transportation systems; 2d) provide prevention with positives services to clients attending care and treatment; 2e) adherence support to clients enrolled into ART programs 2f) establish partnerships with programs providing commodities, nutritional, psychosocial, and income generating support; 2g) coordinate with existing palliative care programs; 2h) establish PITC at all entry points in CU supported facilities.

3. Ensure high quality ART service provision at all CU supported sites: 3a) implement standards of care and evaluate quarterly; 3b) strengthen paper-based systems at sites and with computerized data at 20 sites; 3c) strengthen the capacity of sites, districts and regions in the collection, analysis, and interpretation of data and empower in data ownership; 3d) conduct regular data feedback sessions 3f) hire additional data clerks at high volume ART sites;

4. Ensure ART service delivery is sustainable: 4a) empower Regional Health Management Teams (RHMTs) and CHMTs in planning, implementation, and supportive supervision, and ensure ART related activities are all included in the Comprehensive Council Health plans; conduct supportive supervision with CHMT and RHMT; 4b) support one local NGO in each region; utilize community groups to provide psychosocial support, link PLHAs to community support groups, and conduct defaulter tracing. 4c) empower PLHA groups (at least one per region) to conduct adherence support activities; 4d) address policy issues around the use of lay counselors and task shifting amongst HCWs at national level;

5. Expand public-private partnerships: 5a) identify urban sites with shortage of health care providers; 5b) identify private health care workers providing medical services in the same urban sites; 5c) engage local authorities and private practitioners in dialogue regarding collaborative provision of services; 5d) train private practitioners in the NACP ART training curriculum, mentor and supervise service provision; 5e) document process and outcome and disseminate results to national stakeholders and other implementing partners; 5f) explore working with private for-profit businesses to initiate and/or strengthen care and treatment services as part of their package of health services to employees and dependents; leverage resources in the provision of ART for employees at the work place, and support HIV counseling and testing for the community with links to care where possible (NB This portion of the activity includes a rapid response capability to be mobilized in support of specific workplace program requests); 5g) continue providing training on clinical care and M&E to Kagera Sugar Hospital and other companies with on-site health clinics. These clinics are staffed, managed, and stocked by their respective companies.

6. Strengthen regional laboratory network in 4 regions: 6a) upgrade 14 laboratories and train 40 staff/region on laboratory management, opportunistic infections diagnosis and good laboratory practices; 6b) upgrade infrastructure in six new laboratories; 6c) upgrade 20 health center laboratories to perform hematology, chemistry tests and diagnose opportunistic infections; 6d) create and provide minimum package of laboratory equipments and reagents to the regional, district, and health center laboratories; 6e) create sample transportation system between lower tier and higher tier laboratories; 6f) on-site training for the six new labs on HIV monitoring; 6h) establish a communication system between laboratories to ensure accurate reagents procurement, forecasting, and provide training on estimation of existing stock, sample transportation, and data collection; 6g) establish laboratory data management system in 40 laboratories; 6h) technical Assistance by in-country and regional CU lab Advisors

LINKAGES

Activity Narrative: PLHA organizations will be supported to assist in basic care and adherence support CU works closely with the NACP, the diagnostics unit and the National TB and Leprosy Program (NTLP) in implementing comprehensive HIV/AIDS activities. CU has created effective linkages with TADEPA, a local NGO in Kagera providing community mobilization and defaulter tracing services. Further linkages will be formed with the Kagera Zone AIDS Project to provide adherence support to PLHAs. Population Services International, Mennonite Economic Development Associates in commodity provision. IEC/BCC partnerships with STRADCOM. In Zanzibar, the Zanzibar Association of People Living with HIV/AIDS and Zanzibar non-governmental organization cluster will provide adherence support to PLHAs. CU works closely with Clinton HIV/AIDS Initiative on Zanzibar. New partnerships with private sector groups such as Interchick (Pwani), Kagera Sugar, Uvinza Salt, Kabanga nickel mines, Nyaza Cooperative Cotton outgrowers will be explored. CU will not provide food support directly, but will explore linkages with the World Food Program (WFP) and faith-based organizations in order to leverage resources for nutritional support.

CHECK BOXES

General population, most at risk populations, and others will be targeted through testing activities and the provision of ART. Patients on wards targeted through PITC. Employees will be targeted for job satisfaction, increased retention. 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. Workplace programs will be part of public-private partnership (PPP) activities. CU will continue providing technical assistance to the MOHSW M&E unit.

M&E:

- a) CU will collaborate with NACP/MOHSW to implement the national M&E system in all regions
- b) Data will be collected & reported using paper-based and electronic National CTC tools. National and OGAC reports will be generated
- c) CU will promote site feedback and data use
- d) A data quality assurance protocol for paper-based and electronic data will be implemented at all sites with one QA supervision visit/quarter.
- e) The NACP access database is currently implemented at six sites & will be scaled up to 20 sites by Sept 08
- f) CU will train 126 HCW in M&E systems and provide technical assistance (TA) to all 61 CTCs
- g) CU will 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 PLHA organizations for sustainability and adherence.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7698

Related Activity: 13562, 13458, 16352, 16408, 16441, 13540, 13456, 13444, 13529, 13528, 13573, 13564, 13457, 13530, 13462, 13532

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23442	3461.23442.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$1,016,000
23441	3461.23441.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$5,125,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13457	8219.08	6509	1221.08		Columbia University	\$2,040,000
16408	16408.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$164,320
13528	3503.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$357,000
13530	8695.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$115,000
13462	8706.08	8030	8030.08	Community Services	Deloitte Consulting Limited	\$4,570,000
13562	12392.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$378,530
16352	16352.08	6509	1221.08		Columbia University	\$750,000
13458	12461.08	6509	1221.08		Columbia University	\$500,000
13573	5117.08	6552	3623.08		Program for Appropriate Technology in Health	\$2,000,000
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13532	5319.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$245,000
13444	3484.08	6500	2290.08		Bugando Medical Centre	\$684,000
13564	5560.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$1,750,000
13456	3474.08	6508	1512.08	Track 1.0	Columbia University	\$4,400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	61	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7,555	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	28,420	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,680	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	370	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Ilala
Biharamulo
Bukoba
Karagwe
Muleba
Ngara
Chato
Misenye
Micheweni
Wete
Kaskazini A (North A)
Kaskazini B (North B)
Kasulu
Kibondo
Kigoma
Chakechake
Mkoani
Kati (Central)
Kusini (South)
Kibaha
Bagamoyo
Kisarawe
Mafia
Mkuranga
Rufiji

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7569.08

Prime Partner: Strategic Radio
Communication for
Development

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5567.08

Activity System ID: 13403

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$700,000

Activity Narrative: TITLE: STRADCOM Support of Treatment Literacy and Promotion

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. Many Tanzanians are also unaware that treatment services are available for HIV positives, the location of service providers or understand the continuum of care. STRADCOM is positioned to convey appropriate information to potential clients lessening this interpersonal communication and counseling burden on treatment staff. At the same time STRADCOM will also help promote services. 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.

ACCOMPLISHMENTS:

During the first six months of the project, using FY 07 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. 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 conducted three workshops: one on our communication strategy, one with scriptwriters and producers for the two radio serial dramas and another for radio producers of the radio diaries. We have also produced and broadcast a number of PSAs in support of our partners' activities.

ACTIVITIES:

STRADCOM will develop specific ART and treatment messages will promote treatment services as an integral component of a comprehensive continuum of care and address individuals' needs to seek treatment services once they have become treatment eligible. The goal will be to develop messages specifically oriented at dispelling myths, misconceptions and stigma around treatment, as well as increasing the demand for treatment and care services commensurate with the increase in the availability of these services. Messages will focus on the importance of adherence to a prescribed treatment regimen, that it is life-long, and will need to be monitored and adjusted by a trained medical professional. Specific focus will be made to weave in messaging on the importance of including prevention as a continuing component of treatment – especially among HIV positive patients. On their own, these messages will convey necessary information to influence knowledge and attitudes – in combination with complementary messages delivered at the treatment centers, it becomes possible to influence the necessary corresponding behavior change. 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 164 of these programs over 52 weeks will address treatment core messages. \$164,000.
- 2) A weekly 52-episode radio serial drama with one storyline on treatment literacy - \$310,000 - of which \$200,000 will be used for a Femina magazine complimentary cartoon insert.
- 3) Approximately 18 public service announcements that promote treatment services inserted a minimum of 1,800 times on the most appropriate radio stations. On average this works out to one insert 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. \$216,000.

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 5 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 has developed links with treatment partners including ICAP and FHI to identify areas needing communication support and developing core messages. As of July 2007 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, OP, Palliative Care, Testing and PMTCT, to ensure a consistent behavior change communication across the continuum of care.

CHECK BOXES:

Human capacity development: task shifting. By increasing treatment literacy of clients health staff to will spend less time on counseling or dealing with client concerns. This will free them for other tasks or to deal with more clients. 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.

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 we will demonstrate that

Activity Narrative: this will increase their listeners and in turn increase their revenue from advertising. We are 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7812

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23472	5567.23472.09	U.S. Agency for International Development	Strategic Radio Communication for Development	9997	7569.09	STRADCOM	\$400,000
7812	5567.07	U.S. Agency for International Development	Johns Hopkins University	4585	4023.07	STRADCOM	\$500,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$500,000

Estimated local PPP contribution in dollars \$19,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Injecting drug users

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3555.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5344.08

Activity System ID: 13434

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$0

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7679

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23188	5344.23188.09	HHS/Health Resources Services Administration	American International Health Alliance	10570	10570.09	Preceptor	\$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

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4950.08 **Mechanism:** GHAI
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services
Budget Code: HTXS **Program Area Code:** 11
Activity ID: 5506.08 **Planned Funds:** \$526,828

Activity System ID: 13653

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7841

Related Activity: 13631

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23467	5506.23467.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$4,000
23466	5506.23466.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$240,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13631	9399.08	6567	1470.08	Base	US Centers for Disease Control and Prevention	\$150,829

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 8840.08	Planned Funds: \$200,000
Activity System ID: 13655	

Activity Narrative: 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 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

Activity Narrative: 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

SUSTAINAIBLITY:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8840

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23468	8840.23468.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$0
8840	8840.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 8841.08	Planned Funds: \$0
Activity System ID: 13656	

Activity Narrative: Title of Study: Drivers and Barriers to Treatment-Seeking Behaviours in HIV-Positive Men

Expected Timeframe of Study:
Year 2: field work has not started. Plan to complete in 2008

Funds: No new funds needed in FY2008

Local Co-investigator: Zanzibar AIDS Control Program (ZACP), co-investigator

Project Description:

We proposed to conduct a public health evaluation to determine the barriers and drivers to treatment-seeking behaviours among men in Zanzibar. The evaluation has four components to identify factors and it uses triangulation of data to identify drivers and barriers. It will include interviewing men attending voluntary counseling and testing sites, conducting focus groups of men at risk of infection, interviewing men who are currently attending care and treatment centers, and interviewing health care professionals, pharmacists, and workers in local pharmacies. During the ongoing field work, prevention messages and linkages to care and treatment will be provided.

Status of Study:

The planning and implementation of this study was delayed due to the continuing resolution in FY 2007 and ongoing surveillance activities with ZACP (e.g., Antenatal Clinic Surveillance and Respondent Driven Sampling), this study has not yet started. Discussions will start in October 2007 to begin protocol development and human subjects review in Tanzania and the US.

Lessons Learned: None to date.

Information Dissemination Plan:

Study findings will be presented in a workshop and in a written report with key stakeholders, including non-governmental organizations implementing activities in Zanzibar. Data from the study may also be presented at scientific meetings and published in peer-reviewed journals.

Planned FY 2008 Activities:

Finalize protocol development and submit for human subjects review, conduct field work in early 2008 and complete study by June 2008.

Budget Justification for FY 2008 Monies: (in US\$)

No additional budgetary requirements.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8841

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8841	8841.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$30,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 8842.08	Planned Funds: \$100,000
Activity System ID: 13657	

Activity Narrative: 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8842

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28575	8842.28575.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$200,000
8842	8842.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$279,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1470.08	Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11

Activity ID: 9399.08

Planned Funds: \$150,829

Activity System ID: 13631

Activity Narrative: 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 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9399

Related Activity: 13653

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23445	9399.23445.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$6,000
23444	9399.23444.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$200,414
9399	9399.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$329,092

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13653	5506.08	6568	4950.08	GHAI	US Centers for Disease Control and Prevention	\$526,828

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1199.08	Mechanism: N/A
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 3511.08	Planned Funds: \$800,000
Activity System ID: 13603	

Activity Narrative: 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 plan-do-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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7828

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23440	3511.23440.09	U.S. Agency for International Development	University Research Corporation, LLC	10067	1199.09		\$600,000
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

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Coverage Areas

Pwani (prior to 2008)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1143.08	Mechanism: M&S
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 9233.08	Planned Funds: \$423,330
Activity System ID: 13667	

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9233

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23437	9233.23437.09	Department of Defense	US Department of Defense	9905	1143.09		\$0
23436	9233.23436.09	Department of Defense	US Department of Defense	9905	1143.09		\$423,330
9233	9233.07	Department of Defense	US Department of Defense	4604	1143.07		\$487,500

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya Urban (prior to 2008)
Mbozi
Rungwe
Mpanda
Nkasi
Sumbawanga
Sumbawanga Urban (prior to 2008)
Mbinga
Namtumbo
Songea
Songea Urban (prior to 2008)
Tunduru

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1219.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16473.08

Activity System ID: 16473

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$400,000

Activity Narrative: 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 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16304, 13540, 13538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16304	16304.08	6516	1219.08		Family Health International	\$400,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4691.08	Mechanism: N/A
Prime Partner: World Health Organization	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 9463.08	Planned Funds: \$900,000
Activity System ID: 13681	

Activity Narrative: 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 partners 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:

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: 9463

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23463	9463.23463.09	HHS/Centers for Disease Control & Prevention	World Health Organization	9957	4691.09		\$0
9463	9463.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4691	4691.07		\$600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7408.08

Mechanism: N/A

Prime Partner: PharmAccess

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16973.08

Planned Funds: \$200,000

Activity System ID: 16973

Activity Narrative: 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 turn pass it along to the Dutch fund as a subgrantee. The funding is intended to spur the development of a private-provider 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

SUSTAINABILITY: PPP

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$200,000
Estimated local PPP contribution in dollars	\$200,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7581.08

Prime Partner: Analytical Sciences, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16974.08

Activity System ID: 16974

Mechanism: NPIN

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$200,000

Activity Narrative: 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
- Listserves 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 multi-targeted 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8546.08

Mechanism: UTAP

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16975.08

Planned Funds: \$350,000

Activity System ID: 16975

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1171.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16978.08

Activity System ID: 16978

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$150,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3555.08	Mechanism: Twinning
Prime Partner: American International Health Alliance	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 16980.08	Planned Funds: \$500,000
Activity System ID: 16980	

Activity Narrative: TITLE: Tanzania HIV/AIDS Nursing Education (THANE)

NEED and COMPARATIVE ADVANTAGE:

Tanzania is home to 2.2 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, MUHAS and UCSF, will help Tanzania's 62 Schools of Nursing to integrate HIV/AIDS care into Tanzania's nursing school 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:

The partnership between MUHAS and UCSF finalized 12 HIV/AIDS modules to be integrated into the nursing curriculum. An extended development phase ensured contents were of the highest standards. Training of 18 Master Trainers on the curriculum was conducted and MUHAS participated in the MOHSW review of the nursing curriculum, which moved the process of formal integration of THANE materials into the curriculum forward. In FY 2007, nine zonal HIV/AIDS workshops will train 200 nurse tutors.

ACTIVITIES:

- 1) The program will continue to train nurse tutors on the 12 HIV/AIDS modules. Five zonal workshops will train 100 nurse tutors at pre-service institutions not reached in FY 2007. UCSF mentors will provide onsite support in nursing schools where nurse tutors are implementing the new HIV/AIDS curriculum. Mentors will support clinical training in HIV/AIDS services.
- 2) Exchanges to the US and with countries in Southern Africa will be provided to nurse leaders to empower nurses to assume more accountability as members of a multidisciplinary healthcare team.
- 3) 62 nursing schools will be supported to address infrastructural deficits (e.g. computers, clinician support tools, and reference materials).
- 4) As begun in FY 2007, training focus will shift from nursing tutors to students with the goal of producing nursing graduates confident in their ability to provide HIV-related services and protect themselves from HIV. By the end of FY 2008, 7000 nursing students will have received HIV/AIDS instruction and 2,000 will have graduated with a strong foundation in HIV/AIDS prevention, care, and treatment.
- 5) Monitoring and evaluation will focus on the communication skills, ability and effectiveness of nurse tutors in teaching their students about HIV/AIDS. Internal and external evaluations on the programme will be implemented.
- 6) MUCHS and UCSF will continue to work with MOHSW Training Department and the relevant certification bodies to ensure the enhanced HIV/AIDS curriculum is formally approved and examinations reflect new content.

The partners will continue to coordinate with AIHA's laboratory partnership, ASCP and I-TECH to share learning and ensure standard approaches to pre-service training are developed. This and other pre-service programs will help to ensure sustainability of PEPFAR in Tanzania.

LINKAGES:

MUHAS/UCSF worked closely with the National AIDS Control Program and the MOHSW's Nursing Unit as well as other HIV/AIDS organizations, to develop the pre-service nursing program. MUHAS communicates regularly with JHPIEGO's ACCESS program. UCSF has established relationships with its international HIV/AIDS Nursing Network, I-TECH and the ASPIRE program. Links with National Council for Technical Education and Tanzania Universities Commission are also critical to curricula revisions. The Tanzanian Association of Nurses and Midwives is also regularly briefed and consulted.

CHECK BOXES:

The areas of emphasis were chosen because activities will ensure that the pre-service nursing program results in nurses providing the general population with quality HIV/AIDS care as needed, including prevention, care and treatment services.

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 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 and reports these data to USG teams 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.

SUSTAINABILITY:

The partnership is building the capacity of the country's nursing schools to provide quality HIV/AIDS education for its 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 and students will be equipped to provide comprehensive care to PLWHA. At the end of FY 2008 the schools of nursing should have developed enough in-country capacity that support from AIHA will not longer be needed. Should additional technical assistance be needed, the schools of nursing will have developed a strong enough relationship with UCSF that they can work directly with UCSF as needed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8546.08

Prime Partner: Tulane University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16983.08

Activity System ID: 16983

Mechanism: UTAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$200,000

Activity Narrative: 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

SUSTAINABILITY: Building in country capacity for M&E. Students will be ask to sign an MOU indicating their commitment to work post graduation in HIV/AIDS M&E with their current employers (Tanzanian Ministry of Health or Tanzania Health related NGO)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7408.08

Mechanism: N/A

Prime Partner: PharmAccess

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16480.08

Planned Funds: \$800,000

Activity System ID: 16480

Activity Narrative: TITLE: Care and Treatment Services at Police and Prisons Health Facilities

NEED and COMPARATIVE ADVANTAGE: 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 in Dar es Salaam serving the role of national referral centers for these Forces. To date, none of the Police or Prison sites are fulfilling 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). Prisons Service started antiretroviral therapy (ART) in two hospitals and nine health centers without the necessary laboratory capacity, staff training, assessments, M&E, etc, as required by the NCTP.

The hospitals and health centers of Police and Prisons service personnel from these Forces and from the Immigration Department, their dependents, prisoners, and civilians living in the vicinity of the health facilities. In fact, 80% of the patients are civilian. With an average HIV prevalence of 6-7%, Tanzania is amongst the hardest hit countries in Africa and the rates are thought to be higher in the Uniformed Forces. 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, and is expected to drive up demand for quality ART services. PharmAccess International (PAI) 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. Because PharmAccess has an existing arrangement and a memorandum of understanding with Police, Prisons, and Immigration Departments, they are well positioned to provide comprehensive quality care and treatment services in 13 zonal police and 13 zonal Prison hospitals by the end of FY 2008.

ACCOMPLISHMENTS: The program is just being initiated now, with a new award from USAID.

ACTIVITIES: Key activities for FY 2008 include:

- 1) Conducting site assessments and development of strengthening plans of eight Police and eight Prison health centres;
- 2) Initiating ART services to 650 patients by the end of FY 2008 and 1500 patients by the end of FY 2009.
- 3) Refurbishing and furnishing Care and Treatment Clinics and laboratories. 3a) Laboratories of the Police and Prison hospitals will be equipped for HIV and STI services. Patients will be referred to nearest Regional and District hospitals for CD4 and routine monitoring lab tests, if not available on site. 3b) Procuring routine laboratory assays, safety materials, water sterilization equipment, a refrigerator, medication for opportunistic infection (OI) treatment, and office supplies, including computer hardware for each site.
- 4) Training 64 and re-train 60 health care workers in ART management.
- 5) Developing linkages between Police and Prison sites to nearby Regional or District Hospital for referral of complicated cases. Establish linkage between Prison sites to Regional or District Hospital to ensure strong referrals of inmates before they are released, to guarantee follow-up services.
- 6) Promoting linkages between ART and Prevention of Mother-to-Child Transmission (PMTCT) and TB services, including through 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.
- 7) Conduct nutritional assessment as a part of routine clinical visits. Providing, when necessary, nutritional support through prescription for up to six months. Linkages will be identified for other nutritional support that can be distributed through organizations of women living in the barracks, organized to provide nutritional and social support to HIV+ and AIDS patients.
- 8) Developing patient monitoring systems, using the national CTC monitoring system.
- 9) Initiating provider-initiated testing and counseling (PITC) for all non-servicemen and women who are dependents, inmates, and other civilians. Consequences of the Police and PITC will be that large numbers of personnel will be tested and that an extensive increase of HIV+ persons who need care and treatment can be expected.

LINKAGES: Because administration of the hospitals and health centers of the Army, Police and Prisons is not under the MOHSW but under the respective Ministries of these Forces (Defense, Public Safety and Security and Home Affairs), linkages will have to be strong between these ministries and the program. In addition, care and treatment services under this Program will be closely linked with the national HIV/AIDS program coordinated by the National AIDS Control Programme (NACP) and the National TB and Leprosy Programme (NTLP), as well as with other USG-funded treatment partners.

Linkages 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, counseling and testing, PMTCT, TB/HIV and OVC. 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 CD4, TB testing, and complicated cases. PharmAccess will ensure linkages with organizations of women living in the barracks. PAI anticipates 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.

Activity Narrative:

Linkages have been and will be established with the Regional and District Health Management (RHMT and DHMT) teams. PAI will continue to collaborate with Regional and District Health Management teams for supportive supervision and technical assistance.

CHECK BOXES: The areas of emphasis were selected because the activities will include initial and refresher training, infrastructure improvement, providing equipment and drugs as well as providing HBC services and community support functions to accomplish the much needed continuum of care in the program. We anticipate that 600 new patients will start ART under FY 2007 and 1000 under FY 2008 funding. In case that the new HIV/AIDS Policy (to make HIV testing an integrated part of the yearly medical check-up for all personnel) will be introduced in the next 12 month, we expect that a total of 2,250 new patients will be on ART in FY 2008. Target populations include military personnel and their dependants, incarcerated populations, as well as members from surrounding communities.

M&E: PAI will collaborate with the NACP/MOHSW to implement the revised national M&E system for care and treatment at all its hospitals and health centres. Data will be collected using paper-based tools and managed electronically using the national database which will then generate the required NACP and USG reports. For data quality assurance, PAI will continue to support DHMTs/RHMTs to provide supportive supervision visits to sites including on-site training of facility staff and will develop Standard Operating Procedures for record and report handling. Feedback reports will be provided to Regional and District Health Management Teams and to facility staff for program and patient. All 33 sites will have laptops to manage patient data using the national database. PAI will, in collaboration with University Computing and NACP, train 66 health care workers in both paper and electronic systems, and provide technical assistance to 33 facilities. PAI will perform regular data analyses and present findings at National and International stakeholder meetings, workshops, and conferences.

SUSTAINABILITY: The training and infrastructure investments through this program will help to establish a sustainable program for the Uniformed Forces. Turnover of medical staff is low in the Uniformed Forces, therefore training is needed. Once trained, this capacity will stay within the Forces. Health facilities of the Uniformed Forces are under the administration of their respective Ministries, not under the Ministry of Health. This Care and Treatment program will be implemented under the rules, regulations, and guidelines of the National AIDS Programme and the Leprosy Program, ergo strengthening the ongoing linkages between NACP and the Uniformed Forces programs for quality ART services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13540, 16444, 16426, 16409, 13549

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16409	16409.08	7408	7408.08		PharmAccess	\$360,000
16426	16426.08	6551	1136.08		PharmAccess	\$200,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
16444	16444.08	7408	7408.08		PharmAccess	\$300,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	26	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,750	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	125	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arusha
Ilala
Temeke
Dodoma
Iringa
Bukoba
Moshi
Mbeya
Morogoro
Nyamagana
Songea
Tabora
Tanga
Mjini (Urban)

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5218.08

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16477.08

Activity System ID: 16477

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$200,000

Activity Narrative: 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.

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

- Activity Narrative:** 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2369.08	Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 16481.08	Planned Funds: \$0
Activity System ID: 16481	

Activity Narrative: Title of Study: Validation Of The Clinical Criteria For "Presumptive Diagnosis" Of Severe HIV Disease In Infants And Children Under 18 Months Requiring Art In Situations Where Virological Testing Is Not Available (Multi-country study with African Network for Care of Children Affected by HIV/AIDS (ANECCA).

Expected Timeframe of Study (revised below):

Previous time frame

May-August 2007 Protocol development

September- October 2007 IRB approval

11.07- 11.2008 Study conducted

11.08-12.08 Data analysis

2009 Dissemination of results

New time frame

October – November 2007 Protocol development

December 2007 IRB approval

January 2008- February 2009 Study conducted

March 2009 – April 2009 Data analysis

June 2009 Dissemination of results

Funds: CDC funded

Local Co-investigators: EGPAF/KCMC

G. Kinabo 1,2

M.Swai 1,2

W. Schimana 1,2,3

D. Tindyebwa 3

1. Kilimanjaro Christian Medical Centre (KCMC), Moshi

2. Kilimanjaro Christian Medical College, Tumaini University, Moshi

3. Elizabeth Glaser Pediatric AIDS Foundation Tanzania

Project Description:

The study aims at validating the WHO clinical criteria for presumptive diagnosis of severe HIV disease in infants and children under the age of 18 months in situations where virological testing is not available. The design will be cross-sectional, correlating the presence of the WHO clinical criteria for presumptive diagnosis of severe HIV disease requiring ART with the actual HIV-infection status (by polymerase chain reaction (PCR) and ART eligibility by CD4 percentage, among the study subjects. This study aims to determine whether this clinical algorithm should continue to be used and further scaled-up or whether it requires modification.

Status of Study:

The second draft of the protocol has been developed and circulated among the investigators. This is a multi-centre study with ANECCA with other centres in Malawi and Kenya. The ANECCA research advisory board is currently reviewing the protocol. There have been some delays associated with protocol refinement and multi-country co-ordination of approaches. The time frame has been rescheduled within a no-cost extension.

Site selection is now under discussion.

The sites will be selected based on volume of patients seen, and availability of clinicians that can be trained to uniformly examine children according to the protocol. Thus KCMC in Tanzania, Kisumu General Hospital in Kenya and Lilongwe Hospital in Malawi are likely sites. A sample of 372 HIV positive children below the age of 18 months need to be identified overall; 150 from KCMC in Tanzania. This sample is based on the assumption that the sensitivity of clinical algorithms in predicting presence of advanced or severe HIV disease in children under the age of 18 months is 70% . According to studies in Uganda suggesting HIV prevalence rates of 15% in sick children, we estimate that 1000 sick children will require polymerase chain reaction (PCR) screening to identify our sample of 150 HIV positive sick children.

Lessons Learned: Does not apply yet

Information Dissemination Plan:

Results will be disseminated locally and at national meetings. Within ANECCA the results will be reviewed by the Technical Committee composed of child health and pediatric HIV care and programming experts from the WHO (Afro and Geneva), CDC, UNICEF, USAID and ANECCA. Dissemination will be carried out with assistance from members of this committee through publications, review of guidelines and issuing of advocacy statements.

Planned FY 2008 Activities: data collection, data analysis, report writing and dissemination of results.

Budget Justification for FY 2008 Monies: no additional budgetary requirements.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1197.08

Prime Partner: Deloitte Consulting Limited

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16483.08

Activity System ID: 16483

Mechanism: Fac Based/RFE

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$500,000

Activity Narrative: 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 the Tanzanian Commission for AIDS (TACAIDS) cooperated in creating a "Rapid Funding Envelope (RFE) 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. This will be accomplished through public-private partnerships (PPP).

ACCOMPLISHMENTS:

To date, RFE has conducted seven rounds of grantmaking, and approved \$11.2 million from pooled funds, for 78 projects. In FY 2007, the RFE successfully held a fourth round, providing awards worth \$3.5 million to 23 Civil Society Organizations (CSOs); 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-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 \$500,000 in grants to approximately 10 organizations. These funds will be used to expand services in the existing medical structure in these private institutions, 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/partner; preparation of (ad-hoc) reports.

FY 2008 funds will be used to expand on the FY 2007 initiatives, providing grants to additional workplace programs. In particular, this project plans to: 1) identify another six - ten workplace programs to be awarded grants through a special RFE-PPP round to be specifically funded by USG funds. The projects will focus on care and treatment activities in the workplace and aim at leveraging corporate funds to extend the support to family and community members. 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, targeting at least 3,000 PLHA
- 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:

Deloitte Consulting Limited, 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

Activity Narrative: 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 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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$500,000
Estimated local PPP contribution in dollars	\$500,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7629.08	Mechanism: N/A
Prime Partner: US National Institutes of Health	USG Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 17036.08	Planned Funds: \$450,000
Activity System ID: 17036	

Activity Narrative: 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. Short-term 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 co-diagnosis, 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

SUSTAINABILITY:

The training will help to develop a strengthened platform of trained health workers with very specific clinical experience.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7922.08

Prime Partner: Touch Foundation, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 18649.08

Activity System ID: 18649

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,000,000

Activity Narrative: 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.

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 pre-service 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	\$1,000,000
Estimated local PPP contribution in dollars	\$2,000,000

Coverage Areas

- Misungwi
- Nyamagana
- Sengerema
- Ukerewe
- Bariadi
- Bukombe
- Kahama
- Maswa
- Meatu
- Shinyanga
- Kishapu
- Igunga
- Nzega
- Sikonge
- Tabora
- Urambo
- Uyui

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1512.08

Mechanism: Track 1.0

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 18571.08

Planned Funds: \$0

Activity System ID: 18571

Activity Narrative: Title of Study: Development, Implementation, and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings (multi-country PHE with Kenya and Namibia which is centrally directed and funded).

Expected Timeframe of Study:
funds for this project were received in December 2006. It is anticipated that this will be an 18-month study.

Funds:
\$500,000 central funds (\$400,000 for implementation and \$100,000 for evaluation)

Local Co-investigator:
Amy Cunningham, Columbia University Country Director, will be responsible for preparing the study protocol for submission to relevant institutional review boards in collaboration with USG staff. Ms. Cunningham will also be instrumental in hiring project staff, supervising data collection and analysis, and disseminating findings

Project Description:
Prevention interventions for HIV-infected individuals are an essential part of a comprehensive HIV prevention strategy. This is an interventional study focusing on provider-delivered prevention messages (disclosure, partner testing, condom use), family planning referral, Sexually Transmitted Infection (STI) screening and treatment, and use of community counselors that will be performed in three countries to evaluate the effectiveness of these clinic-based interventions. We will enroll and follow a cohort of HIV-positive patients receiving routine care in selected HIV clinics to assess these interventions' effectiveness at increasing partner testing and disclosure of serostatus, decreasing risky sexual behaviors, alcohol use, unintended pregnancies and STIs in HIV-infected persons.

Status of Study: CDC headquarters staff is finalizing intervention materials and preparing a draft evaluation protocol.

Lessons Learned: None to date since project has not started.

Information Dissemination Plan:
The findings will have strong programmatic implications in Tanzania and throughout Africa by guiding policy on prevention interventions in HIV care and treatment clinical settings. The results of the study will be disseminated to Tanzania's Ministry of Health and Social Welfare at the national, provincial, and district levels and regionally. Information may also be disseminated through peer-reviewed journals and conference presentations.

Planned FY 2008 Activities: To begin enrollment of participants and implementation of the intervention, and perform data analysis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8553.08	Mechanism: P4H
Prime Partner: Voxiva	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 18647.08	Planned Funds: \$200,000

Activity System ID: 18647

Activity Narrative: TITLE: Developing a mobile telephone system to support a warm line for strengthening post-training mentoring for health care workers.

NEED and COMPARATIVE ADVANTAGE:

There is a need for follow up after trainings for health care workers. Health workers must travel long distances to attend care and treatment training sessions at zonal training centers, and they rarely have the benefit of structured guidance or refresher training once they return to their facilities. Current trainings in care and treatment for HIV/AIDS and prevention of mother to child transmission have shown that follow up for participants is required to ensure that the training is effective. Follow up can be performed through multiple facets, including establishing a warm line where participants can call the trainers or designated experts to ask questions or confirm treatment plans. One such warm line has been established in Tanzania at Kilimanjaro Christian Medical Centre on a small scale.

The Phones for Health Initiative (P4H), which brings mobile phone operators in a public-private partnership, have the ability to establish a toll-free number that would be used to establish a warm line. I-TECH, which is supporting in-service training and has expertise in operating a warm line, will work with P4H to establish it on a larger scale in Tanzania.

ACCOMPLISHMENTS:

Not applicable, new partner in this area

ACTIVITIES:

1) Establish an agreement with mobile phone operators in Tanzania (e.g., Celtel, Vodacom, Zantel)
The Phones for Health Initiative has a partnership with the mobile phone operators in Tanzania to establish a toll free number that can be used by health workers to ask questions about treatment and care plans. The toll free number will be linked to warm line operated by clinicians and medical officers who are master trainers or experts in HIV/AIDS care and treatment.

The framework for the toll free line will be developed by ITECH who is guiding the development of the curriculum for in-service and pre-service training conducted at zonal training centers. The current national HIV training consists of a 6-day course with a 3-day practicum. Working closely with the Ministry of Health, I-TECH will develop the framework for operating a warm line while P4H will establish the toll free number and train health workers how to access it, using the current training opportunities.

2) Monitor and track the use of the warm line to strengthen and support health workers at the facility level. The remote location of many health facilities in Tanzania is a significant barrier to the Ministry's efforts to supervise, mentor and support health workers in the field. While most facilities lack Internet connectivity, the majority now have access to a mobile network. Phones for Health and ITECH will leverage this network to provide support to recently-trained health workers through a warm line. P4H will monitor and track the use of the warm line to evaluate its use and changes that may need to occur. In addition, using the toll free number, regular care and treatment reminders and tips can be shared with training participants via SMS. ITECH would develop the content, sequence and frequency of the messages drawing on the national care and treatment curriculum, while Phones for Health would work with the mobile phone operators to broadcast the messages to health workers who had recently participated in trainings.

LINKAGES:

This activity links with the MOH and NACP to coordinate training activities and to ensure the program is implemented according to their mission. It also links with I-TECH

CHECK BOXES:

Phones for Health Initiative, which seeks to strengthen information exchange through the use mobile phones. The retention strategy is to continue support for health workers to provide services after trainings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$7,500,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The public health laboratory network in Tanzania consists of tiered system of six referral hospital laboratories (including a referral military hospital), 24 regional and 133 district laboratories located in mainland Tanzania. Some larger health centers have laboratory facilities while dispensaries, supported by nearest district laboratory, perform quick diagnostic procedures not requiring laboratory personnel. The Ministries of Health and Social Welfare (MOHSW) Diagnostic Sections on the mainland and Zanzibar, working in collaboration with the National AIDS Control Programme (NACP) and the Zanzibar AIDS Control Programme (ZACP) respectively oversee HIV laboratory services at the national and referral level. Operations at the regional, district and health center level are administered by the Ministries of Local Government.

The USG supports all of these laboratories through direct funding to the MOHSW and through technical assistance from US-based professional lab partners and ART implementing partners. USG partners include: the American Society for Clinical Pathology (ASCP) which provides assistance in pre-service training; the Clinical Laboratory Standards Institute (CLSI) assisting with the development and implementation of laboratory standards towards international accreditation; the Association of Public Health Laboratories (APHL) for the implementation of Laboratory Information Systems (LIS) and associated training; the American International Health Alliance (AIHA) providing mentoring opportunities between US-based and Tanzanian institutions and professionals. The USG also provides direct funding to several in-country partners, namely the National Institute of Medical Research (NIMR) and the African Medical research Foundation (AMREF) responsible for implementing the National Quality Assurance Program and supporting the training activities for the MOHSW. At points of service, in FY06-FY07, the USG supported the renovation of 35 laboratories and procured high throughput equipment for four referral laboratories. USG ART partners have provided equipment to 15 regional and district laboratories while the MOHSW, through the Global Fund, procured equipment and reagents for 121 of the remaining regional and district hospital laboratories, providing of reagents for all levels of laboratories.

USG activities complement those of other donors such as WHO, AXIOS, The Abbot Foundation, the Japanese International Cooperation Agency (JICA), Clinton Foundation, and the German Development Cooperation (GTZ). These organizations assist the MOHSW with technical, laboratory and financial capacity building. The World Bank, Global Fund and several other bilateral donors contribute to the Sector Wide Approach (SWAP) Basket Fund. USG liaises with these partners in the support provided to laboratory infrastructure and capacity building through a laboratory partners meeting chaired by the MOHSW.

Since 2004, there has been significant progress in laboratory strengthening in HIV diagnosis, disease staging and therapeutic monitoring. In 2004, the MOHSW, with USG participation and support, adopted the Laboratory Quality Systems Principles as a framework for laboratory operations throughout the country. In 2005 and 2007 the Operational Plan for the National Laboratory System to Support HIV/AIDS care and Treatment and the National Laboratory Quality Assurance Framework to Support Health Care Interventions were developed and are the framework by which USG support is provided. In support of national QA, the USG and its partners collaborate with the MOHSW in the implementation of the operational plan to improve the quality of laboratory services. The accomplishments include: the standardization of laboratory data collection and reporting tools; development of 73 Standard Operating Procedures (SOPs) for the laboratories; the development of the National Laboratory Quality Assurance Framework for Tanzania (June 2007); procurement of equipment; review of pre-service training curriculum; and the training of in-service personnel. In addition, between FY05-07, the USG supported the renovation of the National HIV Quality Assurance Laboratory and Training Center (NHQALTC) which houses the national quality assurance programs and training in QA/QC procedures.

In an effort to sustain in-service training for laboratory networks, 200 Trainer-of-Trainees (TOT) have been trained in HIV rapid testing in support of various programs including PMTCT, VCT, and TB/HIV. In FY2007, the MOHSW and USG partners initiated the national roll-out of the up-dated rapid test algorithm and coordinated the training of 700 staff on HIV rapid testing. The TOT will continue to implement roll-out training in their respective program areas with quality assurance support by the laboratory partners. The data collected on training by program areas includes a significant proportion of laboratory based training incorporated into program specific training. Zonal TOTs have also been trained to roll out HIV disease monitoring training in their zones. Through combined efforts, the MOHSW and USG partners have trained 197 lab staff on execution of CD4, hematology, and chemistry assays.

Tanzania has 5 main institutions providing pre-service training in laboratory science but to-date there has been minimal incorporation of HIV-specific skills into pre-service training. In FY2007, two USG partners (AIHA and ASCP) assisted with incorporation of HIV/AIDS in-service training modules in the pre-service training curriculum. Reference manuals and textbooks, essential equipment and teaching aids were provided to the laboratory training schools. In FY2008, there will be in addition a mentoring and residence program to improve the quality and number of pre-service trainers and provide professional advancement opportunities both to trainees and trainers.

With FY2008 funding, the MOHSW and USG partners will continue to improve laboratory services in Tanzania by: strengthening the paper-based and electronic LIS in 20 regional hospital laboratories; training staff in basic computer skills and LIS; continue renovating regional and district laboratories in collaboration with the Abbot Foundation; supporting in-service and pre-service training at pre-service institutions of laboratory sciences. The USG has also played a significant role in the initiation of an Infant Diagnosis Program in one zone and will extend this capacity to the three other zonal referral hospitals. This will include establishment of efficient dried blood spot (DBS) collection and transportation system in all 4 zones and Zanzibar, training of health care workers on DBS collection and transportation and supportive site supervision to monitor and evaluate performance.

In FY2008, the USG and MOHSW, working with other implementing partners such as JICA and GTZ, will strengthen the capacity

of zonal workshops to provide first and second line maintenance of laboratory equipment and train 15 laboratory biomedical technicians resulting in a 75% reduction in equipment downtime. The USG will assist the NHQALTC in developing and providing proficiency panels to assure the quality and proficiency of laboratory testing in Tanzania. All five zonal and 21 regional laboratories will participate in the External Quality Assurance (EQA) for CD4 count, rapid HIV testing, HIV serology, chemistry, hematology and DNA PCR for early infant diagnosis from DBS. In partnership with CLSI, the MOHSW has started implementing quality systems in the laboratories utilizing the ISO Guide 15189 and national standards with the ultimate goal of accreditation in the 5 zonal laboratories. Laboratory performance will also be monitored by EQA programs, including random retesting and results will be evaluated centrally at the NHQALTC. Laboratory support will be monitored utilizing PEPFAR indicators and program management tools. The reporting of the targets is under systems strengthening and strategic information due to the nature of the support.

FY 2008 Priorities of the USG-supported laboratory services include: Implementation of the National Quality Assurance Framework to support Health Care Interventions; implementation of both paper based and electronic LIS in all five zonal hospital laboratories and a regional laboratory for each zone; support training of TOT from various programs including PMTCT, VCT, NACP and zonal TOT to provide sustainability in training capacity for the next generation of trainees; expand capacity for early infant diagnosis of HIV infection to three zonal referral laboratories and Zanzibar; facilitate the incorporation of HIV/AIDS laboratory training modules into the pre-service training curriculum; assist the Diagnostic Services Unit of MOHSW with the operationalisation of the NQATC; collaborate with the National Malaria and Tuberculosis and Leprosy programs to provide technical assistance in the diagnosis and quality assurance for tuberculosis and malaria. Progress has been hampered by shortage of skilled human resources on the ground, lack of adequate coordinating staff at MOHSW and having only two zonal laboratories under the direct administration of the MOHSW. A further hurdle has been having all the regional district and health center facilities under a different Ministry hence creating additional bureaucratic layers to implementation. However the MOHSW is in the process of hiring additional staff, has worked to designate and will upgrade all the regional laboratories which are under MOHSW jurisdiction to referral hospitals. The MOHSW has also worked to provide coordinating mechanisms such as the subcommittee on HIV which meets bi annually which the other zonal hospitals attend. The plans for upgrading of laboratory assistants, the pre-service sponsorship program by AIHA and the curriculum review process will increase the pool of skilled laboratorians.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	162
12.2 Number of individuals trained in the provision of laboratory-related activities	1180
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3807400

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7878.08	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 Area Code: 12
Activity ID: 16873.08	Planned Funds: \$425,000
Activity System ID: 16873	

Activity Narrative: 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.

SUSTAINAIBILITY: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2290.08

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 Area Code: 12

Activity ID: 16870.08

Planned Funds: \$100,000

Activity System ID: 16870

Activity Narrative: 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.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 13455, 13460, 13439, 13427,
13527**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13427	3455.08	6490	1217.08		African Medical and Research Foundation	\$475,000
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13460	12483.08	6509	1221.08		Columbia University	\$710,000
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	50	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Biharamulo

Biharamulo (prior to 2008)

Bukoba

Bukoba Urban (prior to 2008)

Karagwe

Muleba

Ngara

Kasulu

Kibondo

Kigoma

Kigoma Urban (prior to 2008)

Bunda

Musoma

Musoma Urban (prior to 2008)

Serengeti

Tarime

Geita

Ilemela

Kwimba

Magu

Misungwi

Nyamagana

Sengerema

Ukerewe

Bariadi

Bukombe

Kahama

Maswa

Meatu

Shinyanga

Shinyanga Urban (prior to 2008)

Igunga

Nzega

Sikonge

Tabora

Urambo

Uyui

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1470.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HLAB

Activity ID: 9475.08

Activity System ID: 13633

Mechanism: Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$164,398

Activity Narrative: 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 Institute 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.

FY08 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 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

Activity Narrative: 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

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9475

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23257	9475.23257.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$164,398
9475	9475.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$167,501

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4950.08

Mechanism: GHAI

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 Area Code: 12

Activity ID: 3520.08

Planned Funds: \$638,764

Activity System ID: 13658

Activity Narrative: 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: 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. 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 NHLQALTC 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 -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

Activity Narrative: 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 (CHA), 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7834

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23264	3520.23264.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$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

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3555.08	Mechanism: Twinning
Prime Partner: American International Health Alliance	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 4946.08	Planned Funds: \$650,000
Activity System ID: 13435	

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7676

Related Activity: 13527, 13438, 13455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23260	4946.23260.09	HHS/Health Resources Services Administration	American International Health Alliance	9936	3555.09	Twinning	\$450,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	65	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1217.08	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 Area Code: 12
Activity ID: 3455.08	Planned Funds: \$475,000
Activity System ID: 13427	

Activity Narrative: 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7672

Related Activity: 13388, 13445, 13527, 13438,
13455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23255	3455.23255.09	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	9971	1217.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	500	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1221.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 12483.08

Activity System ID: 13460

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$710,000

Activity Narrative: 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 in August 07.

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; building the capacity of the Regional Health Management Team (RHMT) and Council Health Management Team (CHMT) on supportive supervision (4 regions, 21 districts) 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 renovations, capacity building and establishment of laboratory management systems

M&E: M&E: a) 5% of the budget will be dedicated to M&E activities b) Data on number of lab tests performed per month will be collected from lab registers at sites using the CU monthly data collection tool. c) Data on the targeted tests for HIV(140,000),TB diagnostics(14,000), Syphilis tests (14,000) and HIV disease monitoring(30,000) will be collated in excel sheets for quarterly & semiannual PEPFAR reports d) Data quality will be ensured through regular site supervision visits and on-site training and re-training of lab technicians who complete the lab registers. e) There will be regular feedback of data to the CU lab advisor and CU will also share quarterly and semi-annual/annual reports with the lab teams at the site, district and regional levels. QA/QC data management and monitoring will include the EQA activity for EID from Atlanta in all labs working on EID

SUSTAINABILITY: Program is focused at both national level (EID program in Four Zones of Tanzania), and the regional level (CU Treatment and PMTCT regions). At national level our support will strengthen MOHSW management and implementation of the national EID program through staffing, technical assistance, ongoing training and support. CU support for training in the zones will empower other USG partners and the regional and district authorities to carry out the program beyond the initial training and follow up. With other partners such as CHAI, AMREF also supporting the national EID network, our inputs are likely to be more strategic and sustainable. At the regional level our work is in line with plans under the

Activity Narrative: MOHSW for laboratory networks and CU inputs will strengthening labs for not only HIV/AIDS services, but for the wider health care needs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12483

Related Activity: 13427, 13445, 13527, 13439,
13438, 13455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23256	12483.2325 6.09	HHS/Centers for Disease Control & Prevention	Columbia University	9972	1221.09		\$660,000
12483	12483.07	HHS/Centers for Disease Control & Prevention	Columbia University	4530	1221.07		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13427	3455.08	6490	1217.08		African Medical and Research Foundation	\$475,000
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	400	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3578.08

Mechanism: N/A

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4966.08

Planned Funds: \$655,551

Activity System ID: 13438

Activity Narrative: 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-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. NHLQATC 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7681

Related Activity: 13527, 13435, 13439, 13455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23262	4966.23262.09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	9978	3578.09		\$700,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13435	4946.08	6495	3555.08	Twinning	American International Health Alliance	\$650,000
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3572.08	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 Area Code: 12
Activity ID: 4962.08	Planned Funds: \$700,000
Activity System ID: 13439	

Activity Narrative: 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 based 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7682

Related Activity: 13659, 13634, 13455, 13460, 13438, 13445, 13560, 13527, 13516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23261	4962.23261.09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	9977	3572.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13516	3491.08	6535	1027.08		Mbeya Referral Hospital	\$300,000
13460	12483.08	6509	1221.08		Columbia University	\$710,000
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000
13560	8233.08	6548	4790.08		Partnership for Supply Chain Management	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	50	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3582.08	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 Area Code: 12
Activity ID: 4974.08	Planned Funds: \$485,000
Activity System ID: 13455	

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7696

Related Activity: 13659, 13634, 13460, 13438, 13439, 13445, 13533, 13527, 13516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23263	4974.23263.09	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	9979	3582.09		\$700,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13516	3491.08	6535	1027.08		Mbeya Referral Hospital	\$300,000
13460	12483.08	6509	1221.08		Columbia University	\$710,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	False
12.2 Number of individuals trained in the provision of laboratory-related activities	0	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2244.08	Mechanism: N/A
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 Area Code: 12
Activity ID: 3478.08	Planned Funds: \$921,287
Activity System ID: 13579	

Activity Narrative: 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

CHECK BOXES: N/A

M&E: N/A

SUSTAINABILITY: HHS/CDC Tanzania advocates for strong collaboration between MOHSW and implementation lab partners to strengthen laboratory equipment and supplies procurement and maintenance. Developing technical specifications and reagents projections and forecasting capacity building will be strengthened for the MOHSW

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7792

Related Activity: 13659, 13634, 13560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23258	3478.23258.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	9915	2244.09	RPSO	\$450,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13560	8233.08	6548	4790.08		Partnership for Supply Chain Management	\$0

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1027.08	Mechanism: N/A
Prime Partner: Mbeya Referral Hospital	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 3491.08	Planned Funds: \$300,000
Activity System ID: 13516	

Activity Narrative: TITLE: Management and Staffing for DoD

NEED and COMPARATIVE ADVANTAGE: 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.

Presently in Mbeya, Rukwa and Ruvuma there are 25,455 patients under care and 13,638 patients on ART served in over 28 hospitals. The MRH is working with all levels of health facilities in these regions to develop lab capacity through training and supervision and ensure lab samples are being analyzed and results reported accurately through the establishment of a lab quality system that monitors district, regional and zonal hospital lab performance.

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 QA/QC procedures. A total of 13 labs have been renovated and equipped. In addition, the MRH has established both an internal and zonal QA/QC 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 Department of Defense's (DOD's) management and staffing costs for laboratory will support one laboratory engineer and four laboratory technicians. These laboratory officers will provide technical assistance to referral, regional, and 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.

Currently four laboratory personnel provide lab services to support to DOD's treatment efforts in achieving Country Operational Plan (COP) targets. FY 2008 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.

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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7746

Related Activity: 13659, 13634, 13455, 13460,
13439, 13427, 13527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23253	3491.23253.09	Department of Defense	Mbeya Referral Hospital	9969	1027.09		\$200,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13427	3455.08	6490	1217.08		African Medical and Research Foundation	\$475,000
13527	3499.08	6541	1130.08		Ministry of Health and Social Welfare, Tanzania	\$1,275,000
13460	12483.08	6509	1221.08		Columbia University	\$710,000
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	False
12.2 Number of individuals trained in the provision of laboratory-related activities	0	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Coverage Areas

Chunya
Ileje
Kyela
Mbarali
Mbeya
Mbeya Urban (prior to 2008)
Mbozi
Rungwe
Mpanda
Nkasi
Sumbawanga
Sumbawanga Urban (prior to 2008)
Mbinga
Namtumbo
Songea
Songea Urban (prior to 2008)
Tunduru

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1130.08

Prime Partner: Ministry of Health and Social Welfare, Tanzania

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 3499.08

Activity System ID: 13527

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$1,275,000

Activity Narrative: 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: 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). All four zonal and 23 regional hospital laboratories and Zanzibar will 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 20 regional hospital laboratories. 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 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 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 in-service 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7758

Related Activity: 13549, 13539, 13490, 13471,
13467, 13459, 13452, 13659,
13634, 13455, 13460, 13435,
13438, 13439, 13445, 13427,
13533, 13516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23254	3499.23254.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania	9719	1130.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554
13460	12483.08	6509	1221.08		Columbia University	\$710,000
13455	4974.08	6507	3582.08		Clinical and Laboratory Standards Institute	\$485,000
13427	3455.08	6490	1217.08		African Medical and Research Foundation	\$475,000
13435	4946.08	6495	3555.08	Twinning	American International Health Alliance	\$650,000
13439	4962.08	6498	3572.08		Association of Public Health Laboratories	\$700,000
13438	4966.08	6497	3578.08		American Society of Clinical Pathology	\$655,551
13516	3491.08	6535	1027.08		Mbeya Referral Hospital	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	161	False
12.2 Number of individuals trained in the provision of laboratory-related activities	115	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4790.08

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 Area Code: 12

Activity ID: 8233.08

Planned Funds: \$0

Activity System ID: 13560

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8233

Related Activity: 13659, 13634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25159	8233.25159.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$0
8233	8233.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$190,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$7,683,010

Estimated PEPFAR contribution in dollars	\$550,000
Estimated local PPP contribution in dollars	\$550,000

Program Area Context:

SI OVERVIEW

To ensure quality and sustainable HIV/AIDS programs, PEPFAR Tanzania is focused on the collection and use of strategic information for program planning and decision making. USG SI supports the “Third One” in Tanzania’s national response to the HIV/AIDS epidemic. The USG’s SI strategy is part of 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: a) harmonization of indicators and data systems, b) collection, analysis and timely reporting of quality data; and c) promotion of data use for planning and implementation of HIV interventions, and to inform policy.

Strategic planning for FY 2008 COP activities was guided by the USG SI five-year strategy and the Government of Tanzania (GoT) NMSF for M&E. 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 2007 included: conducting HIV surveillance activities that provided information for intervention and resource planning; strengthening national health information systems (HIS) in selected program areas; implementing a PEPFAR reporting system; and enhancing the analysis of PEPFAR data to estimate coverage of services.

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 FY 2008, 1.5 M&E staff will be added. SI technical assistance (TA) is provided through the in-country team, the M&E Resident Advisor (formerly MEASURE Evaluation), and through USG agencies headquarters.

The role of the USG SI team is to support USG and build the capacity of GoT and local partners through the following activities: a) provide TA in the implementation of activities funded under SI; b) support program-area specific HIS and M&E; c) participate on and provide SI expertise to each of the inter-agency technical teams (ITTs); and d) provide oversight for internal USG activities related to indicators, target setting, reporting, partner performance, and management of the COP process. 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 2008, the SI team will provide additional analytical expertise to ITTs in planning and implementing PHEs with partners and GoT.

RESULTS REPORTING

Improving the quality of data nationally and sub-nationally and within USG is a priority for SI in FY 2008. Ongoing and planned activities include: a) collaboration with the M&E Resident Advisor to adapt and foster use of data quality (DQ) tools; b) capacity-building in DQ through a USG Partner M&E group; and c) DQ assessments with selected partners, including the HMIS Unit of the Ministry of Health and Social Welfare (MOHSW).

Support will be continued to the SI Units of the National and Zanzibar AIDS Control Programs (NACP and ZACP respectively) for capacity building, coordination of programs, training in data collection tools and use of data. With support from USG, the World Health Association (WHO) will recruit a Resident Advisor to provide TA across all M&E activities at NACP. Program monitoring for HIV drug resistance (HIVDR) among ART patients, co-funded by WHO, will begin in 2008 at sentinel sites.

To improve data quality and use of PEPFAR data for planning, USG implemented the Tanzania Program Reporting System (TaPRS), developed by MEASURE Evaluation. The system was launched with SAPR 2007 using facility-level data. USG shares results and maps generated from TaPRS 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.

Triangulation of data from multiple sources such as routine program and survey data will be conducted with FY 2007 and FY 2008 funds. The effort is coordinated through NACP and the Tanzania Commission for AIDS/HIV (TACAIDS) and links with the Global Fund five-year impact evaluation for which Tanzania is a primary data collection country.

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 with GoT and USG partners. USG is working with prevention partners to refine operational definitions and develop standardized data collection tools.

In order to promote ownership and use of data from these national systems, the USG funds systems in program-specific areas that collaborate directly with the relevant program areas at NACP and ZACP. Data from partners' systems, developed with USG funds, are 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 USG at least semi-annually. Centrally-funded ART and blood safety partners report to USG quarterly. Community-level M&E systems will harmonize with the Tanzania Output Monitoring System for HIV/AIDS (TOMSHA), which collects multi-sectoral HIV services data, into a national HIV database.

The Phones for Health (P4H) public-private partnership 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 will be included in the database. To ensure continued local ownership and build sustainability, the University of Dar es Salaam Computing Centre (UCC), will collaborate in this initiative and ensure that the national electronic databases will interface. Support for the maintenance of the wide area network (WAN) in eight regions will continue, with a focus on its use in health programs. It will be part of the platform for data transfer.

SURVEILLANCE AND SURVEYS

Surveys: The results from the USG-supported Tanzania HIV Indicator Survey (THIS) in 2007 will be disseminated in 2008. The USG supported the National Bureau of Statistics (NBS) to conduct the Service Provision Assessment (SPA) in 600 facilities, and Services Availability Mapping (SAM) in 2006. Dissemination of these results is ongoing and will continue in FY 2008. In 2008, the USG will support the Ifakara Health Research and Development Centre to begin estimating mortality using Sample Vital Registration with Verbal Autopsy (SAVVY). This will be conducted through existing demographic sentinel sites in Tanzania.

Surveillance: USG will continue to support NACP to conduct antenatal surveillance ANC surveillance in all 21 regions on mainland Tanzania. NACP conducted a HIVDR threshold survey among ANC attendees in Dar es Salaam region in 2005/06, and will expand to two additional regions in 2007/08. Behavioral surveillance surveys (BSS) with biological markers will be conducted in Dar es Salaam to inform HIV prevention activities among commercial sex workers (CSWs).

USG will continue to support ZACP for ANC surveillance in its ten districts. Beginning in FY 2007, ANC surveillance in Zanzibar was integrated within PMTCT activities in order to link with interventions for all HIV-infected pregnant women. As Zanzibar has a concentrated epidemic, there has been and increased focus on behavioral surveillance among most at-risk populations (MARPs) and overlapping populations. The ZACP, with USG support and TA from Tulane University, is currently conducting surveys among MSM, CSW, and IDUs using respondent-driven sampling. Other surveys among military recruits and inmates are planned in 2008. Using FY 2007 funds, selected surveys will begin using personal data assistants (PDAs) to enhance data collection. Commodities for surveillance and surveys will be purchased through Supply Chain Management Systems (SCMS).

LINKAGES WITH GoT AND DONORS:

In addition to funding for GoT as described above, USG's activities are part of TACAIDS National M&E Roadmap, an integrated, costed work plan. USG SI staff serve on the TACAIDS and NACP M&E technical working groups. The USG communicates regularly with WHO, UNAIDS, PharmAccess International, the World Bank, and participates in the Development Partners M&E Group.

SUMMARY

In summary, PEPFAR-Tanzania has 18 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 described in OPSS under NIMR and the School of Public Health.

HIS-focused narratives in the SI section include: P4H, MoHSW-HMIS, UCC and WAN. Narratives describing surveillance and surveys activities include BSS for MARPS in Zanzibar and Dar es Salaam, SAVVY, and SCMS for commodities. Measure DHS is disseminating results from the THIS. 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. There are four USG M&S narratives in SI.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	1126
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2876

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4790.08

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 9593.08

Planned Funds: \$100,000

Activity System ID: 13561

Activity Narrative: 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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9593

Related Activity: 13541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23241	9593.23241.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9946	4790.09		\$0
9593	9593.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4790	4790.07		\$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1056.08

Prime Partner: National AIDS Control
Program Tanzania

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3379.08

Activity System ID: 13541

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$500,000

Activity Narrative: 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 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,

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7772

Related Activity: 13487, 16304, 16473, 16539, 13540, 13572, 13459, 13471, 13539, 13490, 13538, 13660

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23231	3379.23231.09	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	9949	1056.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
16304	16304.08	6516	1219.08		Family Health International	\$400,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13487	10179.08	6519	1513.08	Track 1.0	Harvard University School of Public Health	\$1,357,214
13490	5384.08	6520	3621.08		Harvard University School of Public Health	\$8,010,000
16473	16473.08	6516	1219.08		Family Health International	\$400,000
13572	3390.08	6551	1136.08		PharmAccess	\$2,270,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13660	9578.08	8548	8548.08	UTAP	University of California at San Francisco	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	75	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1153.08

Prime Partner: National Institute for Medical
Research

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 4910.08

Activity System ID: 13547

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$335,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7761

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23234	4910.23234.09	HHS/Centers for Disease Control & Prevention	National Institute for Medical Research	9910	1153.09		\$235,000
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

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	16	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

Indirect Targets

Coverage Areas

Lindi
Arusha
Ilala
Dodoma
Iringa
Mbeya
Nyamagana
Mtwara
Tabora

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4781.08

Prime Partner: Ministry of Health and Social
Welfare, Tanzania - Zanzibar
AIDS Control Program

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3502.08

Activity System ID: 13534

Mechanism: ZACP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$300,000

Activity Narrative: 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 blood-borne 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; 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, Home-based 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7755

Related Activity: 13399

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23240	3502.23240.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	9958	4781.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13399	5035.08	8546	8546.08	UTAP	Tulane University	\$180,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	52	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	232	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk 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

Other

Pregnant women

Coverage Areas

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1209.08

Mechanism: N/A

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3453.08

Planned Funds: \$300,000

Activity System ID: 13511

Activity Narrative: MEASURE DHS, based at Macro International Inc., has a long history in Tanzania, starting with assistance on the 1991-92 Tanzania Demographic and Health Survey. Most recently, Macro has provided technical assistance in: a) providing technical assistance in conducting the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) and facilitating dissemination and utilization of the 2004-2005 Tanzania Demographic and Health Survey (TDHS); and b) providing technical assistance on conducting the 2006 Tanzania Service Provision Assessment (TSPA) and dissemination of data to users, including producing two reports of key findings, one on HIV and the other on issues related to child and maternal health and malaria. MEASURE DHS organized seminars on specific topics.

During FY 2008, MEASURE DHS intends to carry out data analyses and dissemination of the 2007 Tanzania HIV/AIDS Indicator Survey (THIS). The 2007 THIS is designed as a follow-up to the 2003-2004 THIS with an added malaria module (funded through non-PEPFAR sources). The data analyses and dissemination activities shall be carried out centrally (covering both Tanzania Mainland and Zanzibar) and regionally for the 26 regions (21 for Mainland and 5 for Zanzibar).

In order to build and improve a culture of data utilization among policy- and decision-makers at the grassroots level, MEASURE DHS will collaborate with the National Bureau of Statistics to disseminate the findings of the 2007 THIS to 124 districts (114 districts in the Mainland and 10 in Zanzibar) and 132 Local Government Councils (122 Councils of the Mainland and 10 on the Zanzibar).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7741

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23235	3453.23235.09	U.S. Agency for International Development	Macro International	9953	1209.09		\$500,000
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

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Indirect Targets

Coverage Areas

- Kaskazini A (North A)
- Kaskazini B (North B)
- Kati (Central)
- Kusini (South)
- Mjini (Urban)
- Magharibi (West)
- Micheweni
- Wete
- Chakechake
- Mkoani

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1228.08	Mechanism: M&S
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 8685.08	Planned Funds: \$50,000
Activity System ID: 13615	

Activity Narrative: TITLE: Management & Staffing – SI USAID

USAID SI Management and Staffing FY 2007 funds will support 1.5 full time equivalent staff that will assist in coordinating activities within SI as well as serve as technical leads for aspects of the work. The specific composition of the staffing is one full-time Monitoring and Evaluation (M&E) specialist supported by a second part-time equivalent senior advisor. The full-time M&E specialist will work directly with implementing partners, both governmental and non-governmental, to improve the quality, timeliness, and utilization of monitoring and evaluation data. Activities will include site visits, data quality assessments, capacity assessments, mentoring and skills-building, as well as monitoring of progress. The M&E specialist will work closely with MEASURE/Evaluation, leveraging their specific technical expertise to fill capacity gaps specifically identified for each partner through the implementation of a capacity building plan. The M&E specialist, who has a particular knowledge of the GoT's ART M&S system, will also participate in technical assistance activities to the GoT in this area. The senior advisor will assist in the identification of portfolio-wide, as well as national M&E needs. She 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8685**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23236	8685.23236.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$89,000
8685	8685.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$225,059

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets**Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 8553.08**Mechanism:** P4H**Prime Partner:** Voxiva**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 8221.08

Planned Funds: \$550,000

Activity System ID: 13411

Activity Narrative: TITLE: Phones for Health Initiative in Tanzania

NEED and COMPARATIVE ADVANTAGE: The Government of Tanzania (GoT) is committed to strengthening its response to the HIV epidemic. To do this effectively, it is crucial to have information systems that produce reliable, timely information for all HIV program activities in order to make informed decisions and affect policy and guideline changes. These HIV programs include prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), TB/HIV, malaria, facility and community-based palliative care, and care for orphans and vulnerable children (OVC). In FY 2008, Tanzania will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including OGAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Tanzania. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record and report monthly and quarterly data, as well as national-level indicators locally and transmit data to regional and central-level program managers by phone or computer. The system will work along-side traditional means of reporting data. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, and program indicators reporting. GoT is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity.

ACCOMPLISHMENTS: An outreach and advocacy visit with the Phones For Health consortium was conducted in July 2007 to meet with GoT stakeholder and implementing partners. So although this is a new activity for Tanzania, Phones for Health builds off its successes in Rwanda with a similar system, which is now expanding to include other areas of HIV/AIDS reporting and monitoring and serves as a major resource for the health sector.

ACTIVITIES: In-country staff initially planned for Phones For Health before the 10-county initiative was announced, which resulted in a delay of some activities planned for FY 2007. For FY 2008, activities can move quickly towards activities outlined.

1) Outreach and Needs Assessment: A Phones for Health team will meet with key stakeholders in Tanzania, including Ministry of Health (MOH) representatives the National AIDS Control Program (NACP), the Tanzania Commission for AIDS (TACAIDS), and USG to document Tanzania's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by OGAC and GSMA.

2) Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Tanzania's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. USG will also collaborate with initiating Phones For Health countries for cost-sharing, as this activity is likely to be similar across, considering similar reporting structures. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget, including ongoing communications and support, will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The NACP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators.

3) System adaptation and configuration: Voxiva and other consortium members will work with MOH, NACP and USG technical staff to adapt the Phones for Health system to Tanzania's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators and monthly and quarterly reporting requirements. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility identification numbers and to a unique user ID and password.

4) Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY 2008, Phones for Health will be initially piloted in national, regional and referral hospitals, with the expectation that national deployment will be achieved by Year 2 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. And with continued discussion, an in-country mobile phone provider, yet to be determined, may provide subsidized hosting, software maintenance and support services on an ongoing basis.

LINKAGES: This activity links closely with TACAIDS, the Ministry of Health and Social Welfare (MOHSW) and the National AIDS Control Program, which are the true proprietors of the health sector reporting activities. There are also linkages that USG-Tanzania will maintain with OGAC and with other countries implementing similar activities with other members of the Phones for Health consortium. This is necessary for cost-sharing and activity-sharing as activities are planned and expanded.

CHECK BOXES: This activity is a national information system for data collection and reporting.

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 team will also self-monitor and report on its activities to USG and GoT for continual updates and program

Activity Narrative: implementation flow.

SUSTAINABILITY: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Tanzania. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the MOH/Health Information and Research Section, Health Management Information Systems (HMIS) Unit. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8221

Related Activity: 16512, 13547

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8221	8221.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16512	16512.08	8553	8553.08	P4H	Voxiva	\$200,000
13547	4910.08	6544	1153.08		National Institute for Medical Research	\$335,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$550,000
 Estimated local PPP contribution in dollars \$550,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	20	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	False

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8546.08	Mechanism: UTAP
Prime Partner: Tulane University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 5035.08	Planned Funds: \$180,000
Activity System ID: 13399	

Activity Narrative: TITLE: Behavioural and biological surveillance among most at-risk populations in Zanzibar

NEED and COMPARATIVE ADVANTAGE: The CDC Tanzania has been collaborating with the World Health Organization (WHO) in providing technical assistance to the Zanzibar AIDS Control Program (ZACP) of the Zanzibar Ministry of Health and Social Welfare for surveillance activities. Zanzibar has a concentrated HIV epidemic. In a 2006 survey of injecting drug users (IDUs), the HIV prevalence was estimated to be 26% (Dahoma et al 2006). No other survey among IDUs has been conducted to date.

ACCOMPLISHMENTS: In FY 2007, Tulane University conducted respondent-driven sampling surveys (RDS) among men who have sex with men (MSM) and commercial sex workers (CSW). Size estimation of these populations was also accomplished. In the CSW survey, a peer-driven intervention was linked to the actual survey.

ACTIVITIES: This activity links to #7775 (Strengthening Strategic Information Capacity at the Zanzibar AIDS Control Program) and #8728 (Behavioral Interventions to Reduce Risk Among IDUs and Overlapping Populations).

The concentrated epidemic in Zanzibar requires a more aggressive and effective prevention strategy than the mainland of the United Republic of Tanzania which has a generalized epidemic. In Zanzibar, it is important to identify the most at-risk populations (MARPS) and overlapping populations with link to the general population. The identification of these populations and their risk behaviours will be used to develop effective interventions to prevent the transmission of HIV, and to focus limited resources on prevention activities. Suspected high-risk sub-populations include commercial sex workers, beach boys (male sex workers), clients of both male and female sex workers, injecting drug users, men who have sex with men, and others who engage in transactional sex within the tourism industry.

In FY 2008, the funds will be used to conduct respondent-driven sampling and capture/recapture for size estimation of injecting drug users and potential overlapping populations. Other activities will include holding a series of meetings to ensure use of the results from the previous surveys to initiate an intervention component. The results from the previous surveys will be disseminated in meetings and appropriate forums with non-governmental organizations and the government. In addition, this information will also be used for modeling the epidemic using Spectrum (the UNAIDS epidemic modeling package).

LINKAGES: The survey results will be linked with peer-driven interventions being developed by a "TO BE DETERMINED" organization. The results will also be linked with the United Nations' Development Program efforts to ensure that HIV/AIDS does not impact negatively on commerce and tourism in Zanzibar.

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 annually.

SUSTAINABILITY: Human capacity will be built to conduct these types of surveys in Zanzibar on an annual basis. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7809

Related Activity: 13534, 13415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23248	5035.23248.09	HHS/Centers for Disease Control & Prevention	Tulane University	9941	8546.09		\$50,000
5035	5035.06	HHS/Centers for Disease Control & Prevention	Tulane University	3603	3603.06	Zanzibar MARPS	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13534	3502.08	6542	4781.08	ZACP	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program	\$300,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Injecting drug users

Coverage Areas

Micheweni

Wete

Kaskazini A (North A)

Kaskazini B (North B)

Chakechake

Mkoani

Kati (Central)

Kusini (South)

Mjini (Urban)

Magharibi (West)

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8548.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9578.08

Activity System ID: 13660

Mechanism: UTAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$300,000

Activity Narrative: 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 decision-making, 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 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 country-driven 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) population-based 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9578

Related Activity: 13541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23249	9578.23249.09	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	9967	8548.09	UTAP	\$150,000
9578	9578.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4950	4950.07		\$30,525

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4950.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3519.08

Activity System ID: 13661

Mechanism: GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,600,100

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7833

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23243	3519.23243.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$1,272,000
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	\$927,814

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1470.08	Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 9576.08	Planned Funds: \$167,910
Activity System ID: 13635	
Activity Narrative: TITLE: Management and Staffing – SI CDC GAP (Base)	
ACTIVITIES: This activity is split-funded between GAP and GHAI. Please refer to activity #3519.08 for the activity narrative for this position.	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 9576	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23237	9576.23237.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$440,021
9576	9576.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$572,376

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1143.08	Mechanism: M&S
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 8683.08	Planned Funds: \$30,000
Activity System ID: 13670	

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8683

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23233	8683.23233.09	Department of Defense	US Department of Defense	9905	1143.09		\$30,000
8683	8683.07	Department of Defense	US Department of Defense	4604	1143.07		\$61,720

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4691.08	Mechanism: N/A
Prime Partner: World Health Organization	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 5258.08	Planned Funds: \$100,000
Activity System ID: 13682	

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7814

Related Activity: 13541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23239	5258.23239.09	HHS/Centers for Disease Control & Prevention	World Health Organization	9957	4691.09		\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1130.08

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: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 16379.08

Planned Funds: \$120,000

Activity System ID: 16379

Activity Narrative: 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 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13549, 13538, 13539, 13540, 13541, 13529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13529	3501.08	6543	1056.08		National AIDS Control Program Tanzania	\$900,000
13538	8692.08	6543	1056.08		National AIDS Control Program Tanzania	\$400,000
13549	3464.08	6545	1253.08		National Tuberculosis and Leprosy Control Program	\$2,200,000
13539	4941.08	6543	1056.08		National AIDS Control Program Tanzania	\$550,000
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	154	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	154	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2244.08

Mechanism: N/A

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 Area Code: 13

Activity ID: 18288.08

Planned Funds: \$600,000

Activity System ID: 18288

Activity Narrative: 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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13541

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8068.08

Mechanism: CTC2 Support

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 Area Code: 13

Activity ID: 8062.08

Planned Funds: \$250,000

Activity System ID: 16540

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8062

Related Activity: 13540, 13452, 13471, 13459, 13541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23245	8062.23245.09	HHS/Centers for Disease Control & Prevention	University of Dar es Salaam, University Computing Center	9963	8068.09		\$345,000
8062	8062.07	HHS/Centers for Disease Control & Prevention	National AIDS Control Program Tanzania	4565	1056.07		\$130,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13452	5505.08	6504	2368.08		Catholic Relief Services	\$12,800,000
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
13540	3378.08	6543	1056.08		National AIDS Control Program Tanzania	\$300,000
13459	3461.08	6509	1221.08		Columbia University	\$7,100,000
13541	3379.08	6543	1056.08		National AIDS Control Program Tanzania	\$500,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	60	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7567.08	Mechanism: N/A
Prime Partner: Ifakara Research Center	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16840.08	Planned Funds: \$250,000
Activity System ID: 16840	

Activity Narrative: 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: N/A. 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Rufiji

Kilombero

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$10,712,000

Estimated PEPFAR contribution in dollars \$260,000

Estimated local PPP contribution in dollars \$260,000

Program Area Context:

Tanzanian President Kikwete took the fight against HIV/AIDS a step in the right direction when he launched the national testing campaign, and tested publicly in July 2007. To conduct this campaign there had to be policies on testing, health workers to counsel and test, and an enabling environment (reduced stigma and discrimination). By investing in the development of appropriate systems to ensure human resources, funding and policies are in place, Other Policy and System Strengthening (OPSS) lays the foundation upon which interventions are built and ultimately ensures the achievement of PEPFAR goals. To this end, the recommended FY2008 funding for OPSS has increased.

The United States Government (USG) will work to improve the skills of existing service providers, increase the number of well-trained new providers and overhaul select human resource systems that limit the effectiveness and productivity of workers. Secondly, the USG will concentrate on strengthening leaders and national organizations to increase the pace of program implementation, empower local implementers, and create a culture whereby existing barriers are removed. Lastly, the USG will ensure key policies affecting the success of our programs, such as those related to provider initiated testing and counseling (PITC) and use of lay workers for HIV testing, are approved and executed. OPSS activities are undertaken in collaboration with Government of Tanzania (GOT) and development partners. The Ministry of

Health and Social Welfare's (MOHSW) Human Resources for Health (HRH) Strategic Plan provides a clear roadmap for implementation. During FY2007 the USG helped facilitate improved national coordination and promoted enhanced integration of OPSS interventions within all USG PEPFAR programs. The USG and its partners participate in the National HRH Working Group, the Development Partners Group for Health, and the USG Human Capacity Development (HCD) Partners' Group that meets to coordinate activities. OPSS partners also attend the USG Care and Treatment Partners meeting.

The FY2007 OPSS achievements lay the groundwork for the activities proposed in the FY2008 COP. The focus in FY2008 is on demonstrating the feasibility and impact of innovative new interventions and on going to scale with successful initiatives that began in FY2007. Milestones for FY2007 and the focus for FY2008 include the following.

1. Revised the pre-service curriculum for nursing and laboratory training institutions to include HIV/AIDS prevention, care, and treatment. This will result in an increase in the number of workers qualified to provide HIV services. In FY2008 this curriculum will be rolled out; 150 nurse tutors will be trained to use the curricula and in turn the tutors will train 6,600 nursing students. Similar activities for clinical and pharmacological schools will be implemented in FY2008.
 2. Launched a training package that encourages uptake of testing, care, and treatment services by health workers, as well as promotes stigma reduction to ensure HIV+ health workers continue to work. The package includes a film about HIV+ workers that received high accolades from OGAC and health workers in Tanzania. This will roll out nationally in FY2008.
 3. Modified the National AIDS Control Program's (NACP) care and treatment curriculum to maximize effectiveness by updating information and improving instructional design. Work in FY2008 includes further roll out of this work.
 4. Completed operational research on health worker workload and productivity. This study informed policy makers and local leaders how to increase output and retain workers. As a result, the GOT is redefining staffing for facilities and developing workload indicators. In FY2008, National Institute for Medical Research (NIMR) will complete complementary research on worker retention and task shifting.
 5. Developed pilot interventions using grants to strengthen the HRH system in districts where the Emergency Hiring Plan (EHP) is being implemented. These interventions include improved supportive supervision, increased task shifting to reduce work overload, access to on-the-job training, improved workplace environment, and better management of personnel. The EHP recently deployed 135 health workers whose salaries are funded by the Global Fund. This work builds upon the operational research undertaken by NIMR and will continue in FY2008.
 6. Worked with Zonal Training Centers (ZTCs) to develop plans to strengthen their ability to manage and coordinate training at the sub-national level. In FY2008 these plans will be implemented. This activity will include development of a human resources management system and a training system so the GOT can effectively manage HRH deployment, training, and performance.
 7. Assessed the management and leadership needs of key GOT partners and developed comprehensive work plans to systematically address these issues. The institutions assessed include: the Department of Social Welfare (DSW), NACP, Zanzibar AIDS Commission (ZAC), Tanzania Commission for AIDS (TACAIDS), and ten District AIDS Coordinating Committees (DACCOMS) in Zanzibar. Assistance for institutional capacity building (ICB) will be provided in FY2008 to implement the plans.
 8. Developed standard operating procedures and tools (e.g., executive dashboard) for the Country Coordinating Mechanisms (CCM) in Tanzania and Zanzibar to lead and manage the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM) efforts. This will help mobilize GFATM resources and ensure greater accountability for results. The GFATM will continue to need support in FY2008.
 9. Completed a policy forum with Members of Parliament (MPs). This forum provided MPs with a better understanding of HIV/AIDS, how PEPFAR works and what concrete steps they can take within their districts. As a result, a number of MPs have begun to ensure there are adequate HIV/AIDS services in their home districts. Work with the MPs will continue in FY2008.
- In addition to the activities above, in FY2008 the USG will focus on developing sustainable pre-service training. The goal of this training is to scale up delivery of HIV/AIDS services, thus all pre-service training is funded under ARV services. Instead of creating stand alone programs the USG will develop new partnerships with existing programs. The USG will partner with the National Institutes of Health, Fogarty International Center, and Jimma University in Ethiopia to increase the number of health professionals trained in HIV/AIDS care and in monitoring quality services. Support will be provided to Muhimbili University of Health and Allied Sciences (MUHAS) and five medical institutions to ensure they can adequately train medical and public health students in care and treatment. To ensure quality, the USG will build the capacity of the MOHSW and the ZTCs to rigorously evaluate new training programs and curricula. Lastly, an innovative Youth Corps program will be implemented to increase the number of workers providing HIV/AIDS services at community level and to address the needs of orphans and vulnerable children (OVC). This program is funded under OVC.

In-service training remains an essential part of the OPSS strategy. In FY2008 the USG will work with GOT to develop a Tanzanian-based Field Epidemiology Laboratory Training Program (FELTP) to strengthen epidemiological and laboratory training. This program will be coordinated by two Tanzanian FELTP graduates and will build capacity in monitoring, field management, and laboratory services. This activity is co-funded by the President's Malaria Initiative. The USG will also support creation of a central health training center where courses are provided in a cost effective manner (e.g., e-learning). To help ZTCs respond to requests for in-service training from the districts and regions the International Training and Education Center on HIV (I-Tech) will equip ZTCs and provide faculty with training in teaching methodology.

The USG will continue to support ICB efforts with government, partners and local civil society organizations (CSOs). A new activity is proposed which builds upon the annual audit process to ensure eight GOT partners have the skills needed to be fiscally responsible with USG funding. The USG will also strengthen NIMR's ability to implement operational research. With the GOT, the USG will create a national resource center to serve as a clearinghouse for HIV/AIDS documents. The USG will continue to support the Rapid Funding Envelope (RFE) to channel resources and technical support to CSOs who deliver HIV/AIDS services at community level. In addition, the USG will strengthen and promote the sustainability of innovative CSOs, such as the AIDS business coalitions in Tanzania and Zanzibar.

The greatest challenge in implementing HIV/AIDS interventions in Tanzania is the limited number of first-rate leaders who can motivate staff and pave the way for implementation. Frequently strong strategic plans are developed on paper, but never come to fruition. This issue must be addressed if PEPFAR is to meet its goals. The USG will continue to support leadership efforts within government and civil society. A primary focus of this support will be to identify, train and mentor potential leaders. A new program to identify HIV/AIDS champions will be developed in collaboration with the US Embassy Office of Public Affairs.

HIV/AIDS- and gender-related stigma remain a barrier to the scale up of services. For this reason, activities to address stigma are integrated into all Tanzanian PEPFAR programs. The OPSS portfolio continues to support activities focusing on community mobilization for stigma and discrimination reduction. In addition, a novel wraparound program with USAID's Democracy and Governance Office will be initiated, whereby the rights of people living with HIV/AIDS, particularly women, are promoted.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	173
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	384
14.3 Number of individuals trained in HIV-related policy development	986
14.4 Number of individuals trained in HIV-related institutional capacity building	1301
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1165
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4007

Custom Targets:**Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 2244.08	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 16543.08	Planned Funds: \$56,600
Activity System ID: 16543	
Activity Narrative: TITLE: Procurement of Commodities for MOHSW Tanzanian Field and Epidemiology and Laboratory Training Program (FELTP) through RPSO	
NEED and COMPARATIVE ADVANTAGE: Commodity requirements to support MOHSW are crucial to the success of the Tanzanian Field and Epidemiology and Laboratory Training Program (FELTP). RPSO provides novel supply chain solutions for these commodities.	
ACTIVITIES: Specific activities in this area include the selection of commodities required for procurement. This will be developed from the program work plan for the implementation of MOHSW activities under FELTP. RPSO will utilize its central based procurement system to buy to undertake the procurement of these commodities and deliver the requirements based on agreed plan. Procurement needed for equipment and operations materials including 14 computers/laptops, office furniture and training supplies for fieldwork for participating students.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support**Public Private Partnership**

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5258.08	Mechanism: N/A
Prime Partner: International Broadcasting Bureau, Voice of America	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19150.08	Planned Funds: \$0
Activity System ID: 19150	
Activity Narrative: TITLE: VOA HIV/AIDS Vignette Series	

Ongoing Activity

Education and information can help remove the social fears that lead to stigmatization. The use of public dialogue and mass-media can be used widely to strengthen public knowledge, remove shame, and build awareness. Radio, the most widely accessed form of mass media in Tanzania, is a powerful tool that can assist in bringing HIV/AIDS into the open and demonstrating that it is a disease that affects all people.

In order to leverage the power of radio in Tanzania, VOA's Swahili service will create a series of vibrant, Tanzania-specific vignettes which will highlight people who are living with HIV/AIDS, benefitting from available services and giving back to their community throughout the country. These vignettes will be directly incorporated into the VOA Swahili news service package/program and broadcasted once a week - during the highest listener volume- throughout Tanzania. The vignettes, which will illustrate the changing face of HIV/AIDS, will focus on personalizing HIV and those that are living with it. They will also shed light on available services and underscore the efforts of those HIV positive individuals that have benefitted from services and are now giving back to their communities.

The series will initially air once a week for 12 weeks (three months) after which VOA will carryout an evaluation to receive feedback on the vignettes. Feedback will then be incorporated for the development of the second set of vignettes which will air for an additional three months. VOA will be provided with a list of PEPFAR partners through which beneficiaries of services can be contacted. The program will utilize local reporters, coordinated through the VOA Swahili Service and will interview beneficiaries directly.

The VOA Swahili Service will be responsible for the production and the distribution of all programming and will provide PEPFAR with reports on spending and programming quarterly. PEPFAR will provide the VOA with information regarding partners and beneficiaries as a base for story selection, but The Voice of America will maintain strict editorial control over all content.

The vignette series will target the general Tanzanian population. VOA's Swahili service reaches about 7 million people, or 37 percent of the population, according to research conducted by InterMedia. VOA programs are broadcast by shortwave, and by local FM affiliates, including Radio Free Africa, KISS-FM and Radio Tumbani. The program will also be placed on the Internet at www.voanews.com

Monitoring and Evaluation

VOA will monitor the show's impact through listenership surveys conducted throughout the year as well as its annual listenership surveys; all of which will be carried out by InterMedia.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1441.08	Mechanism: SPS
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 16996.08	Planned Funds: \$213,417

Activity System ID: 16996

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16473, 16475, 13469, 13471, 13601, 13559

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13469	3473.08	6511	1511.08	Track 1.0	Elizabeth Glaser Pediatric AIDS Foundation	\$5,006,215
13471	3494.08	6512	2369.08		Elizabeth Glaser Pediatric AIDS Foundation	\$8,188,236
16473	16473.08	6516	1219.08		Family Health International	\$400,000
13559	9237.08	6548	4790.08		Partnership for Supply Chain Management	\$2,500,000
13601	8981.08	6564	4960.08	I-TECH	University of Washington	\$1,458,983

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arumeru

Arusha

Monduli

Ngorongoro

Karatu

Longido

Dodoma

Dodoma Urban (prior to 2008)

Kondoa

Kongwa

Mpwapwa

Chamwino

Bahi

Iringa

Iringa Urban (prior to 2008)

Kilolo

Ludewa

Makete

Mufindi

Njombe

Kilombero

Kilosa

Morogoro

Morogoro Urban (prior to 2008)

Mvomero

Ulanga

Bariadi

Bukombe

Kahama

Maswa

Meatu

Shinyanga

Shinyanga Urban (prior to 2008)

Kishapu

Igunga

Nzega

Sikonge

Tabora

Urambo

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4950.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16365.08

Activity System ID: 16365

Mechanism: GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$625,000

Activity Narrative: 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 collaborating 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.

SUSTAINABILITY: FELTP Tanzania will allow for key public health specialists to undertake training in-country 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 personnel 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16543, 16974, 16975, 17036,
13512

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16975	16975.08	8546	8546.08	UTAP	Tulane University	\$350,000
17036	17036.08	7629	7629.08		US National Institutes of Health	\$450,000
16974	16974.08	7581	7581.08	NPIN	Analytical Sciences, Inc.	\$200,000
13512	3454.08	6533	1215.08	M&L	Management Sciences for Health	\$1,740,000
16543	16543.08	6553	2244.08		Regional Procurement Support Office/Frankfurt	\$56,600

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1470.08

Mechanism: Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9575.08

Planned Funds: \$88,000

Activity System ID: 13637

Activity Narrative: Management and staffing for CDC OPSS GAP (Base)

This is a split with activity #7831

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9575

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23131	9575.23131.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$178,834
9575	9575.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4602	1470.07	Base	\$12,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4950.08	Mechanism: GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 3504.08	Planned Funds: \$125,000
Activity System ID: 13662	
Activity Narrative: 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7831**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23370	3504.23370.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$552,000
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

* Training

*** Pre-Service Training

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1225.08

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3462.08

Activity System ID: 13497

Mechanism: CAPACITY

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$2,260,000

Activity Narrative: 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7729

Related Activity: 16366, 16373, 17040, 13548, 13512, 13601

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23129	3462.23129.09	U.S. Agency for International Development	IntraHealth International, Inc	9912	1225.09	CAPACITY	\$3,178,459
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17040	17040.08	6525	1225.08	CAPACITY	IntraHealth International, Inc	\$50,000
13512	3454.08	6533	1215.08	M&L	Management Sciences for Health	\$1,740,000
13548	3407.08	6544	1153.08		National Institute for Medical Research	\$1,155,000
13601	8981.08	6564	4960.08	I-TECH	University of Washington	\$1,458,983

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$260,000

Estimated local PPP contribution in dollars \$260,000

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	300	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	350	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	350	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Ngorongoro
Bagamoyo
Mafia
Ludewa
Biharamulo
Hai
Mwanga
Kati (Central)
Kusini (South)
Ileje
Kyela
Mbozi
Kilosa
Ulanga
Masasi
Namtumbo
Tunduru
Nzega
Pangani

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4960.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 8981.08

Activity System ID: 13601

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$1,458,983

Activity Narrative: TITLE: Strengthening Zonal Training Center's (ZTCs) Capacity to Decentralize HIV/AIDS Training.

NEED and COMPARATIVE ADVANTAGE: The Ministry of Health and Social Welfare (MOHSW) requested technical assistance to strengthen the Zonal Training Center's (ZTC) network'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. While the eight ZTCs differ in their current capacity, all will benefit from faculty, resource, and organizational development. I-TECH has developed similar training systems in Namibia and the Caribbean, and will leverage those experiences and lessons learned in working with the ZTCs. I-TECH has also developed international experience in M&E including a five-day workshop for the evaluation of training programs.

ACCOMPLISHMENTS: By the end of FY 2007, I-TECH will have built collaborative relationships with the MOHSW and the ZTCs. I-TECH will have sponsored a study tour to learn from Namibia's national training network. I-TECH will also have completed a national evaluation of the approach to ART training and used the results to improve the curriculum and develop a quality assurance plan for ART trainings. I-TECH will have developed new training methods, tools, and materials and implemented a training of trainer (TOT) series.

ACTIVITIES:

1. Work with the MOHSW to strengthen capacity of the ZTCs to support national HIV/AIDS trainings. This supports the institutionalization of in-service training through GOT systems. 1a) Continue in-service faculty development courses in teaching methodology and adult learning. 1b) Develop and roll-out HIV/AIDS training materials including the production of stand-alone media to meet identified program needs (e.g. a stigma and discrimination documentary targeting the general population in Zanzibar; case studies for in-service training). The documentary will be accompanied by supporting curriculum and training materials. 1c) Equip selected under-resourced ZTCs with necessary staffing and basic training equipment/materials, so they can provide services as needed. 1d) Work with District and Regional Medical Teams to ensure that training supports task shifting and decentralization of HIV services. 1e) 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 and workplace programs for HIV+ health care workers.

2. Strengthen ZTC capacity to monitor and evaluate HIV/AIDS training programs. A stronger culture for data demand and use and a strengthened monitoring and evaluation system for training will enable MOH and health care facilities to more readily identify training success, gaps, and redundancy. 2a) Work with MOHSW, Capacity Project and other partners to adopt a training information management system. Train partners in data demand, data use, and data quality assurance. 2b) Work with the ZTCs to conduct pilot evaluations of new or revised curricula including PITC, ART, lab, blood safety, IMAI and others. 2c) Work with MOHSW, ZTCs and USG partners to develop and implement a quality improvement plan to enhance HIV/AIDS training. Plan will include monitoring of training delivery and transfer of learning, and involve on-site visits by district and regional partners (using PDAs to collect and report data).

3. Undertake activities to examine feasibility of distance learning in Tanzania and if feasible, design a program which builds upon and complements existing programs.

LINKAGES: To accomplish all of the activities listed above, I-TECH will work closely with the MOHSW and the ZTCs. For activity one, I-TECH will collaborate with USG training partners that are working in each zone as well as with IntraHealth, the UCSF ASPIRE project, and the Capacity Project. For activity two I-TECH will work with the Capacity Project and with USG training partners.

CHECK BOXES: Human Capacity Development/In-service training: These activities address the in-service training needs of HIV and TB care and treatment providers.

Local Organization Capacity Development: These activities strengthen the ZTCs capacity to support HIV/AIDS training and training on operational research.

Strategic Information: These activities will enhance the local infrastructure to collect and analyze accurate and timely data on trainings. They will also facilitate the use of data in improving the design, quality and cost-effectiveness of training.

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 reviewed quarterly via a progress database. 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 supports M&E.

SUSTAINABILITY: I-TECH's sustainability plan is to strengthen the capacity of the ZTCs, the institutions designated by the MOHSW, to coordinate, manage, monitor and evaluate HIV/AIDS trainings throughout Tanzania. The existing capacity of ZTCs is variable and so working with MOHSW and NACP, I-TECH will simultaneously work to develop and implement training quality assurance plans as it works to strengthen ZTC capacity to take the lead in this role for their zones. As individual ZTC capacity increases, they will assume greater leadership and responsibility, and TA will move to strengthen other ZTCs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8981

Related Activity: 13598, 13599, 16441, 16478, 16974, 16980, 13548, 13662, 13603, 13594, 13403, 13637

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23134	8981.23134.09	HHS/Health Resources Services Administration	University of Washington	9917	4960.09	ITECH	\$3,802,441
8981	8981.07	HHS/Health Resources Services Administration	University of Washington	4960	4960.07	I-TECH	\$1,005,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13598	12451.08	6564	4960.08	I-TECH	University of Washington	\$200,000
16441	16441.08	6549	3745.08		Pastoral Activities & Services for People with AIDS	\$175,000
13599	12467.08	6564	4960.08	I-TECH	University of Washington	\$450,000
13603	3511.08	6565	1199.08		University Research Corporation, LLC	\$800,000
13403	5567.08	7569	7569.08		Strategic Radio Communication for Development	\$700,000
16974	16974.08	7581	7581.08	NPIN	Analytical Sciences, Inc.	\$200,000
16980	16980.08	6495	3555.08	Twinning	American International Health Alliance	\$500,000
13637	9575.08	6567	1470.08	Base	US Centers for Disease Control and Prevention	\$88,000
13662	3504.08	6568	4950.08	GHAI	US Centers for Disease Control and Prevention	\$125,000
13548	3407.08	6544	1153.08		National Institute for Medical Research	\$1,155,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	160	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	250	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Other

Teachers

Coverage Areas

Arumeru

Arusha

Monduli

Ngorongoro

Dodoma

Dodoma Urban (prior to 2008)

Kondoa

Mpwapwa

Kasulu

Kibondo

Kigoma

Kigoma Urban (prior to 2008)

Chunya

Ileje

Kyela

Mbarali

Mbeya

Mbeya Urban (prior to 2008)

Mbozi

Rungwe

Kilombero

Kilosa

Morogoro

Morogoro Urban (prior to 2008)

Mvomero

Ulanga

Masasi

Mtwara

Mtwara Urban (prior to 2008)

Newala

Tandahimba

Geita

Ilemela

Kwimba

Magu

Misungwi

Nyamagana

Sengerema

Ukerewe

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1215.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3454.08

Activity System ID: 13512

Mechanism: M&L

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$1,740,000

Activity Narrative: 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 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.

Activity Narrative:

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 MHS 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7743

Related Activity: 16365, 16375, 16389, 16437, 16974, 16994, 13465, 13467, 13497, 13463

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23128	3454.23128.09	U.S. Agency for International Development	Management Sciences for Health	9911	1215.09	LMS	\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16389	16389.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$700,000
16375	16375.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$200,000
13463	8707.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$300,000
13465	3442.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$450,000
13467	3443.08	6510	1197.08	Fac Based/RFE	Deloitte Consulting Limited	\$11,760,554
16974	16974.08	7581	7581.08	NPIN	Analytical Sciences, Inc.	\$200,000
13497	3462.08	6525	1225.08	CAPACITY	IntraHealth International, Inc	\$2,260,000
16365	16365.08	6568	4950.08	GHAI	US Centers for Disease Control and Prevention	\$625,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	116	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	288	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1153.08

Prime Partner: National Institute for Medical
Research

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3407.08

Activity System ID: 13548

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$1,155,000

Activity Narrative: TITLE: National Institute of Medical Research (NIMR), Build Capacity and Implement Health Workforce Research and Evaluation for Policy Change in Tanzania

NEED AND COMPARATIVE ADVANTAGE

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.

ACCOMPLISHMENTS

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

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 underway to establish a Tanzania FELTEP 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.

LINKAGES

In order to achieve the FY 2008 objective NIMR will link with a number of other key partners. NIMR will

Activity Narrative: 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.

M&E

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7778

Related Activity: 16365, 16366, 16543, 16974, 16975, 17036, 13403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23127	3407.23127.09	HHS/Centers for Disease Control & Prevention	National Institute for Medical Research	9910	1153.09		\$1,100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16975	16975.08	8546	8546.08	UTAP	Tulane University	\$350,000
17036	17036.08	7629	7629.08		US National Institutes of Health	\$450,000
13403	5567.08	7569	7569.08		Strategic Radio Communication for Development	\$700,000
16974	16974.08	7581	7581.08	NPIN	Analytical Sciences, Inc.	\$200,000
16365	16365.08	6568	4950.08	GHA1	US Centers for Disease Control and Prevention	\$625,000
16543	16543.08	6553	2244.08		Regional Procurement Support Office/Frankfurt	\$56,600

Emphasis Areas

Gender

- * Reducing violence and coercion

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8067.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 19151.08

Activity System ID: 19151

Mechanism: Grants

USG Agency: Department of State / African Affairs

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$150,000

Activity Narrative: 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 as well as the Democracy and Human Rights Fund. Activities funded through this program will target PLWHAs and 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 for other 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8067.08	Mechanism: Grants
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19152.08	Planned Funds: \$100,000
Activity System ID: 19152	

Activity Narrative: TITLE: HIV Champions

Ongoing Activity

This activity is designed to bring public attention to PEPFAR programs and the programs and services that are becoming available throughout the country. This activity will use prominent public Tanzanians to highlight the significant contributions and achievements that the USG is making in Tanzania through the implementation of PEPFAR and other related programs; as well as being crucial in raising public awareness regarding the availability of HIV/AIDS related programs and raising acceptance of people living with HIV. This program follows on a large awareness campaign which featured and was initiated by the President, Jakaya Kikwete. President Kikwete's campaign focused on the need for individuals to know their status, and the increase in testing since its launch clearly demonstrates the impact that public figures can have in Tanzania.

This activity will showcase three prominent HIV/AIDS "Champions". These Champions will work directly with the Tanzania PEPFAR team and will join in key events, such as inaugurations and openings, as a means of drawing more attention to the HIV/AIDS issues at hand. Beyond this, the Champions will have the opportunity, through ongoing Public Affairs programs, to speak within communities throughout Tanzania. The Public Affairs office currently has a network of schools and communities centers that it works with for parallel programming, which provides an ideal opportunity for the Champions to speak directly to the youth and students of Tanzania.

The activity will allow for training, coordination and travel of the Champions throughout the year and will augment on-going PEPFAR programming. The activity will be multi-faceted, cutting across the themes of treatment, prevention and care and a calendar will be developed to ensure that the Champions can be involved in key PEPFAR activities throughout the year. Additionally, the Champions will be exposed to the various media houses throughout Tanzania for maximum exposure.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1153.08	Mechanism: N/A
Prime Partner: National Institute for Medical Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 18578.08	Planned Funds: \$130,000
Activity System ID: 18578	

Activity Narrative: Title of Study: Evaluation of the feasibility of existing task shifting of health workers at health facility levels and its acceptability among consumers and communities in Tanzania.

Expected Timeframe of Study: Phase One of the study is expected to take a total of 12 months. The timeline is:

April-May: protocol and tools development

June-July: Pilot study, analysis of pilot data and tools rectification

August-October: Data collection

November-March 2009: Data entry, cleaning and processing, report writing and dissemination.

The Phase Two timetable will be developed during Phase One for implementation in year two.

Local Co-investigators: National Institute for Medical Research (NIMR); Tanzania Ministry of Health and Social Welfare; Policy Analysis partner to be identified during phase one.

Project Description: 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. This proposal builds on existing evaluations that investigated workload, productivity and retention schemes. The first phase evaluates the feasibility and acceptability of task shifting among health workers based on both current informal task-shifting and within sites where limited formal task-shifting has begun. Phase two will involve a pilot of new formal task-shifting approaches within government facilities. Evaluation includes triangulating methods of cross-sectional survey, discrete choice analysis and qualitative methods. Policy analysis for both phase one and two will assess barriers to implementation of task-shifting and identify mechanisms to change policy. NIMR will be working closely with MOHSW particularly in Phase Two to identify which task shifting to evaluate and refine protocols.

Evaluation Question: Phase One

The primary question is: What is the feasibility of task shifting (informal and limited formal) by health workers at health facility level and its acceptability among health workers, consumers, communities and policymakers in Tanzania?

Secondary questions:

1. What are tasks of the various cadres of health workers in different types of health facilities?
2. How dissimilar are the tasks of the health workers compared to their training and capacity?
3. What kind of task shifting, given current pre-service and in service training in Tanzania, can be done in the various cadres of health workers in the health facilities?
4. What is the perception and acceptance of task shifting among health workers, patients, the community at large and policy makers?
5. How do these findings differ in facilities where limited formal task-shifting is already ongoing?
6. What are the barriers within policy preventing formal task shifting initiatives and how can these be addressed?

Phase 2 (To be further refined depending on policy analysis and progress and in consultation with MOHSW)

The primary question is as follows: in selected health services and in selected health cadres where formal task shifting, approved by MOHSW, is being piloted, what is the success as measured in ability to perform tasks and feasibility and acceptability among health care workers, consumers and policy makers in Tanzania?

Methods: Phase one

The study will employ both qualitative and quantitative methods:

1. Quantitative methods will involve; a questionnaire surveying healthcare workers from health facilities that are practicing task shifting either informally or formally. Informal task shifting is when health workers are performing tasks they were not formally trained for and/or tasks not in their job descriptions. Formal task-shifting is where a health worker has been formally trained to perform an additional task and where the Ministry has sanctioned the particular task shifting to that cadre. Currently only limited formal task shifting is occurring involving lay counselors performing HIV pre-counseling but not being able to perform the HIV tests. In phase two it is hoped the MOHSW will authorize piloting of more comprehensive task shifting.

Variables of interest include performance, job satisfaction, and perceptions and acceptability of task-shifting. In addition health workers will be asked to make choices of different groups of tasks that they would like to be assigned using discrete choice experiment techniques

2. Qualitative methods will include: in-depth interviews and focus group discussions with health workers, and other stakeholders including patients and communities.

Quantitative data will be double entered into a database and later analyzed using both Epi-info and Stata 8. All qualitative data will be tape-recorded, transcribed and then using software, e.g. MAXQDA, grounded theory analysis will be undertaken. Sub analysis will involve comparing the main variables of interest between informal and limited formal task-shifting facilities. Further analysis will distinguish variables of interest between the different cadres, areas, level of facility, and according to numbers of health workers in the particular health facility.

Methodology for Policy Analysis will be developed early in the protocol development phase in conjunction with a partner experienced in this area of research.

Phase Two

This phase is to be developed during phase one. The aim would be to pilot MOHSW approved models of task-shifting. Since the task-shifting model is yet to be decided it is not possible to elucidate the outcome measures or research methodology at this point.

Activity Narrative:

Population of Interest: The population of interest will be: health workers and stakeholders such as Council health Management Team (CHMTs), leaders, councilors, patients and communities.

Using the existing four geographical zones, at least one district per zone will be chosen randomly. In each district-- all District hospitals, 50% of health facilities, and 10% of Dispensaries will be selected. Fifty percent of all health workers will be recruited from the selected facilities for the survey. Exit interviews will be carried out with patients in the same health facilities on the day of the survey. In each district at least three Focused Group Discussions (FGDs) will be carried out with members of the community from catchments area of the health facilities, making a total of 24 FGDs. These FGDs will involve women, men, leaders and youths. All stakeholders will be identified through a snowball technique and will be involved in the in-depth interviews.

It is hoped that data will also be collected from sites purposively selected as examples of limited formal task-shifting (e.g. where lay counselors are working).

In phase two, similar data approaches will be used but the study sites will be clinics implementing new models of formal task-shifting developed in collaboration with MOHSW.

Information Dissemination Plan: A workshop will be organized prior to the study to solicit information from important stakeholders such as the Director of Human Resources of MOHSW, Human Resources for Health Working Group, private facilities, and civil societies on key issues to be considered in the study. Once the study is finalized and report produced, it will be disseminated according to well-set dissemination plan including workshops, conferences, newsletters, policy briefs and distribution of report.

Budget Justification: Salary/fringe benefits: \$50,000
 Equipment: None
 Supplies: \$15,000
 Travel: \$40,000
 Participant Incentives: None
 Laboratory testing: None
 Other: \$25,000
 Total: \$130,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1228.08

Mechanism: M&S

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 21425.08

Planned Funds: \$50,000

Activity System ID: 21425

Activity Narrative: ACTIVITIES

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 USAIDTanzania. The employee will also serve as the technical lead for aspects of the work, including assistance with partner oversight. The LES will assist with activities across program areas, as well as manage other human capacity development activities within USAID across program areas. She/he will also serve as the Inter-Agency Technical Team Lead for OPSS.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1130.08	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: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 21424.08	Planned Funds: \$120,000
Activity System ID: 21424	
Activity Narrative: This activity is additional funding in order to support activity number 16365.08. In particular, the focus of this funding is to conduct three short training courses (approximately two weeks in length) in epidemiology and lab training. Below is the narrative for activity number 16365.08 that this new funding will support.	

NARRATIVE FOR ACTIVITY #16365.08

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.

SUSTAINABILITY: FELTP Tanzania will allow for key public health specialists to undertake training in-country 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 personnel 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.

MAJOR ACTIVITIES:

1. Support establishment of the Tanzania Field Epidemiology and Laboratory Training Program to build capacity to address the current human resource shortages.
2. Provide graduate training collaboratively with MUCHS, MOHSW, PMI, NIMR, USAID Washington, AFENET, and CDC Atlanta.
3. Initiate short course trainings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$19,912,071

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In Tanzania, the President's Emergency Plan for AIDS Relief (PEPFAR) is implemented through the following departments and agencies: Defense/Walter Reed Army Institute for Research (WRAIR), Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC), State (DOS), Peace Corps, and the U.S. Agency for International Development (USAID). The HHS/Health Resources and Services Administration (HHS/HRSA) also funds PEPFAR activities in Tanzania; however, they do not have an on-the-ground presence but instead rely on HHS/CDC to provide in-country monitoring. Similarly, the DOS/Office of Population, Refugees, and Migration funds one grantee in Tanzania and has established an in-country monitoring relationship with HHS/CDC.

The Chief of Mission, Ambassador Mark Green, is responsible for the overall leadership of the PEPFAR/Tanzania (PEPFAR/TZ) program. He is supported by the Deputy Chief of Mission (DCM), the PEPFAR Country Coordinator (PCC) and four Heads of Agency. The DCM and Agency Heads jointly comprise the Interagency HIV/AIDS Coordinating Committee (IHCC) – an interagency strategy and policy-making body. Chaired by the PCC, the IHCC meets bi-weekly to provide overall program direction and strategy. The PCC also chairs a weekly management and operations (M&O) meeting to address program implementation issues and interagency coordination and collaboration. The M&O team is comprised of one senior management advisor from each agency, each of the four Strategic Unit leads, and the Strategic Information Liaison.

At former Ambassador Michael Retzer's direction, the interagency PEPFAR team completed a "Staffing for Results" (SFR) analysis in May 2007. The goal was to formalize methods of operation so that the culture of coordination and collaboration would effectively further interagency program integration. An interagency workgroup, chaired by the PCC, tackled these issues. In addition, the Staffing for Results (SFR) working group was responsible for creating a PEPFAR "footprint" that reduced and/or eliminated redundancies across technical areas and agencies and identified existing technical staffing gaps.

The SFR work group was charged with achieving the following three outcomes.

1. Develop a streamlined framework for organizing PEPFAR interagency technical teams.

The working group created three Strategic Results Units (SRUs) that are each accountable for one component of the three main overall PEPFAR program results – prevention, treatment, and care. In addition, a critical Program Strengthening Strategic Support Unit will work across the three SRUs to provide system strengthening support. Lastly, several crosscutting national systems strengthening components (e.g., commodities, policy and construction, and interagency coordinating functions) are assigned to the office of the PCC.

The working group enabled each Strategic Unit (SU) to mobilize Interagency Technical Teams (ITTs) to define and implement a shared vision across agencies and partners in order to achieve overall results in the most effective manner and taking advantage of each agency's comparative advantages. To accomplish this, a lead person is assigned for each SU, to speak on behalf of the PEPFAR team in the technical areas of the unit and be accountable for the management of collective teams. Four SU lead positions have been incorporated into the recruitment strategy of the agencies by assigning the leads for Clinical Services and Program Strengthening to HHS/CDC and Community Services and Prevention and Testing to USAID.

In order to maintain sustainability and continuity, each SU and ITT have identified a strategic information focal point, which will remain consistent throughout the year for planning, monitoring and reporting. Three key team members are participating in a physical co-location pilot so that the Clinical Services and Community Services SRUs are co-located 60% of the week to

enhance sharing of information, lessons learned, best practices, and engage in joint problem-solving. The SFR work group is concluding the PEPFAR/TZ Operating Manual to guide the expectations and interfaces of the SUs and ITTs.

2. Evaluate the strengths and limitations of each agency related to implementing PEPFAR in Tanzania. A key result of those discussions was agreement on the unique role each agency contributes.

HHS/CDC will: provide direct technical assistance to the Government of Tanzania; provide technical assistance in the development and implementation of public health evaluations; and contribute credible scientific and technical advice and assistance based on its long history and experience in public health response, surveillance, epidemiology, laboratory strengthening, disease prevention, and control.

USAID will: foster strengthened non-governmental response to HIV/AIDS, especially for care and prevention; provide procurement mechanisms to implementing partners (both local and international); use established processes to monitor funding and performance; and contribute a wealth of experience and lessons learned from decades of worldwide development assistance at the national and community level through private voluntary organizations, indigenous organizations, and international agencies.

DOS will: provide overall interagency coordination for PEPFAR/TZ and provide policy, strategy, public affairs, and diplomacy outreach

Peace Corps will: coordinate 130 Peace Corps volunteers, based in the local communities, who implement programs directly to the targeted groups; provide a broader reach to youth through the presence of volunteers in secondary schools; allow volunteers to implement HIV prevention, care, and nutrition wraparound programs, including extensive piloting of perma-culture and community gardening concepts;

DOD/WRAIR will: serve as the sole PEPFAR liaison to the Tanzania military, the Tanzania Peoples Defense Forces (TPDF); act as an implementing partner and a "laboratory" for new initiatives, such a provider-initiated testing and counseling, to inform program development; and leverage vaccine research assets to provide lab quality assurance and quality control technical assistance to DOD and other USG treatment partners.

3. Undertake an assessment of what the ideal staffing footprint would look like if the program were to grow by an additional 20% over the FY 2007 budget of \$205 million to \$250 million.

The SFR working group began by creating an ideal technical structure for the PEPFAR/TZ program that responded to the complexity and size of our program as well as respected leadership expectations that we remain a lean, efficient, and effective organization. Existing staff was mapped into the footprint so that technical expertise was aligned across the portfolio. The process also identified technical gaps that needed to be addressed. In deciding how to fill these gaps, the SFR work group analyzed the types of responsibilities inherent in the gaps and determined if they were core to those of the PEPFAR team or those which could belong to partners or other external contracting mechanisms. For the functions that were inherently U.S. Governmental, the SFR work group determined agency placement and the ideal hiring mechanisms for each position needed to fill a gap. Finally, it was agreed that the proposed footprint was intended to guide the majority of all program staff recruitment decisions for the next two years or until the PEPFAR/TZ fiscal year planning budget exceeded \$250 million. Similar review procedures, including a "make or buy" review of the need for each position, would be applied to add to staff for budget levels exceeding \$250 million.

Ambassador Retzer approved the staffing evaluation and assessment in May 2007, which included recruitment for: five existing but recently vacated positions, seven and half new program positions; five positions that were approved for funding in the FY 2007 Country Operational Plan; four and half rotation positions for visiting fellows, interns, training candidates, or eligible family members, and added an additional three positions to work with the SUs in the field. With these positions, the PEPFAR interagency technical footprint expanded from 37 to 54 and the entire PEPFAR team from 83 to 100. It is important to note that during the SFR process no vacant PEPFAR/TZ positions were advertised by any agency. As a result, there are currently 30 vacant positions across the interagency team.

Since the FY 2008 planning budget for PEPFAR/Tanzania is \$53 million above the current footprint planning level, the IHCC approved an interagency request to add five management and administrative positions in the FY 2008 COP. The IHCC also approved the M&O recommendation to hold in the unallocated line approximately \$1 million for 10-11 new technical positions. Interagency discussions about the allocation of these technical positions will occur in spring 2008 after the SU structure has matured and present key staff vacancies are filled.

As PEPFAR/TZ moves forward in FY 2008, each Strategic Unit's effectiveness will be strengthened in order to increase team-work, collaboration, and mutual success. Staff retreats and staff development plans will enable growth and development of current team dynamics and allow evolution to even higher functioning groups. Ambassador Green and the IHCC will be fully engaged in these activities and will play a central role in modeling ideal interagency patterns of collaboration and coordination. PEPFAR/TZ is also exploring the possibility of constructing a building within the mission compound to house the full interagency PEPFAR team. In the meantime, virtual team work spaces are being developed and additional co-location opportunities will be explored.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5257.08

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 Area Code: 15

Activity ID: 9722.08

Planned Funds: \$180,000

Activity System ID: 13550

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9722

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28807	9722.28807.09	HHS/Office of the Secretary	Office of the Secretary	11732	5257.09	OGHA activities	\$195,000
9722	9722.07	HHS/Office of the Secretary	Office of the Secretary	5257	5257.07	OGHA activities	\$195,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5257.08

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 Area Code: 15

Activity ID: 9723.08

Planned Funds: \$191,000

Activity System ID: 13551

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9723

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28806	9723.28806.09	HHS/Office of the Secretary	Office of the Secretary	11732	5257.09	OGHA activities	\$52,000
9723	9723.07	HHS/Office of the Secretary	Office of the Secretary	5257	5257.07	OGHA activities	\$80,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1228.08

Mechanism: M&S

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 Area Code: 15

Activity ID: 3514.08

Planned Funds: \$3,788,376

Activity System ID: 13617

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7829

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23110	3514.23110.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$2,572,300
7829	3514.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$1,288,037
3514	3514.06	U.S. Agency for International Development	US Agency for International Development	2903	1228.06		\$1,285,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1228.08	Mechanism: M&S
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 Area Code: 15

Activity ID: 9700.08

Planned Funds: \$1,414,000

Activity System ID: 13619

Activity Narrative: This activity is an Indefinite Quantity Contract (IQC) managed by USAID but designed to support all PEPFAR agencies by providing a means to procure specialized services needed on a recurring but less than continuous basis. It will also assist the PEPFAR program to effectively and efficiently operate in an environment of Mission-wide right-sizing in which a freeze has been placed on the hiring of permanent staff, particularly in support and administrative positions. Needs that have been experienced in previous years for which such a mechanism would 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 cross-agency 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9700

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23111	9700.23111.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$1,369,000
9700	9700.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$0

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4950.08

Mechanism: GHAI

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 Area Code: 15

Activity ID: 5353.08

Planned Funds: \$2,498,802

Activity System ID: 13663

Activity Narrative: TITLE: Management and Staffing (GHAI)

ACTIVITIES: Please see narrative for Activity code 3521.08 GAP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7840

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23114	5353.23114.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9904	4950.09	LOCAL	\$2,513,094
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1470.08

Mechanism: Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3521.08

Planned Funds: \$2,614,167

Activity System ID: 13638

Activity Narrative: TITLE: Management and Staffing GAP

ACTIVITIES: HHS/CDC Tanzania estimates the cost to manage and support the HIV program in Tanzania to total \$4,822,969 (GAP=\$2,614,167; GHAI = \$2,208,802)

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 FY2008 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 27 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, will be fully implemented throughout FY2008. HHS/CDC Tanzania is currently working in compliance with the SFR footprint.

Current Staffing Pattern: There are currently a total of 41 positions approved for HHS/CDC Tanzania. While this staff mix currently includes four US Direct Hire (USDH) staff, 22 locally engaged staff (LES), and sixteen contract staff, the mix will change over FY2008 as CDC continues to make progress converting contract staff to LES.

Twenty (20) of the 41 current positions support the management, administration and operations of the CDC HIV program and include: a) one Country Director and one Deputy Director who together provide technical leadership and overall 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.

*In FY2008, a USDH has been approved to be hired to replace the cooperative agreement management contract position. The budget reflects only one net position.

The other 21 currently approved staff positions are technical advisors (non-management staff) that are located in the respective program areas (2 PMTCT, 3 ABY, 1 Blood Safety, 1 Palliative Care, 1 TB/HIV, 1 CT, 1 ARV Services, 4 Laboratory, 6 SI, and 1 OPSS).

Ten of the 41 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.

FY2008 Staff: Nine new positions are proposed for 2008 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. Seven of the requested positions resulted from the April, 2007 SFR analysis and include one TB/HIV Program Officer, one HIV Care and Treatment Program Officer, two Strategic Unit Program Analysts, one Database Administrator, one SI Monitoring and Evaluation Officer and one Clinical Services Administrative Assistant. Two additional positions have been recently proposed for FY2008. These include two cooperative agreement junior staff.

Finally, five additional positions are proposed for FY2008, but these positions are currently unallocated until the completion of the SFR analysis for 2008. These positions include one Blood Safety Team Lead, one Human Capacity Development Officer, one Prevention Program Officer, one ART Program Officer, and one Public Health Evaluation Program Officer.

Management and staffing needs identified for FY2008 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 FY2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7830

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23113	3521.23113.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9903	1470.09	GAP	\$2,044,154
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1143.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 8918.08

Activity System ID: 13671

Mechanism: M&S

USG Agency: Department of Defense

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$631,050

Activity Narrative: 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 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.

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 one direct hire to oversee both the TPDF and Walter Reed HIV/AIDS Care Programs and the provision of technical assistance required to implement and manage the Emergency Plan activities. This submission will support ICASS costs associated with this position.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8918

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23115	8918.23115.09	Department of Defense	US Department of Defense	9905	1143.09		\$631,050
8918	8918.07	Department of Defense	US Department of Defense	4604	1143.07		\$252,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1143.08

Mechanism: M&S

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3505.08

Planned Funds: \$760,854

Activity System ID: 13672

Activity Narrative: 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 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.

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: Currently, six (two Tanzanian/LES, three USPSC/Contractors and one USG Direct Hire) staff provide technical assistance to treatment, palliative care, and OVC support services. Eight Tanzanian staff provide administrative support including accounting, and other program support services.

The US Contract laboratory manager for the DoD under technical advisors/non-M&S is leveraged from research/operating expenses and is not included under Emergency Plan funds. One of the US Contractors and 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 four of the staff supporting the combined DoD efforts in Tanzania are in country nationals who work closely with our implementing partners. As much as possible, local staff is hired to fill needed administrative and technical positions. This not only provides partners with added resources but the expansion of the technical skills and expertise among the DoD local staff as part of program implementation adds to the development of the human capacity in addressing HIV/AIDS issues in Tanzania.

Administrative costs will support both the TPDF and Walter Reed HIV/AIDS Care Programs and include the provision of technical assistance required to implement and manage the Emergency Plan activities. DoD personnel, ICASS, local travel, management, and logistics support in country will be included in these costs.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7842

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23116	3505.23116.09	Department of Defense	US Department of Defense	9905	1143.09		\$760,854
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1442.08

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 Area Code: 15

Activity ID: 3516.08

Planned Funds: \$448,000

Activity System ID: 13673

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7845

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23117	3516.23117.09	Department of State / African Affairs	US Department of State	9906	1442.09	M&S	\$510,000
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1442.08

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 Area Code: 15

Activity ID: 12470.08

Planned Funds: \$100,000

Activity System ID: 13675

Activity Narrative: 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 on-going 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12470

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23118	12470.23118.09	Department of State / African Affairs	US Department of State	9906	1442.09	M&S	\$75,000
12470	12470.07	Department of State / African Affairs	US Department of State	4605	1442.07		\$75,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7438.08

Mechanism: CSCS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 16461.08

Planned Funds: \$100,000

Activity System ID: 16461

Activity Narrative: TITLE: CSCS

ACTIVITIES: CSCS charges total \$100,000 and are minimal given that CDC is co-located with a Government of Tanzania facility rather than the US Embassy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7437.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 16462.08

Planned Funds: \$611,598

Activity System ID: 16462

Activity Narrative: TITLE: ICASS

ACTIVITIES: ICASS charges associated with management and staffing total an estimated \$611,598. These charges were estimated using the anticipated total of six US Direct Hire (USDH) staff and 36 locally engaged staff.

There are two other actions that could potentially affect the total ICASS charges in FY2008. In August, 2007, there was a consolidation of motorpool operations with the US Embassy and CDC and there may be some cost savings realized as a result of this consolidation. Secondly, CDC will be setting up OpenNet on site during 2008; 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1026.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 3498.08

Activity System ID: 13680

Mechanism: N/A

USG Agency: Peace Corps

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$282,600

Activity Narrative: 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 will begin 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 FY 2008, PC/T will spend 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 will use a portion of the FY 2008 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 plans to hire 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.

PC/T will use a \$35,000 in FY 2008 funds to purchase a new vehicle, as the current vehicle has passed the recommended mileage.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7848

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23121	3498.23121.09	Peace Corps	US Peace Corps	9909	1026.09		\$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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1228.08

Mechanism: M&S

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 Area Code: 15

Activity ID: 8921.08

Planned Funds: \$443,000

Activity System ID: 18901

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8921

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23112	8921.23112.09	U.S. Agency for International Development	US Agency for International Development	9902	1228.09		\$1,230,926
8921	8921.07	U.S. Agency for International Development	US Agency for International Development	4601	1228.07		\$375,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			4/1/2009
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		Yes	X
If yes, Will HIV testing be included?		Yes	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?		Yes	X
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			8/1/2008

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 2008?

Yes

X

No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
TZ Ambassador.pdf	application/pdf	9/28/2007		Ambassador Letter	SLewis
TZ 2008 COP GLOBAL FUND SUPPLEMENTAL Final.doc	application/msword	9/28/2007		Global Fund Supplemental*	SLewis
TZ 08 AB Budgetary Requirements Justification.doc	application/msword	9/28/2007		Justification for AB Budgetary Requirements	SLewis
TZ 08 Sexual Prev Budgetary Requirements Justification.doc	application/msword	9/28/2007		Justification for Sexual Prevention Budgetary Requirements	SLewis
New TBHIV Target - TB Screening among CTC attendees.xls	application/vnd.ms-excel	9/28/2007	TB Screening at Care and Treatment Clinics (CTCs) Target Explanation	Other	SLewis
PHE_CONTINUE_TANZANIA_COP08.doc	application/msword	9/28/2007	Continuing PHE Activities	Other	SLewis
TZ Functional Organizational Chart.pdf	application/pdf	9/28/2007	TZ Organizational Structure	Other	SLewis
PHE_NEW_TANZANIA_COP08.doc	application/msword	9/28/2007	New PHE Activities	Other	SLewis
TZ FY 2009 Funding Request.doc	application/msword	9/28/2007		Fiscal Year 2009 Funding Planned Activities*	SLewis
TZ 2008 Budgetary Requirements Worksheet.xls	application/vnd.ms-excel	9/28/2007		Budgetary Requirements Worksheet*	SLewis
TZ 08 Treatment Budgetary Requirements Justification.doc	application/msword	9/28/2007		Justification for Treatment Budgetary Requirements	SLewis
TZ 08 Explanation of Targets Calculations.doc	application/msword	9/28/2007		Explanation of Targets Calculations*	SLewis
TZ 08 OVC Budgetary Requirements Justification.doc	application/msword	9/28/2007		Justification for OVC Budgetary Requirements	SLewis
TZ 08 HCW Support.doc	application/msword	9/28/2007	TZ HCW Support	Other	SLewis
2007-10-19_FY08_Tanzania_Executive_Summary.doc	application/msword	10/19/2007	Tanzania Executive Summary FY08	Executive Summary	JKohler
ORGCHART TANZANIA.xls	application/vnd.ms-excel	10/22/2007	Organizational charts for USAID and Peace Corps; Peace Corps Volunteer Matrix	Other	JKohler
State2007.pdf	application/pdf	10/23/2007	Tanzanian embassy organizational chart. Please note: FY 2008 requests are not reflected Ambassador has changed since this chart was produced and WRAIR needs to be added as a new reporting line to the front office	Other	JKohler
CDC Organization S4R approved.pdf	application/pdf	10/23/2007	CDC-Tanzania organizational chart	Other	JKohler
Tanzania DoD Org chart.doc	application/msword	10/23/2007		Other	JKohler