



Tanzania
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

Background:

The United Republic of Tanzania (URT) faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable diseases. With life expectancy estimated at 57 years, high population growth (2.04%), and maternal mortality at 454:100,000 live births (Preliminary 2010 DHS), significant challenges confront Tanzania's health sector, including: the need for stronger leadership in managing a national HIV and AIDS response; disease burdens that outstrip available resources; a weak health infrastructure; a shortage of healthcare workers (approximately 65% of positions are unfilled); cumbersome government procurement systems; weak management and strategic planning at all levels; poor accountability; and corruption.

Mainland Tanzania is grappling with a mature, generalized HIV and AIDS epidemic. According to the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), adult HIV prevalence in the country is estimated at 5.8% and an estimated 1.4 million Tanzanians are living with HIV and AIDS, of which approximately 10% are children. HIV prevalence was estimated at 7% in 2003-2004, indicating that prevalence may have slightly declined between 2003-4 and 2007-08, taking into account margins of error.. Despite this decline, an estimated 217,704 people contracted HIV in Tanzania in 2008, according to national surveillance data (National Prevention Strategy Review, 2009).

The social, economic, and environmental impact of the AIDS epidemic is enormous. An estimated 140,000 Tanzanians die each year, resulting in disruption of family structures and an increase in the estimated 1.1 million HIV orphans and vulnerable children (OVC) in Tanzania. About 80% of HIV transmission in Tanzania occurs through heterosexual contact, approximately 18% through mother-to-child transmission, and 1.8% through medical transmission or traditional practices. There continues to be a significant difference in the prevalence among urban (10.9%) and rural (5.3%) areas of the country. The data also reveal significant gender differences in prevalence rates. Male prevalence in 2007-08 was 4.6%, while female prevalence was 6.6%. For women, the 30-34 year old age group has the highest prevalence, while for men the highest prevalence group is those aged 35-39. HIV prevalence is higher for women than men in every age group except 35-39, and prevalence declined between 2003-4 and 2007-08 for every age group except those aged 45-49.

While analysis of the 2007-08 THMIS suggests slight decreases in HIV risk behaviors, high rates of multiple concurrent partnerships (MCP), transactional, commercial, and cross-generational sex continue, and condom use during high-risk sex remains low. While approximately 66.8% of men aged 15-49 are circumcised; rates of male circumcision vary considerably between regions, from about 24% to close to 100%.

In addition, gender-based violence (GBV) is a serious issue in Tanzania. As in other countries, adult women and children are the most common victims of GBV in Tanzania, and adult men the most common perpetrators. Emerging data from the forthcoming CDC/UNICEF Violence against Children (VAC) study in Tanzania show that, overall, more than a third of females and over 20% of males aged 13-24 have experienced sexual violence in their lifetime. The prevalence of reported physical violence among females and males aged 13-24 was very high, at 77% and 73%, respectively.

In Zanzibar, the HIV and AIDS epidemic is concentrated, with HIV prevalence estimated at 0.6 percent in the sexually active population (THMIS, 2008). Recent studies of most-at-risk-populations (MARPs) have estimated HIV prevalence for injecting drug users (IDUs), female sex workers (FSWs), and men who



have sex with men (MSM) at 16.0%, 10.8%, and 12.3%, respectively.

Although Tanzania is not a Global Health Initiative (GHI) "Plus" country, PEPFAR Tanzania embraces the principles of GHI and appreciates the opportunity to describe our approaches to fulfilling the principles of the GHI in the remainder of the Executive Summary.

Sustainability and Country Ownership

The need to promote sustainability and country ownership are driving principles of the PEPFAR program in Tanzania, as mandated by GHI and embodied in the Partnership Framework and Implementation Plan designed by the Governments of the United States of America (USG) and the United Republic of Tanzania (URT). On March 4, 2010, the USG and URT signed a Partnership Framework outlining the two nations' commitments from 2009-2013 to a durable and effective response to the HIV and AIDS crisis in Tanzania. The Partnership Framework in Tanzania is consistent with the core principles of PEPFAR II, focusing especially on building capacity for a country-led response, scaling effective prevention interventions, and laying the foundation for sustainable country programs.

The Partnership Framework is consistent with Tanzania's National Multi-sectoral Framework on HIV/AIDS (NMSF 2008-2012), Zanzibar's National HIV and AIDS Strategic Plan (ZNSP 2004-2009 and forthcoming ZNSP II), and the Health Sector Strategic Plan III (HSSP 2009-2015), and is intended to align the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with URT national priorities. The Partnership Framework also helps to ensure that USG assistance to the national HIV and AIDS response complement and leverage contributions of other stakeholders.

The Partnership Framework establishes six goals, and a subset of expected contributions associated with each goal, that provide a fixed reference point for more detailed, iterative planning between the URT and USG through 2013. The six goals are: Service Maintenance and Scale up; Prevention; Leadership, Management, Accountability, and Governance; Sustainable and Secure Drug and Commodity Supply; Human Resources; and Evidence-based and Strategic Decision Making.

The two Governments have also negotiated a Partnership Framework Implementation Plan (PFIP) that serves as a strategic, flexible plan to achieve the high-level goals and objectives expressed in the Partnership Framework document. The PFIP reflects prioritization among Framework goals and objectives and further details strategies and expected achievements related to each goal. In many cases, the PFIP quantifies expected inputs and outcomes, and articulates plans to monitor progress on agreed-upon targets. At the end of the 2013 USG and URT budget cycles, the following achievements are expected:

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In order to strengthen health services and systems, advancing key policies also features prominently in the PFIP. Policy reforms at the technical, systems, and management level are necessary to maximize program effectiveness, sustainability, and/or human rights. These include policies to regulate procurement and distribution of free commodities (OI drugs and laboratory reagents) associated with HIV care and treatment programs, as well as policies that influence the ability of women and girls to access key services and/or limit their ability to protect themselves from infection and/or violence. In addition, addressing the human resource crisis in a sustainable manner requires a range of policy efforts, including: a dramatic increase in the number of approved and funded health positions; civil service reform efforts to improve vertical and horizontal pay equity; innovative non-pay recruitment and retention incentives; links between pay and performance; integrating key cadres (such as clinical data managers, health managers, health training institution teachers, biomedical engineers, etc.) into a recognized scheme of service; and, defining and operationalizing task shifting in the Tanzanian context.



To track the implementation status of the PFIP, a monitoring table is being developed that will allow for routine reviews of each Government's progress at quarterly meetings of both the URT/Development Partners Group AIDS and the Global Fund In-Country Coordinating Mechanism. In addition, the USG and URT have agreed to a twice-a-year bilateral meeting to discuss program implementation and address relevant policy issues. The meetings are timed so that each Government can reflect "course corrections" or evolving priorities in their upcoming annual budget and planning process.

Working under the PFIP, numerous activities in the FY 2011 COP reinforce critical structures in the health sector for long-term sustainability. At national, regional, and district levels, the basic structures for the URT to manage their national response in an effective, accountable, and transparent manner are in place and will be strengthened to maintain and achieve long-term changes in the health of Tanzanians. Key efforts include: technical assistance to the MOHSW in accountability, management, budget execution, and health financing, as well as support to the Ministry to absorb financing and programmatic oversight for the national blood and injection safety programs; infrastructure and systems support to the national procurement and commodity department; capacity building for regional and district health management teams; organizational development activities to strengthen CSO networks as well as key large, medium, and small local CSOs; and support to the national HIV and AIDS public-private partnership body.

Integration across the USG

Strategic coordination is a core GHI principle that guides USG program planning and implementation efforts in Tanzania. The U.S. Mission to Tanzania is able to leverage several key programs to expand the impact of PEPFAR and other health programs. First and foremost is collaborative planning within the US Mission, including for the annual Mission Strategic and Resource Plan (MSRP). As part of this process in January 2010, Embassy Dar es Salaam established a Health Work Group that is responsible for health programming and planning under the MRSP's Health Goal and the Global Health Initiative. Currently, the work group is chaired by the Department of State's PEPFAR Coordination Office and members include representatives from DOS, USAID, HHS/CDC, WRAIR, and Peace Corps. In addition to providing the work group with a forum for information sharing to improve synergies between existing and planned programs of the USG, the work group focuses on cross-cutting challenges and policy issues in the health sector. Finally, members are routinely briefed on USG planning and reporting documents (e.g., COP, MOP, OP, PF, and PFIP).

The PEPFAR team is also working to maximize linkages with USAID's broader development portfolio. A shared HIV/AIDS and Health Systems staff position is responsible for leveraging synergies between PEPFAR and USAID's Health portfolio (e.g., combined RFAs and platforms) to address cross-cutting human resources for health, capacity building of national and local government, policy and advocacy, and health financing. In addition, the two teams have developed joint programs to address behavior change communications and social marketing of health interventions. PEPFAR and the USAID Natural Resource Management/Economic Growth (NRM/EG) team are linking to leverage the Feed the Future Initiative to expand food security and economic strengthening activities as well as increase access to locally produced nutritious food supplements. In addition, the iWASH and WADA programs will be leveraged in the FY 2011 COP to increase access to safe, clean water. The two teams continue to collaborate on the integration of HIV and AIDS prevention and care programming throughout NRM/EGs portfolio. Furthermore, PEPFAR and the USAID Democracy Team are collaborating on governance and accountability issues at the district level. Finally, collaboration between PEPFAR and the USAID Education team is underway to enhance HIV policy change in the education sector and to increase HIV prevention activities in schools, including those related preventing gender-based violence.

In a like manner, PEPFAR and PMI staff work closely together to ensure maximum access to and coverage of bed nets as well as malaria treatments for HIV-impacted populations. In addition, HHS/CDC and WRAIR are leveraging their participation in both programs to strengthen laboratory systems and



diagnostics in civilian and military settings for HIV, malaria and influenza. For example, the USG continues to support the national quality assurance and training lab, where over eight new laboratory staff were recently hired to fill long-standing vacant positions. The USG will train those staff and work with the MOHSW to develop individual work plans. PEPFAR Tanzania is also strengthening peripheral labs and 12 regional/district labs have been identified for the WHO stepwise accreditation process. Of note, through HHS/CDC, PEPFAR and PMI will place a jointly-funded and -focused professional surveillance officer in Zanzibar to improve monitoring and provide on-site technical assistance for HIV and malaria programs.

In addition, PEPFAR and the Millennium Challenge Corporation (MCC) have joined together to leverage PEPFAR's HIV prevention partners to implement MCC's required HIV prevention activities among road construction workers and in communities impacted by road and energy infrastructure improvements. Finally, PEPFAR and the Combined Joint Task Force – Horn of Africa have worked together for the last several years on infrastructure projects in the health sector.

Health Systems Strengthening and Human Resources for Health

Health systems strengthening activities support the work of the URT and non-state actors to sustainably combat the HIV and AIDS crisis in Tanzania. These programs serve the GHI aim to build sustainable health systems and address all goals of the Partnership Framework which include: service provision (Goal 1); prevention (Goal 2); leadership, management, accountability, and governance (Goal 3); sustainable and secure drug and commodity supply (Goal 4); human resources (Goal 5); and evidence-based and strategic decision making (Goal 6). Furthermore, the USG and URT have prioritized the development of public-private partnerships (PPPs) to leverage other financial contributions to support health services as well as to build the capacity of the MOHSW to initiate PPPs. Additionally, the USG has prioritized a consolidated and strategic focus on improvements to infrastructure, establishing a model that will link human capacity development (HCD) activities to the much needed facility-wide improvements being undertaken at the district level.

Of note, during FY 2010, PEPFAR Tanzania conducted an in-depth exercise to analyze the leverage points for system strengthening through service delivery programs using the World Health Organization's health systems "building blocks." This exercise was very useful for the Partnership Framework process and FY 2011 COP planning. Key activities in health systems strengthening in FY 2011 include: harmonizing national data systems, strengthening quality assurance across all sectors, and building capacity and accountability at all levels of government and civil society. Further details on these health systems strengthening efforts are listed below by Partnership Framework goal.

Goal 1: Regional treatment partners will continue to provide technical assistance (TA) at the district and local level for technical and program management. This TA has been an important strategy for increasing access to quality services while also strengthening the overall health system. Additionally, through the continued support of infrastructure improvements at the regional, district and facility level, laboratories, maternity wards, and clinics have been upgraded to improve service delivery across the health system.

Goal 2: In order to build capacity to develop and implement behavioral prevention programming, technical and programmatic capacity building will continue for targeted state and non-state actors. To ensure successful transition of blood and injection safety program efforts, TA will also target strengthening the capacity of the MOHSW.

Goal 3: Supporting the transition to greater accountability and ownership by URT, PEPFAR will focus on improved budgeting, planning, program execution, and fiscal accountability at the district level so as to prepare a platform for transition of programs. Given the health financing environment, where the URT's investment in health falls short of the Abuja Declaration goal of 15%, and a static or reduced donor



contribution, the USG will work with the MOHSW on a Health Financing Strategy that seeks to identify sustainable sources of funding. Key objectives in the strategy development process include moving away from donor financing, improving the flow of insurance reimbursements to districts, identifying payment mechanisms that encourage efficiency and quality of services, and establishing a regulatory framework for pre-paid risk-pooled funds.

Goal 4: Work will continue in FY 2011 to strengthen the national procurement and commodity distribution system. Key activities include infrastructure support for warehouse expansion and technical assistance on forecasting and stock management, as well as ongoing development of laboratory and pharmaceutical commodities management information systems.

Goal 5: As detailed in the Tanzania Human Resources for Health Strategic Plan and the Partnership Framework, increasing production and retention of high-quality health care and social workers will be primary objectives of the USG and URT through 2013. Under the FY 2011 COP, the PEPFAR team plans to build capacity of government health training institutes to provide quality health training and increase the capacity of schools to support higher enrollment. This includes infrastructure investment and support for tuition and equipment to assist and more deeply engage students. Faculty development and revision of curricula are also a priority. In addition, several schools and training institutes will receive renovations so that more student "through-put" can be achieved. The emphasis on pre-service training and recruitment of health care workers who complete trainings will continually increase the number of qualified service providers. At the district level, PEPFAR Tanzania is working to develop stronger skills in performance management and accountability for a sufficient and productive workforce. Furthermore, steps will be taken to make health professions more attractive by strengthening and increasing the visibility of professional organizations and associations, as well as linking continuing education in health and social work to professional quality standards.

Goal 6: To improve the evidence base for sound investments based on public health realities and innovations, the USG is supporting national prioritization exercises for research and evaluation. These activities are being supported through collaboration with the MOHSW and TACAIDS. The USG will continue work in FY 2011 with national authoritative bodies to review and improve efficiencies for sound technical and efficient implementation of research and evaluation protocols. This goal area also prioritizes strengthening the national HMIS through PEPFAR investments and coordination as well as places a significant emphasis on human capacity development for strategic information. Additional detail is provided in the 'Other Programs' section.

Coordination with Other Donors and the Private Sector

The GHI commitment to leveraging key partnerships and the private sector is strongly reflected in PEPFAR Tanzania's coordination efforts with other HIV and AIDS stakeholders. The United States is the largest bilateral donor for HIV and AIDS in Tanzania. Other major donors working on HIV and AIDS include: the Canadian Cooperation Office, United Nations Joint Program (UNJP), DANIDA, GTZ, the World Bank, Royal Netherlands Embassy, and Japan International Cooperation Agency. In addition, the URT has been approved for over \$1 billion in grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) from Rounds One to Nine, with approximately \$613 million targeted to HIV and AIDS. The latest Global Fund Award (Round Nine) supports systems strengthening and will complement PEPFAR and other donor inputs in this challenging area. Of note, Global Fund Round Three and Four HIV grants to the Mainland close-out in 2010. Of particular concern to national stakeholders is the lack of follow-on resources for OVC-related activities implemented under the Round 4 OVC grant.

The primary coordinating bodies for HIV and AIDS are the Tanzania Commission on AIDS on the Mainland and the Zanzibar AIDS Commission in Zanzibar.



The USG and other donors are collectively working to support the URT's capacity to lead and manage its national response to HIV and AIDS. As scale up continues, health systems strengthening issues, such as human resources for health, the supply chain, and the health management and information system (HMIS) are shared priorities among development partners. Likewise, the set of issues surrounding governance, leadership, management, and accountability remain at the forefront of development partner policy engagement with the URT. In this arena, improving URT execution of Global Fund grants, strengthening a multi-sectoral approach, adapting the national strategy to a plateauing international financing environment, and promoting efficiencies to gain greater value for money are additional areas of focus and collaboration. Of note, PEPFAR Tanzania has undertaken several "resource/stakeholder mapping" studies, including one focused on PEPFAR and Global Fund HIV grants; the Global Fund Round 9 health system strengthening grant; HMIS; HIV-related commodity procurements; and health resources. This information is being used by the USG, other donors and the URT to strategically analyze investments and plans and to address gaps in funding as well as to reduce redundancies in effort and financing.

Finally, all stakeholders recognize the critical role that the private sector can play in the health sector as well as the national response to HIV and AIDS. Since 2006, PEPFAR Tanzania has devoted staff and resources to effectively partner with the private sector to enhance programs, increase reach, and leverage resources. This has involved partnering with a variety of non-traditional development actors, including businesses, foundations, financial institutions, and business associations. There are 16 current or in-process PPPs that support programs under all six Partnership Framework goals. In FY 2011, the USG will build on this tradition and deepen its engagement with the private sector. The interagency team is in current discussions on a PPP strategy for PEPFAR Tanzania that will identify priority focus areas for future PPPs. In addition, support is being provided to the MOHSW's Public-Private Partnership Technical Working Group, which serves as the leading national stakeholder body in the health sector for public-private partnerships.

Programmatic Focus

PEPFAR funding for FY 2011 will be focused on the following programmatic areas to achieve the 3-12-12 goals:

1. Prevention: The URT's top HIV/AIDS priority is the reduction of new HIV infections. USG prevention efforts are guided by the National Multi-Sectoral Prevention Strategy (NMPS) and objectives set out in the PPIP. In alignment with targets set by the URT, the prevention strategy focuses on behavioral and biomedical approaches, as well as structural interventions. Cross cutting efforts will improve the collaboration with Strategic Information so as to strengthen the national effort to soundly provide oversight and management of HIV and AIDS prevention strategies.

Sexual prevention implementing partners will continue to work closely together to coordinate programs at the mass media, community, and interpersonal levels with consistent messages on key drivers of the epidemic (including multiple concurrent partners, cross-generational and transactional sex, alcohol use, low condom use, and harmful gender norms). Efforts will focus on the implementation of high-quality behavior change communications (BCC) initiatives at scale, while simultaneously reinforcing the systems for coordinating and delivering such initiatives at multiple levels. Condom programming will be expanded through strengthened, targeted efforts for social marketing of male and female condoms. In FY 2011, there will be a scale up of combination prevention to deepen the impact of prevention programs in Tanzania's highest prevalence geographic areas.

Increased research efforts will inform expanded interventions targeting most at-risk populations and high-risk populations, including sex workers and their clients, MSM, IDUs, people engaging in transactional sex, populations along the transportation corridor, and fishing populations. Initiatives targeted to these



populations will continue to be highly focused, linked to behavioral outcomes, and be tailored to the Tanzanian context. In FY 2011, the USG will support an evidence-based, comprehensive HIV prevention and care package for IDUs. Such support will build the capacity of involved URT institutions to expand and coordinate IDU interventions and implement robust M&E to measure progress and impact.

The USG will continue supporting the URT to strengthen its coordination and oversight of the NMPS and other strategies at central, regional, district, and local levels. Through the introduction of systematic short- and long-term capacity building and implementation of key BCC-focused training activities and mentorship, the capacity of the URT and local partners will continue to be strengthened.

Gender-based violence and gender norms will continue to be integrated into sexual prevention programming. The USG and other partners will address GBV prevention holistically through community and interpersonal communication events; advocacy with lawmakers; and linkages with medical, social, and legal services. The USG will also continue to implement wide-ranging prevention programs that address harmful gender norms and socio-cultural aspects of the epidemic.

In FY 2011, there will be considerable scale up of male circumcision (MC) programming, involving both campaigns and additional static sites. The USG Tanzania team carefully analyzed data to inform strategic support for MC scale up, while acknowledging that additional funding from other sources, including the WHO and Global Fund, are needed to achieve national MC scale up and coverage. Models for Optimizing Volume and Efficiency (MOVE) were successfully implemented in FY 2010, and will continue to be the dominant method of campaign strategy. The USG will implement a coordinated scale up of MC services in seven regions (Mwanza, Iringa, Shinyanga, Kagera, Rukwa, Tabora, and Mbeya) and approximately 125,000 males will receive access to MC services. USG resources will be concentrated in geographic areas most in need (Iringa, Mbeya, Shinyanga, and the Lake Victoria islands) in the interest of deeper coverage and maximum impact. MC partners will support facility improvements and procurement of MC equipment and supplies. Support to the MC communications partner has been increased to further MC behavior change communication material development and production to include partner education and "MC service literacy."

The USG will work in collaboration with the URT and implementing partners towards the integration of MC within other existing services, task shifting to mid-level providers for greater scale up, and greater involvement of private sector and faith-based supported facilities. To ensure a strong and coordinated government-backed approach to the scale up of quality MC services, the USG will fund capacity building of the National MC Taskforce.

Flat funding for HIV Counseling and Testing (HCT) will require greater efficiencies in service delivery and an even more collaborative effort between the URT, USG, and all implementing partners. Per the request of MOHSW/NACP, the USG HCT staff has developed a concept paper to advocate for the introduction of non-medical, trained lay counselors to facilitate better management of client loads, to provide pre- and post-test counseling, and to create greater PLHIV involvement in HIV and AIDS services. This will reduce the burden on medical professionals and increase services. FY 2011 will also see an increased emphasis on couples' counseling, including in the PMTCT context, as well as a strengthening of linkages with care and treatment partners.

Transition plans are being developed by the USG to collaborate with the URT in strengthening the National Blood Transfusion Service (NBTS) as well as injection safety practices. In FY 2011, the USG will work with NBTS to engage in public-private partnerships to increase the scope and coverage of blood safety programs as well as to provide technical assistance to build the capacity of the NBTS' management and organizational structures. The USG will also continue to advocate for greater contributions towards blood safety from the URT and health basket and general budget support donors. For Infection Prevention and Control-Injection Safety (IPC-IS), the USG will focus on strengthening the



capacity of health training institutions to provide pre-service training and education, and advocacy for the construction, renovation, maintenance, and improvement of new and existing health care waste management systems.

As noted earlier, women in Tanzania make up 56% of the HIV-infected population. With more than 1.8 million births and 6.8% HIV prevalence at antenatal clinics (ANC), approximately 100,000 HIV-positive women deliver HIV-exposed infants annually. In FY 2011, PEPFAR Tanzania will focus on a scale up of PMTCT services to high-burden populations and reach families in need with a comprehensive set of services including ARV interventions. Expected achievements include HIV counseling and testing for 80% of pregnant women and provision of ARV prophylaxis to 85% of HIV-positive pregnant women. Another objective for PMTCT is to scale up Early Infant Diagnosis (EID) programs and ensure that 65% of infants receive EID. Quality improvement of PMTCT and MCH services will strengthen service integration and intervention effectiveness. PEPFAR and the URT will contribute to the new WHO concept of "virtual elimination of MTCT." Furthermore, WHO recommendations will be adopted so that more ART eligible pregnant women receive ARVs. In addition, in order to simplify PMTCT and improve outcomes, PEPFAR and the MOHSW will implement a pilot "test and treat" model for PMTCT along the Dar es Salaam – Mbeya corridor.

2. Care and Support: The number of PEPFAR-supported care and treatment clinics in Tanzania has grown from 15 in 2004 to over 600 sites in 2010, significantly increasing individual access to facility-based palliative care and ART services. This in turn has changed the profile of clients reached through community care and support services from very sick, bed-ridden clients to more ambulant patients. Despite this improvement, there are still high rates of loss to follow up; in some cases, up to 30 percent attrition is reported. This data suggests a new role for community-based care and support services, one that focuses on household economic strengthening, positive health dignity and prevention (PHDP) interventions, and nutritional assessment counseling and support, while proactively tracking and linking back clients who are falling out of the care continuum. In FY 2011, PEPFAR implementing partners will work to ensure evidenced linkages between health facilities and the community.

Moreover, PEPFAR Tanzania will continue to focus on quality improvement by piloting more efficient models for the provision of community-based services. These improved delivery models aim to make the transition to URT ownership smoother in the coming years. GIPA and PLHIV support groups will be utilized to expand service delivery platforms. Furthermore, the PEPFAR community services team will buy into an ongoing pilot to revive the community health worker (CHW) cadre and train CHWs on HIV and AIDS service provision.

In FY 2011, the service delivery focus for OVCs will shift from direct support of individual OVCs to a more sustainable household livelihood improvement approach. PEPFAR Tanzania will continue to expand economic strengthening activities targeting vulnerable households and provide technical assistance to implementing partners to help run income-generating activities and micro-finance grants at the household level. PEPFAR Tanzania will also continue to support child protection interventions, including an activity that will work with the police to address support and referral services for abused children.

To further promote the sustainability of OVC care, PEPFAR Tanzania will be more intentional about planning jointly with Local Government Authorities (LGAs) and providing LGAs with technical and coordination support. The team also will continue to provide national systems strengthening through support for the Department of Social Welfare (DSW). Focus will also be placed on filling critical human resources gaps by expanding trainings for the para-social worker cadre, providing tuition support for social welfare graduates at both degree and masters' level, and collaborating with PMO-RALG to ensure that LGAs plan for and retain the social welfare workforce. These efforts are expected to result in higher quality service provision for OVCs.



TB/HIV programming in Tanzania focuses on supporting national efforts to strengthen collaborative TB/HIV activities and working to ensure that TB infection control principles are adhered to at all levels. Activities will focus on strengthening TB screening and improving TB diagnostics among PLHIV (especially for those presenting with advanced disease) as well as those identified as TB suspects. Ideally, LED, chest radiography, and liquid cultures will be administered in all settings. Strides will be made in improving PITC in children and adults where TB is suspected. Another priority lies in understanding barriers to low enrollment in HIV care among TB/HIV co-infected patients. PEPFAR will support the National Tuberculosis and Leprosy Program (NTLP) to initiate scale up of the Temeke “one-stop shop” model to increase patient retention and ease in obtaining care and treatment. Furthermore, early initiation of ART to HIV infected TB patients will be advocated, in accordance with new WHO treatment guidelines. Finally, Isoniazid preventive treatment will be initiated in the country starting in a few identified sites.

3. Treatment: As of March 2010, the USG directly supported 218,222 people on ARVs in Tanzania. In addition to the provision of ART, PEPFAR treatment partners support the implementation of a variety of HIV care and treatment services including PITC, PMTCT, EID, pediatric care and treatment, regular screening for TB at HIV treatment clinics, and integrating and expanding prevention with positives services at all supported facilities. Due to this coordinated support, in the first half of FY 2010, a year in which limited care and treatment sites were added, 45,941 new patients were absorbed and are now receiving treatment.

For FY 2011, PEPFAR Tanzania will continue its strategy of “passive growth,” in which patients are not actively recruited to ART Care and Treatment Clinics (CTCs) but rather enrolled into care and treatment as they are identified through feeder systems (PMTCT, PITC, TB/HIV, walk-in, etc.). However, it is expected that active growth at CTCs will increase through expanded PMTCT sites, the piloting of test and treat approaches and expanded MC campaigns. Of note, outside of PMTCT and biomedical prevention, each of the USG-supported feeder systems will continue to operate at their FY 2010 budget level.

PEPFAR Tanzania recognizes that a passive growth strategy cannot likely be funded in FY 2012 without additional resources to the overall program or without reallocations within the existing portfolio. In the PFIP, the USG denoted its ongoing support for 605 treatment sites while the URT expressed its intention of adding 2,000 additional sites by 2013. Over the next twelve to eighteen months, the active growth model of the URT will be closely monitored so that the USG can provide sufficient notice to URT policy makers and technical staff that PEPFAR technical assistance and commodity support have reached a maximum level of patient absorption. This creates a delicate technical and diplomatic situation for the team and is further confounded by PEPFAR Tanzania's reliance on the URT to perform effectively as a Global Fund Principal Recipient under Round 8 to ensure that ARV drugs and other key commodities are available in Tanzania at predictable and planned levels in 2011, 2012, and 2013.

Of note, PEPFAR Tanzania currently maintains resources for ARVs with SCMS to ensure that a consistent supply of ARV drugs is available. However, PEPFAR Tanzania does not have a funding pipeline for other key commodities including test kits, lab reagents and OI drugs. Over the next three years, increasing stock gaps for these key commodities are expected without additional URT-initiated funding. In FY 2011, the need to maintain a PEPFAR ARV pipeline will be informed by (1) the final report of an exercise to physically count the number of current patients receiving ART throughout the country, and (2) the URT's ability to address Conditions Precedent set by the Global Fund for release of Round 8 funds.

In addition, FY 2011 efforts will focus on strategies and activities leading to increased retention of patients on ART care and treatment. Implementing partners will continue to support existing care and treatment sites, with an emphasis on improving the quality of HIV services being provided at those facilities as well as ensuring evidenced linkages between health facilities and the community. Progress will be made on consolidating trainings by tasking zones (geographic areas that cover more than one region) to conduct



ART trainings as opposed to individual partners. Furthermore, local partners and local government authorities in the ART program will engage more deeply in oversight. The formalization of discussions on transitioning to country ownership and monitoring its implementation are also FY 2011 objectives. The USG and implementing partners will provide support and follow up to the National AIDS Control Program in regard to the forecasting of supplies in an effort to avoid emergency procurement.

Finally, there are approximately 140,000 children living with HIV in Tanzania. The URT is committed to scaling up pediatric HIV care and treatment and will work with the USG to increase the proportion of children started on ARV treatment to 10%. Activities to support increased pediatric enrollment include: strengthening PITC, improving advocacy and community mobilization, improving linkages between RCH/EID and CTCs, intensifying tracking and tracing efforts for mother-baby pairs that are lost to follow up, and increasing on-site training and mentoring to develop and improve skills of providers to work with and provide quality care and treatment to HIV-infected children. Service strengthening and integration will also be improved to support <5 child survival interventions, community supported HIV services, distribution of insecticide treated nets, and infant feeding counseling and support. There will also be a concerted effort to improve RCH services and infrastructure to support pediatric/infant service integration, including data recording and tracking tools.

4. Women and Girl-Centered Approaches: Consistent with GHI principles, PEPFAR Tanzania continues to apply a gendered approach to its portfolio to ensure that women and girls are appropriately prioritized in prevention, care, treatment, and systems strengthening activities. PEPFAR Tanzania will receive \$20 million in additional PMTCT resources that will support expansion of integrated services under the existing RCH/MCH umbrella and pilot with the MOHSW a PMTCT “test and treat” model at certain sites along the Dar-Mbeya transport corridor. Together these efforts are expected to provide HIV testing for 80% of all pregnant women in Tanzania and to reach 85% of those identified with an intervention to prevent HIV transmission. Programming to prevent and address gender-based violence (GBV) will scale up in 2011 with the addition of dedicated GBV funds, as well as through the COP. In particular, Sexual prevention, CT, and OVC partners will increasingly address GBV in their programs using 2011 COP resources. These activities will complement a wide range of clinical and community-based services, prevention, and enabling environment efforts related to GBV, which will be supported through GBV scale-up funds. Efforts to confront harmful gender norms will continue in the coming year. The approach is multifaceted, targeting women and girls and men and boys, as well as intervening at individual and community levels. Other woman and girl-centered approaches to be supported in 2011 include better integration of family planning and HIV services, improvements in HIV service availability and quality of services for sex workers and women engaged in transactional sex, increased availability of female condoms, and implementation of a safe schools pilot to address violence in schools. Finally, in 2011, PEPFAR Tanzania plans to increase its internal capacity to conduct gender-based analysis and programming through additional training for USG staff, implementing partners and key URT stakeholder.

5. Other Programs: The GHI principles to improve metrics, monitoring, and evaluation and foster research and innovation are key priorities for PEPFAR Tanzania. The USG Strategic Information (SI) team’s strategy, outlined in the PFIP, is both aligned with and guided by the HIV/AIDS National Multi-Sectoral Strategic Framework (NMSF) to support human and infrastructural capacity strengthening at the national and sub-national levels. In addition, it responds to health sector plans for harmonization of data systems to ensure strong analytical capacity at the central level. Specifically, the USG addresses the coordination of indicators and data systems, timely and efficient reporting of quality data, financial and technical support for surveillance activities, and the promotion of data use for planning and implementation of HIV/AIDS interventions. In FY 2011, a focus continues on enhancing the use of prioritized research and evaluation evidence for policy, planning, and implementation.

The USG’s significant planning with the MOHSW and other donors (including Global Fund resources) has resulted in a combined plan to operationalize and strengthen SI in Tanzania’s health sector. This



approach uses HIV and AIDS investments as a platform to integrate information and capacity for primary health and other disease programs. The combined plan outlines USG investments and activities together with other donors and technical support organizations to ensure efficient implementation and use of resources. All SI activities relevant to the health sector now support a new enterprise architecture for HMIS and other relevant SI functions. PEPFAR investments in surveillance, mobile technology, and M&E support to specific disease programs have all been harmonized under this combined plan. The USG's role in this effort channels FY 2011 support to the establishment of a national data center to house and facilitate analysis of essential information on HIV/AIDS and other health issues. This supports MOHSW's vision to pool staff across organizations to work together on effective monitoring and evaluation and data analysis. Working with the National AIDS Control Program, work will continue to improve data quality and implementation of the patient monitoring system and ensure linkages to the central data warehouse. In collaboration with the National Institute for Medical Research, research and evaluation data management activities will continue to be strengthened to enhance research and evaluation outputs. Furthermore, the Strategic Information team will re-engage to provide technical assistance and build capacity within the National Bureau of Statistics and the Office of the Chief Government Statistician to implement the Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS). The THMIS is a cross-USG effort conducted in collaboration with PMI, PEPFAR, and the Health Office of USAID. USG funding will provide technical assistance, commodities, and supplies for the survey's implementation.

To strengthen leadership in SI for the HIV response specifically, PEPFAR Tanzania is supporting TACAIDS and UNAIDS to mobilize and coordinate M&E and other relevant personnel to expand support to critical areas such as the National Prevention Strategy, improvement of incidence surveillance, and secondary analysis of data on questions of joint interest to the URT and USG.

Finally, the USG is working with the MOHSW to bring laboratory systems up to proper standards. This includes mentoring lab staff; strengthening identification of opportunistic infections, malaria and tuberculosis; and related quality assurance efforts. To align with the five-year National Health Laboratory Services Strategic Plan, laboratory infrastructure experts will provide technical assistance to council, district, and regional health management teams.

New Procurements

Redacted

Program Contact: Tracy Carson, PEPFAR Country Coordinator (carsontl@state.gov)

Time Frame: October 2010 to September 2011

Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|-------------------------------|-----------|------|--|--------------------|------|--------|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living with HIV | 1,200,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Adults 15-49 HIV | 06 | 2009 | UNAIDS Report | | | |

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| Prevalence Rate | | | on the global AIDS Epidemic 2010 | | | |
| Children 0-14 living with HIV | 160,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Deaths due to HIV/AIDS | 86,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | 1,600,000 | 2007 | UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women. | | | |
| Estimated number of pregnant women living with HIV needing ART for PMTCT | 84,000 | 2009 | Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. | | | |
| Number of people living with HIV/AIDS | 1,400,000 | 2009 | UNAIDS Report on the global | | | |



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| | | | AIDS Epidemic 2010 | | | |
| Orphans 0-17 due to HIV/AIDS | 1,300,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |
| The estimated number of adults and children with advanced HIV infection (in need of ART) | 660,000 | 2009 | Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. | | | |
| Women 15+ living with HIV | 730,000 | 2009 | UNAIDS Report on the global AIDS Epidemic 2010 | | | |

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

| Partnership | Related Mechanism | Private-Sector Partner(s) | PEPFAR USD Planned Funds | Private-Sector USD Planned Funds | PPP Description |
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| APHFTA - PPP | | Association of | | | The Association of |

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| | | <p>Private Health Facilities of Tanzania, Bienmoyo Foundation, PharmAccess International, New Partner</p> | | <p>Private Health Facilities of Tanzania (APHFTA) represents more than 400 private, primarily for-profit, health facilities in the country. Since 2005 APHFTA has participated in the HIV and AIDS response as a sub-recipient of Global Fund for HIV/AIDS, TB and Malaria and has trained nearly 275 health care providers from 40 private health facilities in HIV and AIDS care and treatment, VCT, PMTCT and HBC for people living with HIV/AIDS. In collaboration with Wharton Business School, local consulting and training expertise, and PharmAccess International, APHFTA will establish (a) a business training program that will enable medical</p> |
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| | | | | <p>practitioners to establish sustainable private practices, (b) an upgraded IT network connecting its membership, and (c) a revolving loan fund that will be used primarily to upgrade laboratory facilities and train staff. This is a nationwide program that has far-reaching impact. First, it will improve AIDS care and treatment services provided by private physicians through upgraded laboratory facilities and training of staff. Second, IT upgrades and installation of modems will result in improved medical reporting to APHFTA and, in turn, APHFTA's ability to provide critical medical information and support to its members. Third, the organization will be</p> |
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| | | | | | able to play a more influential leadership role in the health care system as its members improve their capacity to provide quality healthcare that is customer oriented. |
| BIPAI-PPP | | Baylor University, College of Medicine, Bristol-Myers Squibb Foundation, New Partner, The Abbott Fund | | | This activity is in Year 3 of 5 to develop two Pediatric Centers of Excellence to catalyze access to HIV/AIDS care and treatment for children. In addition, the program aims to develop a network of services around the Centers so that children are easily identified in communities and lower level health facilities, and providers' skills are strengthened to identify children who are HIV positive. Activities will include: (a) construction of facilities in Mbeya and Mwanza; (b) |

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| | | | | | <p>pediatric care capacity-building at the district level; (c) scale-up of pediatric-focused clinical mentoring that includes NACS; (d) TB prevention and management and (e) linkage of pediatric ART with support to OVC. The main tracking indicators are: (1) Number of infants and children newly and currently enrolled in ART, (2) Number of infants and children receiving clinical care, and (3) Number of HCW mentored on pediatric HIV management.</p> |
| BizWomen - PPP | | TBD | | | <p>The goal of this activity is to mobilize businesswomen and women managers in the private sector in the fight against HIV/AIDS. It is anticipated that the Federation of Associations of Women</p> |

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| | | | | <p>Entrepreneurs in Tanzania (FAWETA), which is the largest and oldest women entrepreneurs' association in Tanzania with 3,500 members, is expected to be the partner in this activity. The BizAIDS program, developed and widely tested in sub-Saharan Africa by the U.S.-based International Senior Executive Corps (ISEC), integrates prevention and counseling/testing promotion with small business development. The objectives are (a) to enable FAWETA to deliver the BizAIDS program as one of its services to women-owned small and medium-sized enterprises (SMEs) and to women managers in the private sector who have interest in</p> |
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| | | | | | beginning their own businesses, (b) to train master trainers and to test and modify the program so that it will be a FAWETA revenue earning service for the organization by the end of one year, and (c) to increase awareness about how HIV impacts on the efficiency of SMEs and on the economic viability of the surrounding communities upon which SMEs rely to sustain their business. |
| CIDR - PPP | | Biolands Ltd., Elton John AIDS Foundation, New Partner | | | The Centre for International Development and Research (CIDR) is a French NGO that successfully established an insurance program in Mbozi District, where the attendance rate at medical facilities by members of the Community Health Insurance Fund (CHIF) is five times |

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| | | | | <p>higher than the uninsured.</p> <p>PEPFAR funding is being used to leverage funds from Biolands Ltd, one of the major coco traders that supplies Kyela production to markets in Europe.</p> <p>The Elton John AIDS Foundation is funding the HIV re-insurance component. This activity is in Year 2 of 4 to (a) establish a community-managed health insurance program for coco producing families in Kyela District; (b) enroll at least one-half of the district's 200,000 population; (c) ensure quality health care for CHIF members; and (d) educate government counterparts on how to implement genuine community-based health financing programs.</p> <p>There are no COP indicators for this</p> |
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| | | | | | activity, although there are other indicators against which CIDR must report. |
| CME - PPP | | Tanzania Chamber of Minerals and Industry, New Partner | | | The Tanzania Chamber of Minerals and Energy (CME) represents private small, medium and large domestic and international mining companies. This activity is in Year 1 of 3 and provides prevention, care and treatment services to a MARP community that receives very little healthcare, let alone HIV and AIDS support. The objectives are (a) to enable the district health system to deliver HIV/AIDS, TB, sexual and reproductive health, and malaria services to artisanal and small-scale miners and (b) to complement efforts to better integrate into the formal |

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| | | | | | <p>district economy artisanal miners and small-scale miners. The Tanzania Chamber of Minerals and Energy will report on the following indicators: (1) Number of general population reached with individual and small group interventions; (2) Number of PLHIV reached with individual and small group interventions; (3) Number of PLHIV receiving treatment; and (4) Number of pregnant women who were tested for HIV and who know their results.</p> |
| EID - PPP | | | | | <p>The objective of this activity is to develop fast, affordable, reliable and sustainable Early Infant Diagnosis (EID) transport and reporting systems. The Tanzania Communications Regulatory Authority</p> |

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| | | | | <p>will be asked to consider developing a unique identifier for EID recipient laboratories. Special envelopes will be developed so they can be readily identified by the public in the event that they are misplaced. This will be combined with awareness raising broadcast and print media publicity. It is anticipated that this activity will be able to tap into the financial resources and expertise of international couriers such as the UK-based, TNT, which already is providing support to OVC in Tanzania through the World Food Program. The real challenge is transporting the EID specimen from the rural facility to the district level where most courier services end. A partnership will be</p> |
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| | | | | <p>explored with a number of local bus owner associations in the country and with the Tanzania Bus Owners Association (TABOA), which represents these associations at the national level. Very localized, informal daladala associations will also be invited to participate.</p> |
| <p>GAME - PPP</p> | | | | <p>The objectives of this planned activity are to (a) provide training and onsite coaching of bio-medical technicians in the use of lab equipment, (b) develop job aids that will help reinforce what trainees have learned, (c) establish maintenance protocols that will be institutionalized, and (d) identify needed repair parts and consumables that might be sourced</p> |

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| | | | | <p>from the U.S. The anticipated primary implementing partner of this PPP will be Global Assistance in Medical Equipment (GAME). With offices in Atlanta GA near the CDC international headquarters, GAME is a voluntary coalition of global medical device experts who began their work in Kosovo in October 2005. . In Tanzania GAME enjoys a working relationship with the Department of Continuing Education and Professional Development at Muhumbili University of Health and Allied Sciences and with Orbis International and its partner, the Dar-es-Salaam Institute of Technology (DIT). While the provision seed financial assistance is an</p> |
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| | | | | <p>important contribution of PEPFAR, the more important aspect of PEPFAR is facilitating the renewal and strengthening of these linkages, including those already formed in the February 2009 with the Ministry of Health and Social Work. In this way PEPFAR lays the foundation for its exit.</p> |
| <p>Gen Mills/JHFC - PPP</p> | | <p>General Mills, New Partner</p> | | <p>In September 2009, General Mills entered into agreement with OGAC and USAID to transfer technical and business expertise to 15 sub-Saharan countries; Tanzania is the first country to participate in the initiative. This partnership may lead to long-term partnerships between General Mills and local millers. The</p> |

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| | | | | <p>objectives of this activity are to (a) meet the nutritional needs of PLWA, (b) develop prescription food processing capacity in Tanzania, and (c) improve the economic well-being of individuals in the production and distribution value chain. This activity is in Year 2 of 2 to (a) identify and develop the capacity of a local miller to produce fortified food for people on ARVs; (b) Procure an extrusion cooker and essential spare parts; (c) Install and field test the extrusion cooker; and (d) disseminate the methodology and programs to build capacity and improve and propagate fortified food production in Tanzania and sub-Saharan Africa. There are no COP indicators for this</p> |
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| | | | | activity. |
| Kilicafe - PPP | | TBD | | <p>The Kilicafe OVC Scholarship Fund will pay the educational expenses of an anticipated 100 OVC to attend public secondary schools. The objectives of this activity are (a) to provide an opportunity for OVCs, who are performing well in primary school, to attend secondary school and (b) to involve coffee cooperative members in HIV/AIDS mitigation. OVCs living in the coffee growing areas of Arusha, Kilimanjaro, Manyara, Mbeya and Mbinga will be beneficiaries of this activity. This is because the Kilicafe OVC Scholarship Fund is being established by the Association of Kilimanjaro</p> |

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| | | | | | <p>Specialty Coffee Growers (AKSCG), which is a registered association comprised of 35 farmer groups in the Kilimanjaro, Arusha and Manyara area, 109 groups in the Mbinga area and 2 groups in the Mbeya area. Kilicafe is both the brand name of their premium coffee and the name of the company that exports AKSCG's coffee to roaster companies abroad.</p> |
| Madaktari-PPP | | New Partner | | | <p>This activity is in Year 1 of 2 at Mbeya Referral Hospital. It (a) provides on-the-job training of healthcare personnel in HIV/AIDS prevention, care and treatment; (b) strengthens healthcare systems, e.g. financial management, patient record keeping, and customer service;</p> |

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| | | | | and (c) provides specialized expertise, e.g. renal diagnoses, cardiologic care. There are no COP indicators for this activity, although there are other indicators against which Madaktari Africa must report progress. |
| mHealth | | New Partner | | The mHealth Tanzania Partnership is a Health System Strengthening activity that implements 'mhealth' solutions on a national scale. CDC and MOHSW are working together to create a long term partnership structure that provides MOHSW with the capacity to enter into and maintain long term partnerships with private sector partners and to coordinate inputs of other funding partners and |

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| | | | | <p>organizations to improve the long term sustainability of the m-health system strengthening investments. In Year 3, this activity currently covers three main initiatives: (a) Integrated Disease Surveillance and Response to improve reporting, tracking and response to notifiable diseases, diseases targeted for eradication of notifiable health events; (b) Mama Messaging to educate pregnant women in ANC, PMTCT, malaria, birth planning, nutrition, and prevention for HIV/AIDS positive women and (c) Blood Donor Communication and Outreach that entails SMS messages sent from NBTS to improve donor retention.</p> |
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| SolarAid - PPP | | SolarAid, New Partner | | <p>In collaboration with the University of Arizona, SolarAid is supporting the electrification of rural facilities in Mbeya region through this activity. In Year 3 of 4, this activity (a) provides solar power to rural health facilities (especially maternity wards, labs, and theatres) and to staff housing, which contributes to staff retention, and (b) creates income-earning activities for groups supporting PLWH and microenterprises for youth who sell solar portable lights to their communities. There are no COP indicators for this activity, although there are other indicators against which SolarAid must report progress.</p> |
| TBD | | TBD | | <p>Given the MOHSW's budget constraints, it is critical to integrate</p> |

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| | | | | <p>HIV and AIDS activities into other business or economic development activities that eventually are able to continue the activities without external funding. Potential partnerships for these TBD funds include: (1) The New Forests Company, to provide healthcare for its workers and the communities surrounding their forests; (2) Olam Tanzania, which operates a cashew processing factory in Mtwara with nearly 4,500 workers, 98% of whom are rural women, to start a HIV and general health workplace program; (3) the Association of Tanzania Employers, ILO, and National Microenterprise</p> |
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| | | | | | Bank, to support the BizAIDS program for youth and people working in the informal sector; and (4) Roche Diagnostics, to strengthen diagnostic laboratories and develop a comprehensive diagnostic referral network in Tanzania. Each of these potential PPPs, and others yet to be identified, will require a different set of indicators to track progress. |
| Touch-PPP | | Touch Foundation, Bristol-Myers Squibb Foundation, McKinsey & Company, New Partner, The Abbott Fund | | | The Touch Foundation partners with McKinsey & Company and the Weill Cornell Medical School to address HR issues in the health sector. They are supporting the training of more than 800 students in eight health cadres at Weill Bugando University College of Health Sciences |

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| | | | | <p>(BUCHS) in Mwanza. Through a twinning program visiting professors provide instruction in US-based teaching methods, diagnosis, and patient care. This activity is in Year 4 of 6 and (a) increases student enrollment in 12 cadres of health workers at BUCHS through partial support of student and faculty costs; (b) expands trainee practicum experiences to regional and district hospitals; (c) promotes the effective deployment of graduates through career offices; (d) coordinates development of health management training; and (e) strengthens ICT infrastructure and other infrastructure improvements to increase training</p> |
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| | | | | | capacity. The Touch Foundation reports on the Number of new HCWs who graduated from pre-service training. |
| Tourism - PPP | | TBD | | | <p>The objectives of this nationwide activity are to (a) establish HIV/AIDS prevention programs that target tourists, tourism employees, and communities surrounding tourist destinations and (b) mobilize funds from tourists to support work place and community-based HIV/AIDS prevention, care and mitigation activities. There are three partners envisaged for implementing this activity. First is the Tourism Confederation of Tanzania (TCT), which is the umbrella organization representing private businesses involved in the travel and</p> |

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| | | | | <p>tourism industry in Tanzania. The other two partners are expected to be the Center for Responsible Travel (CREST) and LifeAction Ltd. CREST, an international NGO that was founded in 2003 at Stanford University, conducts research on and is involved in projects that use tourism and international travel as a tool for promoting socio-economic empowerment, poverty reduction and biodiversity conservation. LifeAction is a Tanzanian registered company that has extensive experience in South Africa in workplace and community-based programs. LifeAction, specializes in forging public-private partnerships as an operating</p> |
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| | | | | | business principle. |
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Surveillance and Survey Activities

| Name | Type of Activity | Target Population | Stage |
|--|--|--|----------------|
| 2010 Female Sex Worker Study Mainland Tanzania | Population-based Behavioral Surveys | Female Commercial Sex Workers | Publishing |
| 2010 Tanzania Mainland ANC Sentinel Surveillance | AIDS/HIV Case Surveillance | Pregnant Women | Implementation |
| 2010 Zanzibar ANC Sentinel Surveillance | AIDS/HIV Case Surveillance | Pregnant Women | Data Review |
| 2011 ANC Surveillance Mainland | Sentinel Surveillance (e.g. ANC Surveys) | Pregnant Women | Implementation |
| 2011 FSW Study in Zanzibar | Population-based Behavioral Surveys | Female Commercial Sex Workers | Implementation |
| 2011 FSW, IDU, MSM Study in Zanzibar | Population-based Behavioral Surveys | Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men | Implementation |
| 2011 MSM Study | Population-based Behavioral Surveys | Men who have Sex with Men | Implementation |
| 2011 Tanzania HIV Malaria Indicator Survey | Population-based Behavioral Surveys | General Population | Implementation |
| 2012 ANC Surveillance Zanzibar | Sentinel Surveillance (e.g. ANC Surveys) | Pregnant Women | Development |
| Biological and Behavioral Surveillance (Dar Es Salaam) | Behavioral Surveillance among MARPS | Female Commercial Sex Workers | Data Review |
| Biological and Behavioral Surveillance (Unguja and Pemba - Zanzibar) | Behavioral Surveillance among MARPS | Injecting Drug Users | Development |
| Biological and Behavioral Surveillance | Population-based | Men who have Sex | Development |



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| (Unguja and Pemba - Zanzibar) 2 | Behavioral Surveys | with Men | |
| Biological and Behavioral Surveillance (Unguja and Pemba) | Behavioral Surveillance among MARPS | Female Commercial Sex Workers | Development |
| Comparison of ANC/PMTCT (Zanzibar) | Evaluation | General Population | Publishing |
| HIV Drug Resistance Monitoring | HIV Drug Resistance | General Population | Development |
| HIV Resistance Early Warning | HIV Drug Resistance | General Population | Implementation |
| Mortality Data Surveillance | HIV-mortality surveillance | General Population | Implementation |
| Sample Vital Verbal Autopsy Mainland Tanzania | HIV-mortality surveillance | General Population | Implementation |
| Tanzania Demographic and Health Survey Population-based Behavioral Surveys | Population-based Behavioral Surveys | General Population | Data Review |
| Tanzania HIV/AIDS Malaria Indicator Survey (2011-12) THMIS | Population-based Behavioral Surveys | General Population | Implementation |



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

| Agency | Funding Source | | | | Total |
|--------------|----------------------|------------------|--------------------|--------------|--------------------|
| | Central GHCS (State) | GAP | GHCS (State) | GHCS (USAID) | |
| DOD | | | 38,759,122 | | 38,759,122 |
| HHS/CDC | 9,406,215 | 3,683,000 | 95,824,923 | | 108,914,138 |
| HHS/HRSA | 7,849,864 | | 24,899,761 | | 32,749,625 |
| HHS/NIH | | | 450,000 | | 450,000 |
| HHS/OGHA | | | 416,520 | | 416,520 |
| PC | | | 991,800 | | 991,800 |
| State | | | 573,800 | | 573,800 |
| State/AF | | | 7,149,958 | | 7,149,958 |
| USAID | | | 167,188,526 | | 167,188,526 |
| Total | 17,256,079 | 3,683,000 | 336,254,410 | 0 | 357,193,489 |

Summary of Planned Funding by Budget Code and Agency

| Budget Code | Agency | | | | | | | | Total |
|-------------|--------|------------|------------|------------|--------|-----------|------------|----------|------------|
| | State | DOD | HHS/CDC | HHS/HRSA | PC | State/AF | USAID | AllOther | |
| CIRC | | 1,692,000 | 2,143,000 | | | | 4,731,078 | | 8,566,078 |
| HBHC | | 4,662,240 | 10,292,045 | 3,344,569 | 75,600 | | 17,468,348 | | 35,842,802 |
| HKID | | 2,740,000 | 1,820,000 | 700,000 | 46,400 | | 23,452,094 | | 28,758,494 |
| HLAB | | 665,000 | 5,863,000 | 720,000 | | 364,523 | 700,000 | | 8,312,523 |
| HMBL | | | 5,327,104 | | | | | | 5,327,104 |
| HMIN | | | 1,476,930 | 150,000 | | | 332,669 | | 1,959,599 |
| HTXD | | | | | | | 4,636,322 | | 4,636,322 |
| HTXS | | 12,825,000 | 29,171,339 | 16,995,750 | | 3,075,051 | 19,451,000 | | 81,518,140 |
| HVAB | | 2,707,493 | 2,810,000 | 0 | 25,000 | | 14,758,867 | | 20,301,360 |
| HVCT | | 1,520,010 | 5,310,000 | 700,000 | | | 7,762,000 | | 15,292,010 |



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|------|----------------|-------------------|--------------------|-------------------|----------------|------------------|--------------------|----------------|--------------------|
| HVMS | 573,800 | 2,940,234 | 11,500,596 | | 792,300 | | 9,121,106 | 416,520 | 25,344,556 |
| HVOP | | 1,635,063 | 2,683,850 | 0 | 52,500 | | 17,000,760 | | 21,372,173 |
| HVSI | | 200,000 | 5,109,000 | | | | 2,350,000 | | 7,659,000 |
| HVTB | | 781,000 | 4,132,150 | 293,000 | | | 3,149,000 | | 8,355,150 |
| IDUP | | 250,000 | 3,050,000 | 150,000 | | 500,000 | | 0 | 3,950,000 |
| MTCT | | 4,061,082 | 8,631,517 | 4,668,865 | | 729,046 | 20,879,952 | | 38,970,462 |
| OHSS | | | 4,233,000 | 4,527,441 | | 2,481,338 | 17,140,330 | 450,000 | 28,832,109 |
| PDCS | | 286,000 | 947,121 | 100,000 | | | 796,000 | | 2,129,121 |
| PDTX | | 1,794,000 | 4,413,486 | 400,000 | | | 3,459,000 | | 10,066,486 |
| | 573,800 | 38,759,122 | 108,914,138 | 32,749,625 | 991,800 | 7,149,958 | 167,188,526 | 866,520 | 357,193,489 |

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HBHC | 35,842,802 | |
| HTXS | 81,518,140 | |
| Total Technical Area Planned Funding: | 117,360,942 | 0 |

Summary:
(No data provided.)

Technical Area: ARV Drugs

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HTXD | 4,636,322 | |
| Total Technical Area Planned Funding: | 4,636,322 | 0 |

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| CIRC | 8,566,078 | |
| HMBL | 5,327,104 | |
| HMIN | 1,959,599 | |
| IDUP | 3,950,000 | |
| Total Technical Area Planned Funding: | 19,802,781 | 0 |

Summary:
(No data provided.)

Technical Area: Counseling and Testing



| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVCT | 15,292,010 | |
| Total Technical Area Planned Funding: | 15,292,010 | 0 |

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| OHSS | 28,832,109 | |
| Total Technical Area Planned Funding: | 28,832,109 | 0 |

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HLAB | 8,312,523 | |
| Total Technical Area Planned Funding: | 8,312,523 | 0 |

Summary:
(No data provided.)

Technical Area: Management and Operations

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVMS | 25,344,556 | |
| Total Technical Area Planned Funding: | 25,344,556 | 0 |

Summary:
(No data provided.)

Technical Area: OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------|----------------------------|----------------|
| HKID | 28,758,494 | |



| | | |
|--|-------------------|----------|
| Total Technical Area Planned Funding: | 28,758,494 | 0 |
|--|-------------------|----------|

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| PDCS | 2,129,121 | |
| PDTX | 10,066,486 | |
| Total Technical Area Planned Funding: | 12,195,607 | 0 |

Summary:
(No data provided.)

Technical Area: PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| MTCT | 38,970,462 | |
| Total Technical Area Planned Funding: | 38,970,462 | 0 |

Summary:
(No data provided.)

Technical Area: Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVAB | 20,301,360 | |
| HVOP | 21,372,173 | |
| Total Technical Area Planned Funding: | 41,673,533 | 0 |

Summary:
(No data provided.)

Technical Area: Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------|----------------------------|----------------|
| HVSI | 7,659,000 | |



| | | |
|--|------------------|----------|
| Total Technical Area Planned Funding: | 7,659,000 | 0 |
|--|------------------|----------|

Summary:
(No data provided.)

Technical Area: TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|-----------------------------------|-----------------------|
| HVTB | 8,355,150 | |
| Total Technical Area Planned Funding: | 8,355,150 | 0 |

Summary:
(No data provided.)



Technical Area Summary Indicators and Targets

Redacted



Partners and Implementing Mechanisms

Partner List

| Mech ID | Partner Name | Organization Type | Agency | Funding Source | Planned Funding |
|---------|---|--------------------------------|---|----------------|-----------------|
| 7231 | Abt Associates | Private Contractor | U.S. Agency for International Development | GHCS (State) | 3,050,000 |
| 7232 | Management Sciences for Health | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,200,000 |
| 7234 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 8,436,322 |
| 7235 | ICF Macro | Private Contractor | U.S. Agency for International Development | GHCS (State) | 150,000 |
| 7238 | Measure Evaluation | NGO | U.S. Agency for International Development | GHCS (State) | 1,700,000 |
| 7239 | Mbeya Referral Hospital | Host Country Government Agency | U.S. Department of Defense | GHCS (State) | 6,052,000 |
| 7241 | PharmAccess | Private Contractor | U.S. Department of Defense | GHCS (State) | 5,038,389 |
| 7242 | Central Contraceptive Procurement | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,500,000 |
| 7243 | Deloitte Consulting Limited | Private Contractor | U.S. Agency for International Development | GHCS (State) | 16,893,865 |

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|------|---|--------------------------------|---|--------------|-----------|
| 7244 | Mbeya HIV Network Tanzania | NGO | U.S. Department of Defense | GHCS (State) | 3,526,550 |
| 7245 | Resource Oriented Development Initiatives | NGO | U.S. Department of Defense | GHCS (State) | 1,620,164 |
| 7246 | SONGONET-HIV Ruvuma | NGO | U.S. Department of Defense | GHCS (State) | 1,985,342 |
| 7254 | Mbeya Regional Medical Office | Host Country Government Agency | U.S. Department of Defense | GHCS (State) | 7,043,676 |
| 7256 | Rukwa Regional Medical Office | Host Country Government Agency | U.S. Department of Defense | GHCS (State) | 3,940,676 |
| 7257 | Ruvuma Regional Medical Office | Host Country Government Agency | U.S. Department of Defense | GHCS (State) | 3,750,541 |
| 7287 | SolarAid | NGO | U.S. Agency for International Development | GHCS (State) | 100,000 |
| 7385 | Deloitte Consulting Limited | Private Contractor | U.S. Agency for International Development | GHCS (State) | 0 |
| 7504 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,300,000 |
| 7629 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 9453 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 3,366,990 |
| 9455 | Ministry of Health and Social Welfare, Tanzania | Host Country Government Agency | U.S. Department of Health and Human | GHCS (State) | 1,235,680 |

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|------|---|--------------------------------|---|--------------|-----------|
| | | | Services/Centers for Disease Control and Prevention | | |
| 9595 | National Institute for Medical Research | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,740,000 |
| 9597 | IntraHealth International, Inc | NGO | U.S. Agency for International Development | GHCS (State) | 5,666,259 |
| 9599 | University of Washington | University | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 0 |
| 9614 | American International Health Alliance | NGO | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 2,800,000 |
| 9615 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 2,300,000 |
| 9616 | IntraHealth International, Inc | NGO | U.S. Department of Health and Human Services/Centers for Disease | GHCS (State) | 3,843,000 |

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|------|---|--------------------------------|---|--------------|-----------|
| | | | Control and Prevention | | |
| 9618 | Touch Foundation | NGO | U.S. Agency for International Development | GHCS (State) | 2,000,000 |
| 9619 | Tulane University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 9624 | National AIDS Control Program Tanzania | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,439,432 |
| 9627 | World Health Organization | Multi-lateral Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 9628 | Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 9630 | Ifakara Health Institute | Implementing Agency | U.S. Department of Health and Human | GHCS (State) | 500,000 |



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|------|---|------------|---|--------------|-----------|
| | | | Services/Centers for Disease Control and Prevention | | |
| 9631 | University Computing Center | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 320,000 |
| 9634 | University of California at San Francisco | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 9637 | African Medical and Research Foundation, South Africa | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 300,000 |
| 9638 | Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,100,000 |
| 9639 | Bugando Medical Centre | FBO | U.S. Department of Health and Human Services/Centers | GHCS (State) | 1,634,000 |

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|------|---|--------------------|---|--------------|-----------|
| | | | for Disease Control and Prevention | | |
| 9641 | Association of Public Health Laboratories | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 700,000 |
| 9642 | American Society of Clinical Pathology | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 900,000 |
| 9643 | Clinical and Laboratory Standards Institute | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 700,000 |
| 9644 | The American Society for Microbiology | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 600,000 |
| 9645 | Kikundi Huduma Majumbani | NGO | U.S. Department of Defense | GHCS (State) | 1,511,550 |
| 9652 | PharmAccess | Private Contractor | U.S. Agency for International Development | GHCS (State) | 2,394,277 |

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|------|---|------------|---|----------------------|-----------|
| 9653 | Johns Hopkins University | University | U.S. Agency for International Development | GHCS (State) | 0 |
| 9655 | University of Rhode Island | University | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 9658 | African Wildlife Foundation | NGO | U.S. Agency for International Development | GHCS (State) | 200,000 |
| 9660 | Pact, Inc. | NGO | U.S. Agency for International Development | GHCS (State) | 0 |
| 9665 | Pathfinder International | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 5,100,000 |
| 9666 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Health Resources and Services Administration | Central GHCS (State) | 1,063,792 |
| 9671 | Pastoral Activities & Services for People with AIDS | FBO | U.S. Agency for International Development | GHCS (State) | 3,742,536 |
| 9672 | Selian Lutheran Hospital, Tanzania | FBO | U.S. Agency for International Development | GHCS (State) | 1,875,478 |
| 9673 | Balm in Gilead | FBO | U.S. Department of Health and Human Services/Centers | GHCS (State) | 0 |

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|------|---|--------------------------------|---|--------------|-----------|
| | | | for Disease Control and Prevention | | |
| 9679 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 9681 | National Tuberculosis and Leprosy Control Program | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,040,000 |
| 9683 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 6,639,378 |
| 9684 | Harvard University School of Public Health | University | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 2,765,804 |
| 9685 | Program for Appropriate Technology in Health | NGO | U.S. Agency for International Development | GHCS (State) | 1,950,000 |
| 9691 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Agency for International Development | GHCS (State) | 6,116,830 |
| 9694 | African Medical and Research | NGO | U.S. Agency for International | GHCS (State) | 2,949,000 |

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|------|--|--------------------|---|----------------------|------------|
| | Foundation, South Africa | | Development | | |
| 9695 | University Research Corporation, LLC | Private Contractor | U.S. Agency for International Development | GHCS (State) | 2,200,000 |
| 9702 | Engender Health | Private Contractor | U.S. Agency for International Development | GHCS (State) | 2,110,811 |
| 9706 | US National Institutes of Health | Other USG Agency | U.S. Department of Health and Human Services/National Institutes of Health | GHCS (State) | 450,000 |
| 9728 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 13,782,486 |
| 9739 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Central GHCS (State) | 5,006,215 |
| 9740 | Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Central GHCS (State) | 4,400,000 |
| 9741 | Harvard University | University | U.S. Department | Central GHCS | 6,786,072 |

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|-------|---|--------------------|--|--------------|-----------|
| | School of Public Health | | of Health and Human Services/Health Resources and Services Administration | (State) | |
| 9793 | Mildmay International | NGO | U.S. Agency for International Development | GHCS (State) | 800,000 |
| 9795 | African Palliative Care Association | NGO | U.S. Agency for International Development | GHCS (State) | 300,000 |
| 9798 | Axios Partnerships in Tanzania | NGO | U.S. Agency for International Development | GHCS (State) | 350,000 |
| 9799 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 0 |
| 9801 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10006 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 4,648,286 |
| 10007 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 6,491,125 |
| 10008 | Management Sciences for Health | NGO | U.S. Agency for International Development | GHCS (State) | 1,159,999 |
| 10010 | US National Institutes of Health | Other USG Agency | U.S. Department of Health and Human Services/National Institutes of Health | GHCS (State) | 0 |

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|-------|---|--------------------------------|---|--------------|-----------|
| 10044 | Muhimbili University College of Health Sciences | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 900,000 |
| 10063 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10067 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10070 | Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania | University | U.S. Agency for International Development | GHCS (State) | 3,100,000 |
| 10087 | Tanzania Marketing and Communications Project | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 930,850 |
| 10088 | Drug Control Commission | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 900,000 |
| 10090 | Columbia University | University | U.S. Department of Health and Human Services/Centers | GHCS (State) | 0 |



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|-------|-----------------------------|--------------------|---|--------------|-----------|
| | | | for Disease Control and Prevention | | |
| 10092 | Tanzania Youth Alliance | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 993,000 |
| 10095 | Engender Health | Private Contractor | U.S. Agency for International Development | GHCS (State) | 4,360,000 |
| 10119 | Deloitte Consulting Limited | Private Contractor | U.S. Agency for International Development | GHCS (State) | 5,688,000 |
| 10123 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10130 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 10131 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 10351 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 2,630,000 |

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|-------|-------------------------------------|---------------------|---|--------------|-----------|
| 10807 | The Futures Group International | NGO | U.S. Agency for International Development | GHCS (State) | 2,125,000 |
| 10809 | African Field Epidemiology Network | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 430,000 |
| 10811 | Francois Xavier Bagnoud Center | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 831,500 |
| 10970 | U.S. Department of State | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 150,000 |
| 10973 | Jane Goodall Institute | NGO | U.S. Agency for International Development | GHCS (State) | 200,000 |
| 10989 | Academy for Educational Development | NGO | U.S. Agency for International Development | GHCS (State) | 650,000 |
| 11528 | U.S. Peace Corps | Implementing Agency | U.S. Peace Corps | GHCS (State) | 199,500 |
| 11776 | TBD | TBD | U.S. Department of State/Bureau of African Affairs | Redacted | Redacted |
| 12192 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 2,411,078 |
| 12193 | Africare | NGO | U.S. Department of Health and | GHCS (State) | 1,698,000 |

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|-------|--------------------------------|----------------------|---|--------------|----------|
| | | | Human Services/Centers for Disease Control and Prevention | | |
| 12194 | Northrup Grumman | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 12196 | United Nations Children's Fund | Multi-lateral Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 944,000 |
| 12197 | Fintrac Inc. | Private Contractor | U.S. Agency for International Development | GHCS (State) | 730,000 |
| 12198 | Abt Associates | Private Contractor | U.S. Agency for International Development | GHCS (State) | 461,872 |
| 12199 | TechnoServe | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 12200 | UNAIDS | Multi-lateral Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 100,000 |
| 12201 | TBD | TBD | U.S. Agency for | Redacted | Redacted |

| | | | | | |
|-------|---|------------|---|--------------|-----------|
| | | | International Development | | |
| 12203 | National Alliance of State and Territorial AIDS Directors | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 12204 | CDC Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,180,000 |
| 12205 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12206 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12207 | Manila Consulting Inc | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 12208 | Regents of the University of Minnesota | University | U.S. Department of Health and Human | GHCS (State) | 500,000 |

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|-------|-----------------------------|--------------------|---|--------------|-----------|
| | | | Services/Centers for Disease Control and Prevention | | |
| 12209 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12211 | Johns Hopkins University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 0 |
| 12212 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12213 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12215 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12216 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12217 | Deloitte Consulting Limited | Private Contractor | U.S. Agency for International Development | GHCS (State) | 2,640,000 |
| 12218 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |

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|-------|-----------------------------------|-----|---|--------------|-----------|
| 12220 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 12222 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12223 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12224 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12226 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 12227 | Population Services International | NGO | U.S. Agency for International Development | GHCS (State) | 5,360,000 |
| 12228 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12229 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12230 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12231 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12233 | TBD | TBD | U.S. Department of Health and Human | Redacted | Redacted |

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|-------|----------------------------------|---------------------|---|--------------|-----------|
| | | | Services/Centers for Disease Control and Prevention | | |
| 12234 | TANZANIA COMMISSION FOR AIDS | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 100,000 |
| 12235 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12237 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12238 | Tanzania Interfaith Partnerships | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,630,000 |
| 12239 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12240 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease | Redacted | Redacted |

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|-------|--|------------|---|--------------|------------|
| | | | Control and Prevention | | |
| 12242 | Association of Schools of Public Health | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 550,000 |
| 12245 | University of California at San Francisco | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 650,000 |
| 12246 | Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 12,028,865 |
| 12247 | Harvard University School of Public Health | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 6,822,768 |
| 12248 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and | Redacted | Redacted |

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|-------|---|--------------------------------|---|--------------|----------|
| | | | Prevention | | |
| 12249 | Ministry of Health and Social Welfare, Tanzania | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 12250 | TBD | TBD | U.S. Department of Health and Human Services/Health Resources and Services Administration | Redacted | Redacted |
| 12251 | TBD | TBD | U.S. Department of Health and Human Services/Health Resources and Services Administration | Redacted | Redacted |
| 12253 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12728 | Research Triangle Institute, South Africa | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 650,000 |

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|-------|---|--------------------------------|---|--------------|-----------|
| 12738 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 2,900,000 |
| 12757 | Research Triangle Institute, South Africa | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 650,000 |
| 12758 | Muhimbili University College of Health Sciences | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,350,000 |
| 12795 | General Mills | Private Contractor | U.S. Agency for International Development | GHCS (State) | 150,000 |
| 12810 | Pact, Inc. | NGO | U.S. Agency for International Development | GHCS (State) | 4,200,000 |
| 12818 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,061,379 |
| 12823 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and | GHCS (State) | 2,235,621 |

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|-------|---|------------------|---|--------------|-----------|
| | | | Prevention | | |
| 12827 | Johns Hopkins University | University | U.S. Agency for International Development | GHCS (State) | 7,335,424 |
| 12829 | JHPIEGO | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 948,750 |
| 12855 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 12861 | Africare | NGO | U.S. Agency for International Development | GHCS (State) | 2,900,000 |
| 12906 | Christian Social Services Commission | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 12907 | Regional Procurement Support Office/Frankfurt | Other USG Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 5,431,928 |
| 13013 | American Association of Blood Banks | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 650,000 |
| 13020 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |

| | | | | | |
|-------|---|--------------------------------|---|--------------|-----------|
| 13262 | Ministry of Health and Social Welfare, Tanzania | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,400,000 |
| 13301 | World Education | NGO | U.S. Agency for International Development | GHCS (State) | 2,589,294 |
| 13327 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 13343 | TBD | TBD | U.S. Department of State/Bureau of African Affairs | Redacted | Redacted |
| 13348 | TBD | TBD | U.S. Department of State/Bureau of African Affairs | Redacted | Redacted |
| 13350 | ICF Macro | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,000,000 |
| 13351 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13352 | Winrock International | Private Contractor | U.S. Agency for International Development | GHCS (State) | 200,000 |
| 13353 | AIDSTAR I, Task Order#1 | NGO | U.S. Agency for International Development | GHCS (State) | 455,000 |
| 13355 | Ministry of Health | Host Country | U.S. Department | GHCS (State) | 2,868,000 |

| | | | | | |
|-------|--|-------------------|---|----------|----------|
| | and Social Welfare, Tanzania - Zanzibar AIDS Control Program | Government Agency | of Health and Human Services/Centers for Disease Control and Prevention | | |
| 13359 | TBD | TBD | U.S. Department of Health and Human Services/Health Resources and Services Administration | Redacted | Redacted |
| 13361 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13362 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 13363 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13364 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 13365 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 13518 | TBD | TBD | U.S. Agency for International | Redacted | Redacted |

| | | | | | |
|-------|---|--------------------|---|--------------|------------|
| | | | Development | | |
| 13538 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 13544 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 13552 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 12,220,000 |
| 13553 | Balm in Gilead | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 850,000 |
| 13554 | Foundation for Innovative New Diagnostics | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 321,000 |
| 13555 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |



Implementing Mechanism(s)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7231 | Mechanism Name: Wajibika |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Abt Associates | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 3,050,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 3,050,000 |

Sub Partner Name(s)

| | | |
|-----------------------------|----------|-------------|
| Family Health International | PMO RALG | Technobrain |
|-----------------------------|----------|-------------|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 619,600 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 7231 |
|---------------------------|



| Mechanism Name: Wajibika | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: Abt Associates | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 200,000 | |
| Narrative: | | | |
| <p>Wajibika District Strengthening-Support continuation of a program for improving planning and governance through strengthened programatic and fiscal accountability; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, financing linked to performance, and the critical need for stronger management controls; and develop plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e, HIV/AIDS, PMTCT, MCH, OVC) are implemented in an intergrated and accountable way. Already operational in 8 districts of Iringa and soon expand to additional 10 districts (TBD), with a total of 29 districts reached by the end of FY 2012.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 700,000 | |
| Narrative: | | | |
| <p>1) Continue to strengthen programmatic and fiscal accountabililty in 29 districts over three years; 2) Ensure PMORALG and MOHSW support decentralized social welfare management, effective optimization of resources from various sources, performance based financing and address the critical need for financial control 3) Develop a plan with PMORALG to expand inteventions to other districts to ensure that prioirty programs(i.e.OVC) are implemented in an integrated and accountable way. 4) Initial work in all districts of Iringa is underway and expansion is beginning for the next GOT budget year.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 600,000 | |
| Narrative: | | | |
| <p>- Support continuation of a program for improved planning and governance through strengthened programmatic and fiscal accountability; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, financing linked to performance, and the critical need for stronger management controls; and develop a plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e., HIV/AIDS, PMTCT, MCH, OVC) are implemented in an integrated and accountable way. Already operational in 8 districts in Iringa and soon to expand to additional 10 districts (TBD), with a total of 29 districts reached by the end of FY 2012.</p> | | | |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 1,050,000 | |

Narrative:

Support continuation of a program for improved planning and governance through strengthened programmatic and fiscal accountability; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, performance-based financing, and the critical need for stronger management controls; and develop a plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e., HIV/AIDS, PMTCT, MCH, OVC) are implemented in an integrated and accountable way. Already operational in 8 districts in Iringa and soon to expand to additional 10 districts (TBD), with a total of 29 districts reached by the end of FY 2012.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 500,000 | |

Narrative:

Support continuation of a program for improved planning and governance through strengthened programmatic and fiscal accountability; ensure that PMORALG and the MOHSW support decentralized management, effective optimization of resources from various sources, financing linked to performance, and the critical need for stronger management controls; and develop a plan with PMORALG to expand interventions to other districts to ensure that priority programs (i.e., HIV/AIDS, PMTCT, MCH, OVC) are implemented in an integrated and accountable way. Already operational in 8 districts in Iringa and soon to expand to additional 10 districts (TBD), with a total of 29 districts reached by the end of FY 2012.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7232 | Mechanism Name: ICB |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Management Sciences for Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 1,200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,200,000 |

Sub Partner Name(s)

| | | |
|---------|--|--|
| Innovex | | |
|---------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,200,000 |
|----------------------------|-----------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 7232 | | | |
| Mechanism Name: ICB | | | |
| Prime Partner Name: Management Sciences for Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 1,200,000 | |

Narrative:

Build institutional capacity of local partners, including the MOHSW, that are directly or indirectly funded by HHS to support high-impact, sustainable programs. Support the transition of ownership to the GOT. This will be accomplished by providing targeted assistance to at least five local partners to strengthen their governance, financial management, budget forecasting and reporting systems. Additionally, strengthen partner compliance, control and measurement of program effectiveness and comprehensive monitoring and evaluation systems.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7234 | Mechanism Name: SCMS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 8,436,322 | |
| Funding Source | Funding Amount |
| GHCS (State) | 8,436,322 |

Sub Partner Name(s)

| | | |
|----------------|--|--|
| Not Applicable | | |
|----------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 8,000,000 |
|----------------------------|-----------|

Key Issues

(No data provided.)

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 7234 |
|---------------------------|



| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism Name: | SCMS | | |
| Prime Partner Name: | Partnership for Supply Chain Management | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 3,800,000 | |

Narrative:

This fund supports prime partner general annual operational expenses. The work includes systems strengthening in laboratory, pharmaceutical and procurement logistical systems management. TA is provided to MOHSW, NACP, MSD, implementing partners and individual health facilities.

| | | | |
|-----------------------|--------------------|-----------------------|-----------------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HTXD | 4,636,322 | |

Narrative:

Based on PEPFAR Tanzania's existing pipeline 2011 funding will be used to support the SCMS operations and related ARV quantification, procurement and distribution support activities. Existing pipe line will be used to procure ARV's drugs as negotiated in the Partnership Framework.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7235 | Mechanism Name: MEASURE DHS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: ICF Macro | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 150,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 150,000 |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|--------|
| Gender: Reducing Violence and Coercion | 10,000 |
|--|--------|

Key Issues

- Addressing male norms and behaviors
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- Family Planning

Budget Code Information

| Mechanism ID: 7235 | | | |
|--------------------------------------|-------------|----------------|----------------|
| Mechanism Name: MEASURE DHS | | | |
| Prime Partner Name: ICF Macro | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 150,000 | |

Narrative:

ICF Macro will use the FY 11 funds for dissemination of 2009-10 TDHS at national and zonal levels.

This will be conducted in collaboration with PMI and family planning programs. The FY 11 funding has been reduced by 65% because main activity has been completed.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7238 | Mechanism Name: MEASURE Evaluation |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Measure Evaluation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,700,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,700,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 100,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 7238 Mechanism Name: MEASURE Evaluation Prime Partner Name: Measure Evaluation | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 100,000 | |



| Narrative: | | | |
|---|-------------|----------------|----------------|
| This will be one off funding to Measure Evaluation to facilitate Data Quality Assessments for USG Tanzania Implementing partners. The activity is National | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 400,000 | |
| Narrative: | | | |
| 1) Provide technical assistance to DSW and strengthen the capacity of M&E through the national network. 2) Support TASAF for Conditional Cash Transfer Evaluation. 3) Roll out national OVC services tracking tools | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 1,200,000 | |
| Narrative: | | | |
| MEASURE Evaluation will conduct DQA to 15 USAID partners, build and strengthen their capacity. | | | |
| The funds will help capacitate one local NGO that will carry out future DQA activities | | | |
| Funding for this activity has been maintained from FY10. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7239 | Mechanism Name: MRH |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Mbeya Referral Hospital | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 6,052,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 6,052,000 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---------------------------------|---------|
| Construction/Renovation | 77,000 |
| Food and Nutrition: Commodities | 23,000 |
| Human Resources for Health | 264,000 |

Key Issues

- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 7239 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: MRH | | | |
| Prime Partner Name: Mbeya Referral Hospital | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 555,000 | |
| Narrative: | | | |
| Mbeya referral hospital is the main referral facility providing tertiary care in the Southern zone of Tanzania. With these funds Mbeya referral will provide facility based care services which includes intergration of positive prevention services, supporting nutritional assessment and counseling in all supported facilities as well as to improve linkages with other services and facilities in Mbeya region and | | | |



| other Southern zone regions. | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 2,975,000 | |
| Narrative: | | | |
| Focus on quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in Mbeya Referral Hospital for the Southern Zone and currently covers 5,377 patients on treatment. \$100,000 additional funds have been moved from PLHA to strengthen integration of peer education (PE) activities within ART services. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 74,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Mbeya Referral Hospital. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 396,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Mbeya | | | |

| with the aim of enrolling 197 new children on ART. | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | CIRC | 1,242,000 | |
| Narrative: | | | |
| Expansion of MC support in Mbeya region. Partner will work with Mbeya RMO to expand MC in Mbeya region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 665,000 | |
| Narrative: | | | |
| <ul style="list-style-type: none"> i. HIV drug resistance testing (\$250, 000) ii. Mentorship of 2 selected district labs for SLMTA @ \$10,000 per lab iii. ISO accreditation for MRH iv. Training of 4 equipment technician with each technician trained on one specific equipment. One technician from each region except Mbeya region which already has trained equipment technicians (\$10,000 per technician) | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 145,000 | |
| Narrative: | | | |
| <p>Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling in HIV care would present signs and symptoms of advanced HIV diseases and diagnosing TB among this group is difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, the TB Laboratory in Mbeya Referral Hospital will use MIGT and a Line Probe Assay for patients present in HIV Care with advanced HIV diseases. Services will be provided in Mbeya Referral Hospital and surrounding regions. (Rukwa, Mbeya, Ruvuma, Iringa & Tabora). MIGT and Line Probe Assay reagents at a cost of \$ 261,520 will be purchased by SCMS. Clinical SRU agreed that funds for procurement of these reagents will come from SCMS.</p> | | | |

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 7241 | Mechanism Name: PAI-DOD |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: PharmAccess | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 5,038,389 | |
| Funding Source | Funding Amount |
| GHCS (State) | 5,038,389 |

Sub Partner Name(s)

| | | |
|---------------------------------|--|--|
| Tanzania Peoples Defence Forces | | |
|---------------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Construction/Renovation | 270,000 |
| Food and Nutrition: Commodities | 150,000 |
| Gender: Reducing Violence and Coercion | 240,000 |
| Human Resources for Health | 800,000 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities



Military Population
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning

Budget Code Information

| Mechanism ID: 7241 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: PAI-DOD | | | |
| Prime Partner Name: PharmAccess | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 505,000 | |
| Narrative: | | | |
| PharmAccess will provide facility based care services including the intergration of positive prevention services, supporting nutritional assessment and counseling in all Tanzania Peoples' Defense Forces (TPDF) facilities as well as to improve linkages with other services. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 150,000 | |
| Narrative: | | | |
| 1) Provide quality care services and support for 400 Orphans and Vulnerable Children of Military Personnel in barracks surrounding TPDF hospitals in operational regions. 2)Link older OVC with lifeskills and economic strengthening opportunities in Mbeya region. 3)Work with the social welfare officer to support the re-intergration of children with their families in Mbeya region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 2,025,000 | |
| Narrative: | | | |
| Focus on quality HIV services at existing sites in the eight military hospitals in the country. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through the central procurement mechanism, capacity building of local partners in financial accountability, technical support, program oversight and | | | |

M&E. Funds will also be used for facilities and community linkages. PharmAccess works in eight regions; Dar es Salaam, Morogoro, Mwanza, Arusha, Singida, Mara, Tanga and another region, and currently covers patients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 700,000 | |

Narrative:

Continue CT services at 8 TPDF hospitals & 10 health centres, and initiate CT services at 10 health centres. Retrain a total of 164 clinicians, nurse-counselors, lab technicians and pharmacists. Refurbish 3-4 counseling rooms for the 10 new sites and maintenance at the 8 hospitals and 15 already active satelites sites. Provide condoms & STI drugs and training for nurse-counselors from each CT site for home visits, and organize HIV/AIDS sensinstization campaign. Advocate CT post-test clubs, organize home visits and home-base care services. 60k taken away as part contribution to PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 54,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in military settings in Tanzania.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 216,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community

mobilization, and updating of tools for tracking and retention. These activities will take place within military settings in Tanzania with the aim of enrolling 452 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 150,000 | |

Narrative:

Continuation of support to maintain MC services for both military and civilian populations at selected facilities sites in Mbeya and the Makambako military site in Iringa.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 240,000 | |

Narrative:

Continue to support provision of 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. Address GBV, male involvement and issues around alcohol.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 286,200 | |

Narrative:

PharmAccess will adapt and distribute IEC and life skills materials obtained from the UN and other African military program by a dedicated TPDF taskforce. Execute prevention programs targeting high-risk behavior. Strengthen PWP. Distribute condoms and include prevention education as part of counseling and testing services at post/camp treatment clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 519,189 | |

Narrative:

Implement PMTCT and improve MCH services (see PF package): The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:-

- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs
- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package



- (5) Having the partner complement Newborn Health package.
- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system
- (9) Strengthening M&E systems to track and document the impact of the PMTCT program
- (10) Providing training and improving retention rates of health care workers
- (11) Strengthening and expanding interventions to improve maternal and child survival
- (12) Supporting new activities such as Cervical cancer screening
- (13) Creating community demand

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 193,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV diseases and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, PAI-DOD will coordinate transportation of sputum and/or blood samples to CTRL or Mbeya Referral Hospital for Liquid culture and LPAs. PAI-DOD should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. The services will continue being provided in the TPDF and National service.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7242 | Mechanism Name: condom procurement |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Central Contraceptive Procurement | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 1,500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Family Planning

Budget Code Information

| | | | |
|---|-----------------------------------|-----------------------|-----------------------|
| Mechanism ID: | 7242 | | |
| Mechanism Name: | condom procurement | | |
| Prime Partner Name: | Central Contraceptive Procurement | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 1,500,000 | |
| Narrative: | | | |
| Increase purchase male and female condoms for social marketing program. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 7243 | Mechanism Name: Fac Based |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Deloitte Consulting Limited | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 16,893,865 | |
| Funding Source | Funding Amount |
| GHCS (State) | 16,893,865 |

Sub Partner Name(s)

| | | |
|--|-------------------------------|---------------------------------|
| Allamano Health Centre | Bahi District Council | Berega Hospital |
| Bulongwa Lutheran Hospital | Chamwino District Council | Consolata Hospital Ikonda |
| Dodoma Municipal Council | Dodoma Regional Hospital | ELCT Central Diocese of Singida |
| Iambi Lutheran Hospital | Iguguno Health Center | Ilembula Lutheran Hospital |
| Ilula Lutheran Hospital | Iramba District Council | Iringa District Council |
| IRINGA MUNICIPAL COUNCIL | Iringa Regional Hospital | Kidugala Health Centre |
| Kilimatinde Hospital | Kilolo District council | Kilombero District Council |
| Kilombero Sugar Company (ILOVO) Hospital | Kilosa District Council | Kilosa District Hospital |
| Kiomboi District Hospital | Kipengele Health Center | Kondoa District Hospital |
| Kondoa District Council | Kongwa District Council | Kongwa District Hospital |
| Kyengege Mission Dispensary | Ludewa District Council | Ludewa District Hospital |
| Lugala Lutheran Hospital: | Lugoda Tea Estate Hospital | Luponde Health Center |
| Madunda Health Center | Mafinga District Hospital | Mahenge District Hospital |
| Makete District council | Makete District Hospital | Makiungu Hospital |
| Makole Health centre | Manyoni District Council | Manyoni District Hospital |
| Mdabulo Health Centre | Migori Health Centre | Mirembe Referral Hospital |
| Mitundu Health Center | Morogoro District Council | Morogoro Municipal Council |
| Morogoro Regional Hospital | Mpwapwa District Council | Mpwapwa District Hospital |
| Mtandika Health Centre | Mtibwa Sugar Estates Hospital | Mufindi District Council |



| | | |
|---------------------------|-------------------------------------|---|
| Mvomero District Council | Mvumi Mission Hospital | Mzumbe University Health Centre |
| Njombe Town Council | NJOMBE DISTRICT COUNCIL | Njombe District Hospital |
| Nyololo Health Centre | Pangawe Sisal Dispensary | Pomerini Health Centre |
| RC Diocese of Mahenge | RC Morogoro Diocese | Riziki Maternity Home Care |
| Shalom Medical Centre | Singida District Council | Singida Municipal Council |
| Singida Regional Hospital | Sokoine University Mazimbu Hospital | St Gasper-Itigi Hospital |
| St John Hospital Lugarawa | St Luke Hospital Milo | St. Carolus Hospital |
| St. Francis DDH Ifakara | St. Gemma Health Centre | St. Kizito Mikumi Hospital |
| Tanwat Hospital | Tosamaganga DDH | Total contracted sites for Morogoro => 22 |
| Turiani mission Hospital | Ulanga District Council | University of Dodoma (UDOM) HC |
| Usokami Health Centre | Village of Hope | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|-----------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 67,500 |
| Human Resources for Health | 1,892,800 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing women's legal rights and protection
 Malaria (PMI)
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

| Mechanism ID: 7243 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Fac Based | | | |
| Prime Partner Name: Deloitte Consulting Limited | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,780,000 | |
| Narrative: | | | |
| Deloitte will provide facility based care services which include the integration of the Positive Prevention services. Deloitte will support nutritional assessment and counseling in all supported facilities as well as improve linkages with other services, including home based care in the following regions: Morogoro, Dodoma, Iringa, and Singida. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 10,130,000 | |
| Narrative: | | | |
| Maintain high quality HIV services at existing sites by the reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provision of service delivery and technical assistance to the identified local partner in an effort to transition ART services in the regions. Focus more on clinical mentorship, supportive supervision and adherence to consolidation of in-service ART trainings in the zonal training centers. Partner works in Morogoro, Singida, Iringa and Dodoma and currently covers 40,508 patients. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 228,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: (1) Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; (2) provide nutrition assessment, counseling and support (3) provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's) (4) provide palliative care and psychosocial support. These funds will also be used to improve Linkages to Community Based Care including: under 5 community-based child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization, and updating tools for tracking and retention of children on treatment and | | | |



capacity building for sustainability. Also, continue capacity building and provision of technical assistance to the identified local partner as a way towards transitioning of Pediatric ART service delivery in the regions. These activities will take place in Iringa, Dodoma, Morogoro and Singida.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 987,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Iringa, Dodoma, Singida and Morogoro with the aim of enrolling 3391 new children on ART. \$100,000 in additional funds have been added in Iringa region for strengthening referrals and linkages due to a high ANC prevalence.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 3,378,865 | |

Narrative:

The program will implement PMTCT and improve MCH services (see PF package): The PF funds will support the scaling-up of quality PMTCT services by (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services, point of care CD4 testing and staging will be introduced and linkages to other health and community programs strengthened, (2) Supporting PMTCT-ART Integration, (3) Deloitte will complement FP and Focused Antenatal Care (FANC) services in particular training and provision of equipment. (4) Tunajali will also complement Emergency Obstetric Care (EmOC) and Newborn Health package to ensure that comprehensive quality services are provided.

Other areas of support will include (5) EID transportation of samples including DBS and sending back the results to the clients. (6) Improving infrastructure through renovation, (7) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system, (8) Strengthening M&E systems to track and document the impact of the PMTCT program, (9) Providing training and improving retention rates of health care workers, and (10) Strengthening and expanding interventions to improve maternal and child survival, (11) Initiating support of new activities such as Cervical cancer



screening. (12) Addressing community needs through community health workers and creating demand for PMTCT services. The program will also participate in tracking and monitoring effectiveness of the PMTCT interventions through evaluations and surveys.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 50,000 | |

Narrative:

Mentorship towards WHO accreditation of 5 district labs (\$10,000 per lab)

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 340,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, the implementing partner (IP) will coordinate transportation of sputum and/or blood samples to CTRL /MRH for Liquid culture and LPAs. The IP should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. The IP will participate in the pilot and subsequent scale up of the Three I's. Deloitte will continue to provide services in the 4 regions (Iringa, Dodoma, Singida, and Morogoro)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 7244 | Mechanism Name: MHN |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Mbeya HIV Network Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 3,526,550



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 3,526,550 |

Sub Partner Name(s)

| | | |
|---|---|--|
| ANGLICAN CHURCH OF TANZANIA DIOCESE OF SOUTHERN HIGHLANDS | CARITAS MBEYA | CHUNYA SELF DEVELOPMENT ORGANIZATION |
| EVANGELICAL LUTHERAN CHURCH OF TANZANIA KONDE DIOCESE (ELCT - LCCB) | HOSANA ORPHANS, WIDOWS AND STREET CHILDREN CENTER (HOSSANA) | Igogwe Roman Catholic Mission Hospital |
| IRINGA RESIDENTIAL AND TRAINING FOUNDATION (IRTF) | JOHN HUS MORAVIAN | MBOZI MORAVIAN HOSPITAL |
| OAKTREE TANZANIA | PROMOTERS OF HEALTH DEVELOPMENT ASSOCIATION (PHEDEA) | Serve Tanzania (SETA) |
| SHDEPHA+ MBARALI | SHDEPHA+ MBEYA | SHDEPHA+ MBOZI |
| SHIRIKA LISILOKUWA LA KISERIKALI LA KUHUDUMIA AKINA MAMA WAJAWAZITO WENYE MAAMBUKIZI YA VVU MAJUMBANI (SKMAVMM) | TANZANIA ASSEMBLIES OF GOD (TAG) | THE MANGO TREE ORPHAN SUPPORT TRUST (MANGO TREE) |
| UMOJA SOCIAL SUPPORT AND COUNSELING ASSOCIATION (USACA) | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 35,266 |
| Economic Strengthening | 480,000 |
| Education | 232,106 |



| | |
|---|---------|
| Food and Nutrition: Commodities | 500,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 250,000 |
| Gender: Reducing Violence and Coercion | 35,266 |
| Human Resources for Health | 138,000 |
| Water | 17,633 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population
- Safe Motherhood

Budget Code Information

| Mechanism ID: 7244 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: MHN | | | |
| Prime Partner Name: Mbeya HIV Network Tanzania | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,000,000 | |
| Narrative: | | | |
| Maintain and strengthen quality and efficient Home-Based Care (HBC) services with an increased focus on Prevention with Positive (PwP) in the area covered by MHNT in Mbeya region. MHN will continue to support the Local Governemtn Authorities (LGA) to roll out the national Recording and Reporting System (RRS) and improve linkages with other services and (LGA). MHNT with their partners will focus on prevention and improving the health of People living with HIV/AIDS, link them to the nutrition counseling, food support and Income Generative Activities groups. MHN will also strengthen integration at community and district level which will facilitate the sustainability of LGA. MHN implements programs in Mbeya region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Care | HKID | 1,400,000 | |
| Narrative: | | | |
| 1) Support transition of OVC from PACT to provide quality, sustainable and coordinated OVC services in Mbeya region. 2) Support economic strengthening to enhance household capacity to care for OVC in Mbeya region. 3) Capacity building and strengthening of CBOs, MVCC and LGAs in Mbeya region to support OVC in the region | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 230,000 | |
| Narrative: | | | |
| Continue static & mobile CT services in all 8 districts in Mbeya region. Train counselors. Integrate CHCT into other CT service delivery. Continue with community sensitization on HIV testing. Improve linkages and network with other stakeholders for care continuum. Integrate BMI into CT delivery systems. Strengthen quality of CT services through refresher trainings and professional supervision. Continue with CT services with more campaigns for couple counselling. Strengthen risk reduction counselling to most at risk groups in Mbeya region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 450,000 | |
| Narrative: | | | |
| Focus on key drivers of epidemic such as alcohol reduction, multiple concurrent partnerships, and GBV and gender norms, transactional and cross generational sex in all 8 districts through the use of sub partners and LGAs. Encourage abstinence and fidelity in all 8 districts. MHNT will contribute to the implementation of Combination Prevention in Mbeya. Strengthen collaboration and coordination with LGAs structures for implementation of quality AB activities. Train peer educators for AB activities. Strengthen quality recording and reporting for AB activities. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 446,550 | |
| Narrative: | | | |
| MHNT will continue to improve condom outlets in Ileje and Chunya districts with improved quality of services. This project will address discordant couples, use of condoms, and reduction of partners outside of marriage. It will also build the capacity of LGA to coordinate and implement OP activities in 4 districts in the Mbeya region, and it will train peer educators on other prevention activities. | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7245 | Mechanism Name: RODI |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Resource Oriented Development Initiatives | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,620,164 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,620,164 |

Sub Partner Name(s)

| | | |
|--|---|--|
| ANGLICAN CHURCH OF TANZANIA – RUKWA | CARITAS KAREMA | MPANDA SOCIETY FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS (MPASOPHA) |
| POST TEST SOCIETY. (POTESO) | RUNGWA FISHERIES AND MARKETING SOCIETY(RUFIMA) | SERVICE, HEALTH AND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS (SHDEPHA+ – KIRANDO) |
| SERVICE, HEALTH ND DEVELOPMENT FO PEOPLE LIVING POSITIVELY WITH HIV/AIDS (SHDEPHA+ - MPANDA) | SERVICE, HEALTH ND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – SUMBAWANGA (SHDEPHA+ - MATAI) | SERVICE, HEALTH ND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS – SUMBAWANGA (SHDEPHA+ - SUMBAWANGA) |
| SERVICE, HELTH AND DEVELOPMENT FOR PEOPLE LIVING POSITIVELY WITH HIV/AIDS (SHDEPHA+ – NKASI) | THE LIFE HOOD CHILDREN AND DEVELOPMENT SOCIETY (LICHIDE) | USEVYA DEVELOPMENT SOCIETY (UDES0) |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Construction/Renovation | 16,202 |
| Economic Strengthening | 220,342 |
| Education | 105,311 |
| Food and Nutrition: Commodities | 226,823 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 113,411 |
| Gender: Reducing Violence and Coercion | 16,202 |
| Human Resources for Health | 64,807 |
| Water | 8,101 |

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Mobile Population

Budget Code Information

| | | | |
|---|---|-----------------------|-----------------------|
| Mechanism ID: | 7245 | | |
| Mechanism Name: | RODI | | |
| Prime Partner Name: | Resource Oriented Development Initiatives | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 474,991 | |
| Narrative: | | | |
| Maintain and strengthen quality Home-based Care (HBC) services with an increased focus on targeting children in the all districts of Rukwa region. RODI will accomplish this through sub-grantee mechanisms | | | |

with local CSOs and NGOs.

- With the increase resources in FY2010, RODI will integrate Prevention with Positives (PwP) services into the programs including facilitating logistics distribution and storage for PwP related commodities in Rukwa region, and will support the LGAs in the roll out plan for the National recording and reporting system for HBC.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 190,000 | |

Narrative:

1) Provision of quality, sustainable and coordinated OVC services in Rukwa Region. 2) Support economic strengthening to enhance household capacity to care for OVC in Rukwa region. 3) Capacity building and strengthening of local CBOs, MVCC and LGAs in Rukwa to support OVC

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 215,010 | |

Narrative:

Continue to offer quality static & mobile CT services in all 4 districts in Rukwa region. Train counselors. Integrate CHCT into other CT service deliveries. Continue with community sensitization on HIV testing. Improve linkages and network with other stakeholders for care continuum. Integrate BMI into CT delivery systems. Strengthen quality of CT services through refresher trainings and professional supervision. Strengthen HIV programs at workplaces. Integrate BCC into CT services delivery systems. \$20,000 has been deducted as contribution towards PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 361,587 | |

Narrative:

Community capacity building which addresses epidemic drivers. Encourage abstinence and fidelity in Rukwa. RODI will use the increased 184,695 for AB to focus on transactional and cross generation sex, GBV, MCP and alcohol reduction in Rukwa region. Strengthen data collection and quality recording and reporting. Strengthen collaboration with LGAs in coordination and implementing AB activities in Rukwa. RODI will implement these activities in collaboration with sub-partners and LGAs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 378,576 | |

Narrative:



Continue community sensitization on the correct and consistent use of condoms, ensure availability of and promotion of female condoms. Train peer educators on OP in Mpanda, Nkasi and Sumbawanga rural and urban communities. Focus on transactional sex in urban communities. Establish other condom outlets in rural areas (Muze, Matai, Majimoto). RODI will use the additional \$184,695 for OP activities in remote and fishing communities around Rukwa and Tanganyika lake shores. Integrating BCC into condom outlets. Build capacity of LGA to coordinate and implement OP activities in 4 districts in Rukwa region.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 7246 | Mechanism Name: SONGONET |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: SONGONET-HIV Ruvuma | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,985,342 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,985,342 |

Sub Partner Name(s)

| | | |
|--|----------------------------|---|
| HEALTH DEVELOPMENT FOUNDATION (HEDEFO) | NIA NJEMA NEEDY FOUNDATION | PERAMIHO MISSION HOSPITAL |
| RUVUMA ORPHANS ASSOCIATION (ROA) | SHDEPHA+ SONGEA | SOCIETY FOR WOMEN AND AIDS IN AFRICA AND SELF HELP DEVELOPMENT COMMUNITY (SWAAT/SEDECO) |
| WALIO KATIKA MAPAMBANO NA UKIMWI TANZANIA (WAMATA) | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Construction/Renovation | 19,853 |
| Economic Strengthening | 270,007 |
| Education | 129,047 |
| Food and Nutrition: Commodities | 277,948 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 138,974 |
| Gender: Reducing Violence and Coercion | 19,853 |
| Human Resources for Health | 79,414 |
| Water | 9,927 |

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Mobile Population

Budget Code Information

| | | | |
|---|---------------------|-----------------------|-----------------------|
| Mechanism ID: | 7246 | | |
| Mechanism Name: | SONGONET | | |
| Prime Partner Name: | SONGONET-HIV Ruvuma | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 492,249 | |
| Narrative: | | | |
| <ul style="list-style-type: none"> • Maintain and strengthen quality and efficient Home-based Care (HBC) services with an increased focus on Prevention with Positive (PwP) in the area covered by SONGONET in Ruvuma region. SONGONET | | | |

| <p>will continue to support the Local Government Authorities (LGA) to roll out the national RRS and improve linkages with other services and LGAs.</p> <ul style="list-style-type: none"> • SONGONET with their partners will focus on prevention and improving the health of People living with HIV/AIDS, link them to the Nutrition counseling, food support and Income Generative Activities groups. Also SONGONET will strengthen integration at community and district level which will facilitate the sustainability of LGA. | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 600,000 | |
| Narrative: | | | |
| 1) Provision of quality, sustainable and coordinated OVC services in Ruvuma Region. 2) Support economic strengthening to enhance household capacity to care for OVC in Ruvuma region. 3) Capacity building and strengthening of local CBOs, MVCC and LGAs in Ruvuma to support OVC | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 205,000 | |
| Narrative: | | | |
| Continue quality static & mobile CT services in all 5 districts in Ruvuma region. Train counselors. Integrate CHCT into other CT service delivery. Cont with community sensitization on HIV testing. Improve linkages and network with other stakeholders for care continuum. Strengthen quality CT services. Refresher trainings, Improve data collection, recording and reporting. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 355,906 | |
| Narrative: | | | |
| Community capacity building on addressing epidemic drivers. Encourage abstinence and being faithful in Ruvuma. SONGONET will use the increased funds (184,695 for AB) to focus cross generation sex, GBV, MCP and alcohol reduction in Ruvuma. region. Strengthen data collection and quality recording and reporting. Strengthen collaboration with LGAs in coordination and implementing AB activities in Ruvuma. SONGONET will implement these activities in collaboration with sub-partners. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 332,187 | |
| Narrative: | | | |
| Continue promotion and distribution of condoms. Improve quality of services by training providers, and | | | |



adding more outlets. Increase demand and ensure availability of female condoms in all 5 districts (Ruvuma). Participate in public events for OP messages dissemination. SONGONET will use the additional \$184,695 to strengthen services in fishing and mining communities and other populations at high risk, collaborate with LGAs and other stakeholders in prevention activities, and strengthen OP interventions among mining populations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7254 | Mechanism Name: MRMO |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Mbeya Regional Medical Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 7,043,676 | |
| Funding Source | Funding Amount |
| GHCS (State) | 7,043,676 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 142,370 |
| Human Resources for Health | 515,380 |

Key Issues



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

Budget Code Information

| Mechanism ID: 7254 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: MRMO | | | |
| Prime Partner Name: Mbeya Regional Medical Office | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 700,000 | |
| Narrative: | | | |
| Mbeya regional medical office (RMO) will coordinate and provide facility based care services in all facilities in the region where care and treatment programs are set up. This will include the intergration of positive prevention services supporting nutritional assessment and counseling. Mbeya RMO will support improving linkages of facilities with other services including home based care in Mbeya region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 4,325,000 | |
| Narrative: | | | |
| Maintain quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in eight districts and currently covers 24,000 patients on treatment. Many efforts are taken in the TB/HIV and prevention program including PITC and PMTCT, therefore, we expect an increase in the number of new HIV positive patients referred to existing Care and Treatment Clinics. Additional funds will be used to support passive growth of approximately 500 new patients coming to existing care and treatment clinics managed by Mbeya Region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 80,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Mbeya.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 520,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Mbeya with the aim of enrolling 2174 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,225,676 | |

Narrative:

Implement PMTCT and improve MCH services (see PF package): The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:-

- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs
- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package
- (5) Having the partner complement Newborn Health package.
- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-



related equipment, drugs and supplies through a central procurement system

(9) Strengthening M&E systems to track and document the impact of the PMTCT program

(10) Providing training and improving retention rates of health care workers

(11) Strengthening and expanding interventions to improve maternal and child survival

(12) Supporting new activities such as Cervical cancer screening

(13) Creating community demand

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 193,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, Mbeya RMO will coordinate transportation of sputum and/or blood samples to Mbeya referral Hospital for Liquid culture and LPAs. The reagents for these tests will be procured by SCMS. Mbeya RMO should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. Mbeya RMO will participate in the pilot and subsequent scale up of Three I's. Service will continue being provided in Mbeya region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7256 | Mechanism Name: RKRMO |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Rukwa Regional Medical Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 3,940,676 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 3,940,676 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 88,530 |
| Human Resources for Health | 337,700 |

Key Issues

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

Budget Code Information

| Mechanism ID: 7256 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: RKRMO | | | |
| Prime Partner Name: Rukwa Regional Medical Office | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 285,000 | |
| Narrative: | | | |
| Rukwa regional medical office (RMO) will coordinate and provide facility-based care services in all facilities in the region where care and treatment programs are set up. This will include the intergration of positive prevention services supporting nutritional assessment and counseling. Rukwa RMO will support improving linkages of facilities with other services including home based care in Rukwa region. | | | |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 1,550,000 | |

Narrative:

Maintain quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in four district and currently covers 5,817 patients on treatment. Many efforts are taken in TB/HIV and prevention program including PITC and PMTCT, therefore, we expect an increase in the number of new HIV positive patients referred to existing care and treatment clinic. Additional funds will be used to support passive growth of approximately 400 new patients coming to existing Care and treatment clinics managed by Rukwa.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 38,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Rukwa.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 402,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Rukwa

with the aim of enrolling 415 new children on ART. \$100,000 in additional funds will be added for strengthening referrals and linkages due to a high ANC prevalence.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 300,000 | |

Narrative:

Continuation of MC support in Rukwa

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,225,676 | |

Narrative:

Rukwa has 5 districts and an HIV prevalence of 7.2%. The PMTCT site coverage is 65%. The IP will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 140,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present with signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, Rukwa RMO will coordinate transportation of sputum and/or blood samples to Mbeya referral Hospital for Liquid culture and LPAs. Rukwa RMO will participate in the pilot and subsequent scale up of Three I's. Service will continue being provided in Rukwa region

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 7257 | Mechanism Name: RRMO |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Ruvuma Regional Medical Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 3,750,541 | |
| Funding Source | Funding Amount |
| GHCS (State) | 3,750,541 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 91,710 |
| Human Resources for Health | 328,210 |

Key Issues

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

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 7257 |
|---------------------------|



| Mechanism Name: RRMO | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: Ruvuma Regional Medical Office | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 300,000 | |
| Narrative: | | | |
| Ruvuma regional medical office (RMO) will coordinate and provide facility-based care services in all facilities in the region where care and treatment programs are set up. This will include the intergration of positive prevention services supporting nutritional assessment and counseling. Ruvuma RMO will support improving linkages of facilities with other services including home based care in Ruvuma region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 1,950,000 | |
| Narrative: | | | |
| Maintain quality HIV services at existing sites and scaling up to cover private hospitals and previously underserved areas. This will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, Capacity building to local partners in financial accountability, technical support, program oversight and M&E. Partner works in five district and currently covers 11,884 patients on treatment. Due to ongoing efforts in TB/HIV and prevention program including PITC and PMTCT we expect an increase in number of new HIV positive patients refered to existing Care and Treatment Clinic. Additional funds will be used to support passive growth of approximately 450 new patients coming to existing care and treatement clinics managed by Ruvuma. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 40,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Ruvuma. | | | |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 260,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Ruvuma with the aim of enrolling 643 new children on ART. \$100,000 will be added for strengthening referrals and linkages due to high ANC prevalence.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,090,541 | |

Narrative:

Implement PMTCT and improve MCH services (see PF package): The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:-

- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs
- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package
- (5) Having the partner complement Newborn Health package.
- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system
- (9) Strengthening M&E systems to track and document the impact of the PMTCT program
- (10) Providing training and improving retention rates of health care workers
- (11) Strengthening and expanding interventions to improve maternal and child survival
- (12) Supporting new activities such as Cervical cancer screening
- (13) Creating community demand

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|---|------|---------|--|
| Treatment | HVTB | 110,000 | |
| Narrative: | | | |
| <p>Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present with signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, Ruvuma RMO will coordinate transportation of sputum and/or blood samples to Mbeya referral Hospital for Liquid culture and LPAs. Ruvuma RMO will comply with M&E of TB/HIV collaborative services to ensure that TB screening and recording in the TB screening questionnaire and CTC2 is happening throughout the supported sites. Ruvuma RMO will participate in the pilot and subsequent scale up of Three I's. Service will continue being provided in Ruvuma region.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7287 | Mechanism Name: SolarAid - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: SolarAid | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 100,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 100,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|------------------------|---------|
| Economic Strengthening | 100,000 |
|------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 7287 | | | |
|---------------------------------------|-------------|----------------|----------------|
| Mechanism Name: SolarAid - PPP | | | |
| Prime Partner Name: SolarAid | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 100,000 | |

Narrative:

This activity will build on the ongoing activity with Solar-AID funded through the ART group to install solar power to remote health facilities. Using these funds, Solar-AID will expand the PPP to include promotion, assembly and distribution of micro-solar technology for charging mobile phones and portable light for PLHIV support and service providers as part of IGA. This activity will link with the National TA activity on ES. Solar-AID will implement these activities in Iringa and Mbeya.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7385 | Mechanism Name: IQC BPE |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Deloitte Consulting Limited | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 7385 | | | |
| Mechanism Name: IQC BPE | | | |
| Prime Partner Name: Deloitte Consulting Limited | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---------------------------|-----------------------------|
| Mechanism ID: 7504 | Mechanism Name: SCMS |
|---------------------------|-----------------------------|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,300,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,300,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---------------------------------|-----------|
| Food and Nutrition: Commodities | 1,300,000 |
|---------------------------------|-----------|

Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities
 Safe Motherhood

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 7504 | | |
| Mechanism Name: | SCMS | | |
| Prime Partner Name: | Partnership for Supply Chain Management | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Care | HBHC | 950,000 | |
|--|-------------|----------------|----------------|
| Narrative: | | | |
| These resources will be used for procurement of nutrition food supplements (fortified blended flour, RUTF and F-100, and micronutrients) to support the NACS program. In FY2011 the program will expand to not less than 40 sites and integrate the private sector supply chain model prioritizing larger facilities with a higher case load in close by facilities to the current NACS sites and in regions where the social marketing is functional. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 350,000 | |
| Narrative: | | | |
| 1) National Procurement and Distribution of Food and Nutritional Commodities for HIV+ /exposed and malnourished OVCs. 2) Link USG supported FBP facilities with Community's OVC programs to access food and nutritional support to vulnerable OVCs. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7629 | Mechanism Name: Warehouse Construction |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|----------|
| Construction/Renovation | Redacted |
|-------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 7629 Mechanism Name: Warehouse Construction Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | Redacted | Redacted |

Narrative:

Prime partner SCMS performs most of USG warehouse improvements and systems updates but are contractually prohibited from doing construction. These funds are used to provide local construction support to SCMS in order to complete required warehouse systems upgrades.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9453 | Mechanism Name: MAISHA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 3,366,990 | |
| Funding Source | Funding Amount |
| GHCS (State) | 3,366,990 |

Sub Partner Name(s)

| | | |
|------|--|--|
| None | | |
|------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,720,347 |
|----------------------------|-----------|

Key Issues

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

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9453 | | | |
| Mechanism Name: MAISHA | | | |
| Prime Partner Name: JHPIEGO | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 150,000 | |
| Narrative: | | | |
| This activity used to be in support of cervical cancer screening through care and treatment program in Morogoro region. For FY 2011 all cervical cancer sreening will be funded through MTCT budget code. In | | | |

FY 2011 \$150,000 will buy into the ongoing pilot for Community Health Workers (CHW) reproductive health program to train and support them to provide Community home-based care (HBC). CHW is a known cadre in the Tanzania health delivery system which is now being revived, this activity will provide us with information on potential to utilize the CHW as community service providers on HIV/AIDS home based services. This is a critical factor for sustainability and transitioning of these programs to Tanzania government and other local entities. This money will be provided to JHPIEGO to expand on this pilot in Morogoro and Iringa regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 600,000 | |

Narrative:

JHPIEGO will carry out curriculum revision, faculty development, equipment procurement, and medical council support for medical officers. Will provide technical input to ITECH on curriculum revision related to MCH and faculty development activities for AMOs. Will build the capacity of nursing faculty in the assigned regions. Will provide additional skills labs for nursing and medical schools. Will continue to work with MOHSW to develop core CHW trainers, supervision system and curriculum with technical input from Pangea/MUHAS on the HIV/AIDS components of community work.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMIN | 332,669 | |

Narrative:

Continuation of support for integration and implementation of IPC in Reproductive and Child Health Services(RCHS) in regional and district hospitals.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 2,284,321 | |

Narrative:

JHPIEGO has supported the MOHSW in setting up a cervical cancer prevention program by developing service delivery guidelines and developing monitoring tools. At the RCHS, the ministry has formed an advisory committee that advises the government in areas of management, advocacy, service delivery, prevention etc.

JHPIEGO also piloted a cervical cancer screening program using the see and treat visual inspection method with acetic acid in Morogoro.

In Morogoro, JHPIEGO piloted the use of Community Health Workers in strengthening PMTCT facility-



community linkages and address missed opportunities in PMTCT.

Base

In FY 2011, JHPIEGO will support PMTCT partner, through technical assistance and the use of mentors and trainers of trainers (TOT) to set up cervical cancer screening clinics in strategic facilities in Morogoro, Iringa and Mbeya regions to start with, and funds permitting, other regions through PMTCT partners throughout Tanzania. The screening facilities will be setup on MCH platform where FP, PMTCT programs are carried out both HIV +ve and -ve will be beneficiaries of this service.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9455 | Mechanism Name: MOHSW |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,235,680 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,235,680 |

Sub Partner Name(s)

| | | |
|-------|--|--|
| None. | | |
|-------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|---------|
| Human Resources for Health | 815,680 |
|----------------------------|---------|

Key Issues

Workplace Programs

Budget Code Information

| Mechanism ID: | 9455 | | |
|----------------------------|---|----------------|----------------|
| Mechanism Name: | MOHSW | | |
| Prime Partner Name: | Ministry of Health and Social Welfare, Tanzania | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 420,000 | |

Narrative:

Build capacity of the local government and district health management team to take over some of the ART program management that has been implemented by international ART partners. This funding mechanism will allow gradual transition of ART program management to DHMT and ensure sustainability. Funds will be used by three selected districts in consultation with the Chief Medical Officer at the Ministry of Health and Social welfare. Funds for the above mechanism (MOH) - \$220,000 - were moved from TBD new BPE Mech ID 208 (DQA) and \$200,000 came from Mech ID 11678 (ART Costing Study)

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 150,000 | |

Narrative:

The funding will support the MOHSW capacity to coordinate and manage the M&E TWG, the P4H project, the NIMR GIS and master facility list, the datawarehouse technical support, SAVVY and the National Sentinel Surveillance System.

In addition the MOHSW will produce and disseminate the annual statistical abstract.

The MOHSW funds have been reduced by 61%. The majority of the increase in FY10 was the result of one time Partnership Framework funds and they are being reduced in FY11 is the result of the overall



| reduction in the SI budget. | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 165,000 | |
| Narrative: | | | |
| Continue to collaborate with the FELTP to implement the MOHSW/TFELTP short course strategy and conduct short courses in order to build capacity of health professionals at district and regional levels, which will enable them to undertake disease surveillance and hence intervene in disease outbreaks in order to improve the general public health. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMIN | 500,680 | |
| Narrative: | | | |
| Continuation of support for coordination and implementation of IPC across the health care system, including the establishment and functioning of IPC committees, in-service trainings for HCWs and support staff, increased emphasis on health care worker safety, PEP and waste management. Coverage is nationwide. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9595 | Mechanism Name: NIMR |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National Institute for Medical Research | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 1,740,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 1,740,000 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 223,000 |
| Human Resources for Health | 577,000 |

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9595 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: NIMR | | | |
| Prime Partner Name: National Institute for Medical Research | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 140,000 | |
| Narrative: | | | |
| NIMR will establish a system to maintain a master facility list and procedures for districts to submit updates to the master list. | | | |
| Initiate assessment of new WAN sites (referral hospitals) and establish new sites. The old sites will be transitioned to government. | | | |
| FY 11 funding has been decreased by 40% in line with the broader SI reductions. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 800,000 | |



Narrative:

NIMR, through the HRH Program, will continue to carryout research on HRH, disseminate research findings, and advocate for utilization of research findings at all levels. Specifically, NIMR will conduct research on key HRH priority areas that contribute to capacity building of health care workers and leadership which are key for transition. These may potentially include (a) HRH Career Development and capacity building (b) Leadership with a focus on HRH management and Policy. In addition, NIMR will continue to disseminate research findings and conduct advocacy for utilization of research findings at all levels. Different methods for dissemination will be employed including: Development of HRH research information database and its use for making informed decisions by policy makers, retrieval of HRH information from various sources and/or different countries' case studies and make that available through the produced HRH Newsletter, factsheets and policy briefs distributed to various HRH stakeholders.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 300,000 | |

Narrative:

The partner will continue to support PMTCT surveillance sites to document transmission rate and contribute towards PMTCT program performance, PMTCT data quality assessment and two new studies: (1) barriers/missing opportunities which result in HIV+ pregnant women not accessing prophylaxis/Treatment (150,000) and (2)How to optimize priorities and uptake of comprehensive PMTCT services for women who deliver at home (150,000).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 500,000 | |

Narrative:

- i. Building maintenance - utilities, service contract maintenance, etc
- ii. Minor renovation and equipping of training and conference rooms at NHLQATC. This will include projectors, tables, desks, chairs, computers, microphones, podiums, etc

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9597 | Mechanism Name: Capacity Project |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |



| | |
|--|---|
| Prime Partner Name: IntraHealth International, Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 5,666,259 | |
| Funding Source | Funding Amount |
| GHCS (State) | 5,666,259 |

Sub Partner Name(s)

| | | |
|--------------------------------|---------------------------------------|--------------------------------------|
| Aghakan Foundation (AKF) | Benjamin Mkapa AIDS Foundation (BMAF) | Christian Social Services Commission |
| Management Sciences for Health | Training Resources Group | University of Dar es Salaam (UDSM) |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 5,666,259 |
|----------------------------|-----------|

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9597 | | | |
| Mechanism Name: Capacity Project | | | |
| Prime Partner Name: IntraHealth International, Inc | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|-----------|--|
| Care | HKID | 2,012,800 | |
|------|------|-----------|--|

Narrative:
 1).Work in collaboration with the Prime Minister's Office for Regional and Local Government (PMORALG), to ensure the mainstreaming, recruitment and retention of social Welfare Assistants into the councils. 2) Scale up training of 3,000 PSWTs and 300 supervisors in operational regions. 3) Collaborate with other national stakeholders to support development and implementation of the national social welfare workforce strategy work.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 3,653,459 | |

Narrative:
 Expand efforts to help the Ministry of Health and Social Welfare orchestrate the implementation of their human resources strategy; work with a cumulative total of 65 districts to strengthen Human Resource Management and improve recruitment, retention, and productivity; implement the application of the OPRAS performance appraisal system; and support the application of the newly implemented human resource information system for local management of health and social workers.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9599 | Mechanism Name: ITECH |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Washington | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 0 | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)



(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9599 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: ITECH | | | |
| Prime Partner Name: University of Washington | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMIN | 0 | |
| Narrative: | | | |



| None | | | |
|-------------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9614 | Mechanism Name: Twinning |
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Human Services/Health Resources and Services Administration | |
| Prime Partner Name: American International Health Alliance | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,800,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,800,000 |

Sub Partner Name(s)

| | | |
|---|---|---|
| Boulder Community Hospital | Drug Control Commission | Empower Tanzania Inc |
| Jane Addams College of Social Work at the University of Illinois, Chicago | Ministry of Health and Social Welfare , Zanzibar Department of Substance Abuse, Prevention and Rehabilitation | Ministry of Health and Social Welfare, Diagnostic Services Section - Tanzania |
| Muhimbili University of Health and Allied Sciences, School of Nursing | Tanzania Health Laboratory Practitioners Council | Tanzania National Nurses Association |
| Tanzania Nurses and Midwives Council | Tanzania Social Work Association | The Evangelical Lutheran Church in Tanzania, Pare Diocese |
| The Great Lakes Addiction and Transfer Technology Center | The Institute of Social Welfare, Tanzania | University of California, San Francisco School of Nursing |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 750,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--|-----------------------|-----------------------|
| Mechanism ID: | 9614 | | |
| Mechanism Name: | Twinning | | |
| Prime Partner Name: | American International Health Alliance | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 250,000 | |
| Narrative: | | | |
| <p>AIHA is working with the Lutheran Church in Tanzania (ELCT) to bring in a Twinning partnership on palliative care training program for TOT and providers. In FY 2011, AIHA will continue with provision of trainings, and will better link with National systems strengthening partners, FHI and NACP, to inform the review of National HBC training curriculum. In addition AIHA will continue with HBC service provision in two districts of Kilimanjaro region. In FY2011 the program will intergrate positive prevention services and improve evidenced linkages with facilities and with other community services.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 700,000 | |
| Narrative: | | | |
| <p>1) Development and implementation of a national social welfare assistants program. 2) Development of social work professional networks (TASWA and PSW association) 3)Strengthen local social work higher learning institutions to provide standardized quality education nationally 4)Collaborate with other national stakeholders to support development and implementation of the national social welfare workforce strategy.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 500,000 | |
| Narrative: | | | |
| <p>Finalize the revised nursing curricula and the companion training materials (certificate program for EN/RN, advanced diploma and bachelors degree). Ensure the curricula are being well utilized in all 62 nursing schools throughout Tanzania. Build the capacity of nursing faculty and enhance the nursing schools through provision of materials and equipment (i.e., skills labs) in the assigned regions. Continue to support the nursing association and the nursing council.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------------|------|---------|--|
| Prevention | IDUP | 150,000 | |
|------------|------|---------|--|

Narrative:

Support South-South DU/IDU program exchanges and partnerships benefitting Zanzibar and Mainland. TA for recovery programs in Zanzibar and Mainland.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 750,000 | |

Narrative:

The partner will support pre-service training of nurses, faculty and curriculum development, lab skills development.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 450,000 | |

Narrative:

- i. Continued mentorship of regional labs for WHO accreditation (SLMTA) - 6 new regional labs (\$120,000) plus 6 existing labs (\$60,000)
- ii. General on-going QSE mentorship of the remaining 11 labs (\$50,000)
- iii. Mentorship - Health Laboratory Practitioners Council of Tanzania

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9615 | Mechanism Name: FHI - System strengthening |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 2,300,000



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 2,300,000 |

Sub Partner Name(s)

| | | |
|-----------------------|-------|--|
| HelpAge International | MUHAS | |
|-----------------------|-------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 25,000 |
| Human Resources for Health | 690,000 |
| Water | 5,000 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Malaria (PMI)
 TB
 Family Planning

Budget Code Information

| Mechanism ID: 9615 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: FHI - System strengthening | | | |
| Prime Partner Name: Family Health International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | HBHC | 750,000 | |
|------|------|---------|--|

Narrative:

These funds will continue to support FHI as the leading TA partner supporting both NACP at the National level as well as providing TA to all community care and support implementing partners. FHI will support NACP in the revision of HBC trainings reflecting the changes in the newly revised guidelines, one of the key outcomes for this review is to have an intergrated competency-based training which includes all ongoing initiatives like; Prevention with Positives (PwP), Palliative Care and the Recording and Reporting System (RRS) for HBC. FHI will continue to provide TA on strengthening the role of District home-based care coordinators (DHBC). In FY2011 FHI will work to synthesize from the different assessments aimed at reviews of service delivery models and raise with NACP the key policy considerations in the review of guidelines. FHI will continue to support community partners in intergrating PwP into their programs. The increase in funding in 2011 for \$250,000 will support intergration of PwP programs. This is a National program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 1,200,000 | |

Narrative:

1) Continue to provide technical support to national USG implementing partners; DSW, ZNZ,PM0 -RALG and the local government authority to intensify efforts for effective implementation, coordination and quality assurance of national OVC policies, strategies, guidelines, operational plans and developed systems. 2) Develop an exit strategy for the national USG staff to ensure a smooth transition of the technical capacity to GoT. 3) Develop the national PSW training guideline and support GoT to coordinate with AIHA/ISW, Intrahealth and other stakeholders to develop the national social welfare workforce strategy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 350,000 | |

Narrative:

Support the National AIDS Control Programme to better plan, coordinate, and manage care and treatment programs. The focus of the program is national. Also, to support the implementation of key HR policies to support programs, particularly task shifting

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9616 | Mechanism Name: IHI-MC |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: IntraHealth International, Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 3,843,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 3,843,000 |

Sub Partner Name(s)

| | | |
|----------------------|--|--|
| D-Tree International | | |
|----------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 200,000 |
|-------------------------|---------|

Key Issues

Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Family Planning

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 9616 |
|---------------------------|



| Mechanism Name: IHI-MC | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: IntraHealth International, Inc | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 2,250,000 | |
| Narrative: | | | |
| Continue PITC support, MC, mobile CT in Arusha, Shinyanga, Kigoma, Mara; Contribute 300k to couples CT in Shinyanga & Mara; 40,000 has been deducted as contribution towards PPP. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 200,000 | |
| Narrative: | | | |
| Develop a fully functional PDA based set of clinical standards that can be rolled out more widely to CTCs. Undertake a pilot to look at how the PDA system for delivering standardized care in CTC clinics can help screen clients and make better use of limited clinical staff. The pilot will determine the feasibility of rolling out the tool and of utilizing lower level cadre to deliver ART related services. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | CIRC | 1,393,000 | |
| Narrative: | | | |
| Expansion of MC support in Shinyanga region | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 9618 | Mechanism Name: Touch Foundation- PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Touch Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| |
|---------------------------------|
| Total Funding: 2,000,000 |
|---------------------------------|



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 2,000,000 |

Sub Partner Name(s)

| | | |
|---|-----|--|
| Bugando University College of Health Sciences (BUCHS) | TBD | |
|---|-----|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 2,000,000 |
|----------------------------|-----------|

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| Mechanism ID: 9618 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Touch Foundation- PPP | | | |
| Prime Partner Name: Touch Foundation | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 2,000,000 | |

Narrative:

Support expansion of student base at BUCHS through partial support of student and faculty costs; support effective deployment of graduates through careers office, strengthen ICT infrastructure and other infrastructure improvements to increase training capacity; strengthen emergency care curriculum, and develop courses in health management through leveraged partnerships; enhance training and supervision of trainees at clinical sites in the Lake Zone to provide exposure to rural settings and provide



supervised staff coverage of these sites.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9619 | Mechanism Name: UTAP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Tulane University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| Mechanism ID: 9619 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: UTAP | | | |
| Prime Partner Name: Tulane University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9624 | Mechanism Name: NACP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National AIDS Control Program Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 3,439,432 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 3,439,432 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|-----------|
| Human Resources for Health | 2,749,005 |
|----------------------------|-----------|

Key Issues

Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Mobile Population
 TB

Budget Code Information

| Mechanism ID: | 9624 | | |
|--|--|----------------|----------------|
| Mechanism Name: | NACP | | |
| Prime Partner Name: | National AIDS Control Program Tanzania | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 150,000 | |
| Narrative: | | | |
| <p>With these funds NACP will strengthen and improve community Home-based Care/ Palliative Care program in Tanzania. This will be accomplished by strengthening coordination and collaboration between donors, local government authorities and implementing partners, provision of guidance for implementation of integrated high-quality care and support for PLHIV from the time of diagnosis throughout the continuum of illness and ensuring that the services are accessible. NACP will develop, update, print and distribute guidelines and tools, coordinate trainings, monitor and evaluate program as well as supportive supervision. With \$50,000 funding NACP will support and coordinate the roll out of Positive Health, Dignity and Prevention (PHDP/PwP) whilst providing supportive supervision. These activities are at National level.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 300,000 | |
| Narrative: | | | |
| <p>For FY11 funding, NACP will collaborate and coordinate with IPs in the country for provision of comprehensive Care and Treatment services. This will be accomplished through regular meetings with partners to provide policy and technical guidance, printing, revision and dissemination of guidelines and</p> | | | |

M&E tools, including adoption of new WHO recommendations. NACP/CTU will continue to work with authorities from regional and district level, to maintain HIV AIDS program and empower local authorities to create ownership of the program. Funds will also be used to assist implementation of quality improvement guidelines and tools including training of health care providers and monitoring and evaluation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 400,000 | |

Narrative:

NACP will continue to support a capacity building plan for national NACP/CSSU HTC staff in M&E, Quality Assurance for HTC services, study tours, program management. NACP will support the coordination of HTC services, development/adaption of new HTC guidelines, QA HCT guidelines, ME tools and training material development/review, SOPs for HCT services, supervisory visits, mentoring visits. They will also coordinate HCT meetings, trainings for National HTC supervisors, TOT teams, Training teams, RHMTs and CHMTs, dissemination of the HCT guidelines, materials and ME tools to RHMTs and CHMTs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 100,000 | |

Narrative:

For FY11 funding, NACP will collaborate and coordinate with IP's in the country for provision of comprehensive Pediatric Care and Treatment services. This will be accomplished through regular meetings with partners to provide policy and technical guidance, printing, revision and dissemination of guidelines and M&E tools, including adoption of new WHO recommendations. NACP/CTU will continue to work with authorities from regional and district levels to maintain HIV/AIDS program and empower local authorities to create ownership of the program. Funds will also be used to assist with the implementation of quality improvement guidelines and tools including training of health care providers and monitoring and evaluation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 500,000 | |

Narrative:

The FY 11 funding will enable NACP to implement the newly revised CTC2 patient monitoring system for HIV/AIDS care and treatment, HIV drug resistance threshold surveys, and select MARPs size estimation studies. The funds will also be used to procure supplies and reagents for MARPs studies.



The FY 11 NACP funding has been reduced by 31% in line with the SI budget reductions according to the PFIP and the one time funds received in FY10.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 50,000 | |

Narrative:

Support of MC Technical Working Group and coordination of MC services nationally
Transferring funding from Mechanism 9719, MOHSW to Mechanism 9949, NACP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 200,000 | |

Narrative:

Continue support for coordination of IEC/BCC efforts (AB component) on Tanzania mainland; Funding level increased to enable effective coordination of IEC/BCC utilizing the skills and knowledge gained from USG capacity strengthening efforts.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 200,000 | |

Narrative:

Continue support for coordination of IEC/BCC efforts (OP component) on Tanzania mainland; Funding level increased to enable effective coordination of IEC/BCC utilizing the skills and knowledge gained from USG capacity strengthening efforts.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,209,282 | |

Narrative:

1) Support MOHSW to coordinate and lead PMTC/RCH partners implementation.(\$140,000), 2) Support RCHS/EPI to coordinate facilitation of identification of HEI.(\$100,000) 3) Print the reviewed EID lab request forms (\$80,000).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 330,150 | |

Narrative:



Review, update, finalize, print and distribute adopted WHO guidelines, patient monitoring system (PMS) tools, support training of health care providers on the new PMS tools, coordinate pilot and subsequent implementation of Three I's. Co-lead the Early Mortality Reduction study with NTLP and other collaborating stakeholders. Strengthen collaboration between NACP, NTLP, GFATM, and other stakeholders involved in TB/HIV interventions. Services will be coordinated at the National Level.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9627 | Mechanism Name: WHO |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: World Health Organization | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 400,000 |
|----------------------------|---------|



Key Issues

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

Budget Code Information

| Mechanism ID: 9627 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: WHO | | | |
| Prime Partner Name: World Health Organization | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 400,000 | |
| Narrative: | | | |
| Funds will be used by WHO to support MOHSW on prioritization and adaptation of new ART guidelines. The funds will also be used to support MOHSW in increasing access to early infant diagnosis and increase follow up care of HIV exposed children. WHO will support the MOHSW to build capacity for clinical mentoring and supportive supervision of districts and primary health facilities, build capacity of zonal training centers to conduct training for regional TOTs and supporting national meetings for IPs. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 100,000 | |
| Narrative: | | | |
| WHO will provide technical assistance to NACP on HIV/AIDS care and treatment patient monitoring and evaluation systems to ensure national level data requirements are met and data is utilized at regional and council levels. | | | |
| The funding level has been maintained as of FY 10. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 9628 | Mechanism Name: ZACP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 9628 | | |
| Mechanism Name: | ZACP | | |
| Prime Partner Name: | Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Care | HBHC | 0 | |
|-------------------|-------------|----------------|----------------|
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 0 | |
| Narrative: | | | |
| | | | |



| None | | | |
|-------------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9630 | Mechanism Name: SAVVY & DSS |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ifakara Health Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 500,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

| | | |
|-------------------------------|---|--|
| National Bureau of Statistics | National Institute for Medical Research | |
|-------------------------------|---|--|



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 500,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9630 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: SAVVY & DSS | | | |
| Prime Partner Name: Ifakara Health Institute | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 500,000 | |

Narrative:

The mortality survey activity will be implemented through data collection by conducting sample vital registration with verbal autopsy (SAVVY). FY 11 funding will be used to expand SAVVY activities to 18 more districts.

The FY 11 funding has been decreased by 26% as a result of decreased SI funding according to PFIP priorities and one time funds that were available in FY10.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 9631 | Mechanism Name: UCC |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Prevention | |
| Prime Partner Name: University Computing Center | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 320,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 320,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 320,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9631 | | | |
| Mechanism Name: UCC | | | |
| Prime Partner Name: University Computing Center | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 320,000 | |
| Narrative: | | | |
| UCC will provide technical assistance to support national roll out, carry out training for GOT and implementing partner institutions, maintain and update the CTC2 HIV/AIDS system. | | | |



UCC will support requirements gathering and systems analysis for a RCH/PMTCT program monitoring system. The requirements and overview of all potential software solutions will be presented to the RCH/PMTCT program and MOHSW IS/ICT architecture representatives. UCC will not proceed with the implementation of a software solution until CDC is satisfied that the MOHSW has signed off on the systems analysis work.

The FY 11 funding has been decreased by 30% in line with PFIP priorities and and one time funding received in FY10.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9634 | Mechanism Name: UTAP UCSF-MARPS |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of California at San Francisco | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|---------|
| Human Resources for Health | 200,000 |
|----------------------------|---------|

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's legal rights and protection

Budget Code Information

| Mechanism ID: 9634 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: UTAP UCSF-MARPS | | | |
| Prime Partner Name: University of California at San Francisco | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 300,000 | |

Narrative:

UCSF will provide TA on implementing MARPs studies for both Mainland and Zanzibar. (eg RDS, size estimation, formative studies etc).

The FY 11 funding has been decreased by 19% in line with overall SI reductions linked to the PFIP priorities and one time funds included in the FY10 budget.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 100,000 | |

Narrative:

AB component of formative assessment of behavioral drivers of the HIV/AIDS epidemic in one of five big cities. Assessment methods likely to include strong qualitative components where possible and appropriate.

Transferring funding from Mechanism 306, TBD, to 9967, UTAP UCSF_MARPS

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 100,000 | |

Narrative:

OP component of the assessment of behavioral drivers of the HIV/AIDS epidemic in one of five big cities.



Assessment methods likely to include strong qualitative components where possible and appropriate.
 Transferring funding from Mechanism 306, TBD, to 9967, UTAP UCSF_MARPS

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9637 | Mechanism Name: AMREF Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: African Medical and Research Foundation, South Africa | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 300,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 300,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 161,414 |
|----------------------------|---------|

Key Issues

Impact/End-of-Program Evaluation



Budget Code Information

| Mechanism ID: 9637 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: AMREF Lab | | | |
| Prime Partner Name: African Medical and Research Foundation, South Africa | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 300,000 | |
| Narrative: | | | |
| i. HIV rapid test QA training | | | |
| ii. HIV rapid test competency assessment and facilitate licensing process of non-lab personnel | | | |
| iii. Facilitate integration of HRT supervision into CHMT | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | | | |
|---|--|---|--|
| Mechanism ID: 9638 | | Mechanism Name: ICAP | |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: Columbia University | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: No | | Global Fund / Multilateral Engagement: No | |

| Total Funding: 3,100,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 3,100,000 |

Sub Partner Name(s)

| | | |
|---------------------------|-------------------------|-----------------------------|
| Bagamoyo District Council | Biharamulo DDH | Biharamulo District Council |
| Bugando Medical Centre | Bukoba District Council | Bukoba Municipal Council |



| | | |
|--------------------------|--------------------------|-----------------------------|
| Chato District Council | Heri Mission Hospital | Isingiro Hospital |
| Kabanga Mission Hospital | Kagera Regional Hospital | Kagera Sugar Hospital |
| Kagondo Hospital | Karagwe District Council | Kasulu District Council |
| Kibaha District Council | Kibaha Municipal | Kibondo District Council |
| Kigoma District Council | KIGOMA MUNICIPAL COUNCIL | Kisarawe District Council |
| Mafia District Council | Matyazo Health centre | Maweni regional Hosp |
| Mchukwi Mission Hospital | Misenye District Council | Mkuranga District Council |
| MKUTA | Mugana DDH | Muleba District Council |
| Murgwaza DDH | Ndolage Mission Hospital | Ngara District Council |
| Nyakahanga DDH | Nyakaiga Hospital | Ocean Road Cancer Institute |
| RHMT- Kagera | RHMT - Kigoma | RHMT - Pwani |
| RHMT Lindi | Rubya DDH | Rufiji District Council |
| Rulenge Hospital | SHDEPHA+ | SPSS-MUHAS- Muhimbili |
| Tumbi Special Hospiatl | WAMA | ZACP |
| ZANGOC | ZAPHA+ | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|-----------|
| Food and Nutrition: Commodities | 470,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 555,125 |
| Human Resources for Health | 1,655,490 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Malaria (PMI)
 Child Survival Activities
 Mobile Population



Safe Motherhood
 TB
 Family Planning

Budget Code Information

| | | | |
|--|--|--|--|
| Mechanism ID: 9638 | | | |
| Mechanism Name: ICAP | | | |
| Prime Partner Name: Columbia University | | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 395,000 | |

Narrative:

In FY 2011, ICAP will maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLHIV from the time of diagnosis throughout the continuum of illness. This will be achieved through enhanced diagnosis and management of opportunistic infections, pain and symptom management, intergration with other key services (PMTCT, RCH, FP, TB etc). Ensure referral and tracking systems are strengthened to minimize patient attrition in follow-up of pre-ART and ART clients through improving evidenced linkages between health facilities and the community. Support and extend nutritional assessment and counseling in all supported sites. ICAP will intergrate and expand positive prevention services in all supported facilities while building the capacity of local government and civil society for sustainable service provision for PLHIV. Provide continued support (Technical Assistance), strengthen coordination and collaboration mechanisms between partners in operational areas. The services will be provided in 23 districts in Kagera, Coast and Kigoma region and Zanzibar.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 705,000 | |

Narrative:

Focus on high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provide service delivery in an effort to take over ART sites from the international partner in the allocated regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner works in 23 districts of Kigoma, Kagera, Pwani, Lindi and Zanzibar and currently covers 19053 patients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 500,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Kagera, Kigoma, Zanzibar and Pwani with the aim of enrolling 1348 new children on ART. \$100,000 in additional funds have been added for strengthening referrals and linkages in Pwani region due to a high ANC prevalence.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,000,000 | |

Narrative:

Implement PMTCT activities to pregnant women in 3 regions (Kigoma, Kagera and Coast). These regions have a total of 19 districts. The ANC HIV prevalence is 1.5% for Kigoma, 4.7% for Kagera, and 7.7% for Coast. The current site coverage based on 2010 SAPR is 69% for Kigoma, 58% for Kagera, and 64% for Coast. Intervention coverage is low, especially in Kagera and Kigoma regions (27% and 39%). The IP will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 300,000 | |

Narrative:

- a. Staffing NHLQATC (7 positions)
- b. Support Mnazi Mmoja ISO accreditation
- c. EID at national level (support 3 program officers) – these positions will be transitioned to Ministry after FY 11



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 200,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV diseases and diagnosing TB among this group is difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, ICAP will coordinate transportation of sputum and/or blood samples to CTRL for Liquid culture and LPAs. ICAP should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. ICAP will collaborate with the MOHSW and other stake holders to review, update, and develop guidelines/tools for management of TB among adults and the pediatric population. Services will continue being provided in 23 districts in 3 regions (Kagera, Kigoma, Pwani). This mechanism relates to mechanism system ID 83 Columbia.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9639 | Mechanism Name: BMC |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Bugando Medical Centre | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 1,634,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 1,634,000 |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,000,000 |
|----------------------------|-----------|

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

| Mechanism ID: 9639 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: BMC | | | |
| Prime Partner Name: Bugando Medical Centre | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 684,000 | |
| Narrative: | | | |
| To continue to strengthen and expand comprehensive ART services in 6 regions of the Lake Zone. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 350,000 | |
| Narrative: | | | |



Continue support for PITC services at BMC facility, the support includes training of health care workers at BMC in PITC, supervision, ME tools adaptations, coordinating HCT services in Lake Zone. Continue mobile HTC services in collaboration with CHMTs in Mwanza region, particularly for MARPs (fishermen, miners etc.), the support includes training of health care workers, provision and coordinating the testing services, provision of mobile teams and vehicles, report writing and dissemination of the best practices.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 400,000 | |

Narrative:

MC support for one site (BMC) in Mwanza region as platform for mobile MC on Lake Victoria Islands off Mwanza

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 200,000 | |

Narrative:

BMC has managed to reduce maternal mortality rate by 30% in Mara and Mwanza regions through on-job training/mentoring of maternity and labour ward HCW, increased supervision, deployment of necessary labour ward equipment, and provision of incentives to HCW within the initiative. The move is expected to improve the uptake of hospital delivery services. For year 2011 the initiative will add one more region of Kagera (\$200,000).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9641 | Mechanism Name: APHL Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Association of Public Health Laboratories | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 700,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|--------------|---------|
| GHCS (State) | 700,000 |
|--------------|---------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 700,000 |
|----------------------------|---------|

Key Issues

Impact/End-of-Program Evaluation
 Child Survival Activities
 Safe Motherhood
 TB

Budget Code Information

| Mechanism ID: 9641 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: APHL Lab | | | |
| Prime Partner Name: Association of Public Health Laboratories | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 700,000 | |

Narrative:

- a. Chemistry and Hematology EQA
- b. Lab Information Systems
 - i. Implement LIS and develop lab national information guidelines
 - ii. Strengthen indigenous capacity support to eLIS
 - iii. Build capacity at MOH for database management and utilization



- v. Integration of LIS into HMIS – MoHSW-ICT Section (technical integration, maintenance and sustainability), MoHSW-Data Warehouse Initiative (DHIS – aggregate data)
- c. Recommend guidelines on harmonization of Health Sector HIV/AIDS Strategic Plan II with all laboratory strategic and guiding documents
- d. Leadership and capacity building at NHLQATC

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9642 | Mechanism Name: ASCP Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Society of Clinical Pathology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 900,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 900,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 900,000 |
|----------------------------|---------|



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9642 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: ASCP Lab | | | |
| Prime Partner Name: American Society of Clinical Pathology | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 900,000 | |
| Narrative: | | | |
| <ul style="list-style-type: none"> i. Standardization of tools for supportive supervision and laboratory mentoring program ii. Establishment of modules for continuing medical education (CME) program iii. Support for drug resistance testing – procurement of reagents and commodities and training iv. Support SLMTA training and roll-out: increase SLMTA facilitators v. Lab school mentorship - implementation and continuous assessment of new curriculum; curriculum content development of National Technical Accreditation Level 6 (NTAL 6). vi. Leadership and capacity building of Medical Laboratory Scientists Association of Tanzania (MeLSAT) vii. Purchase of microscopes, photometers, incubators, centrifuges, water baths, safety cabinets/hood, pipettes, mixers, refrigerators, vaccum pumps, anerobic jars and other medical equipment for two laboratory schools in Mbeya and Tanga (\$200,000) | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9643 | Mechanism Name: CLSI Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|-------------------------------|-----------------------|
| Total Funding: 700,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 700,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 414,700 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9643 | | | |
| Mechanism Name: CLSI Lab | | | |
| Prime Partner Name: Clinical and Laboratory Standards Institute | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 700,000 | |

Narrative:

i. mentorship for accreditation of NHLQATC and 5 zonal labs; increase pool of lab quality assessors; train local mentors on lab quality management systems; standardization of mentorship tools; support of QA programs to operationalize NHLQATC

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9644 | Mechanism Name: ASM Lab |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: The American Society for Microbiology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 600,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 600,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 600,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9644 | | | |
| Mechanism Name: ASM Lab | | | |
| Prime Partner Name: The American Society for Microbiology | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Custom | | | |



| | | | |
|---|------|---------|--|
| Treatment | HLAB | 600,000 | |
| Narrative: | | | |
| Build capacity of HIV/AIDS microbiological Labs at NHLQATC, regional and zonal labs | | | |
| i. Establish EQA for microbiology | | | |
| ii. OI testing (Cryptococcus, syphilis, toxo) | | | |
| iii. Microbiology mentorship/training | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 9645 | Mechanism Name: KIHUMBE |
| Funding Agency: U.S. Department of Defense | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Kikundi Huduma Majumbani | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,511,550 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,511,550 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 30,231 |
| Economic Strengthening | 55,681 |
| Education | 110,601 |



| | |
|---|---------|
| Food and Nutrition: Commodities | 19,385 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 55,307 |
| Gender: Reducing Violence and Coercion | 15,116 |
| Human Resources for Health | 108,000 |
| Water | 2,500 |

Key Issues

- Addressing male norms and behaviors
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population

Budget Code Information

| Mechanism ID: 9645 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: KIHUMBE | | | |
| Prime Partner Name: Kikundi Huduma Majumbani | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 250,000 | |

Narrative:

- Maintain and strengthen quality and efficient Home-Based Care (HBC) services with an increased focus on Prevention with Positive (PwP) in the four districts of Mbeya region with an expansion to 3 more wards. KIHUMBE will continue to support the Local Government Authorities (LGA) to roll out the national RRS and improve linkages with other services and LGA.
- With additional funding of \$38,000 KIHUMBE will focus on prevention and improving the health of People living with HIV/AIDS, link them to the Nutrition counseling and food support. KIHUMBE will also strengthen integration at community and district levels, which will facilitate the sustainability of LGA.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 400,000 | |

Narrative:

1) Support transition of OVC from Pact to provide quality, sustainable and coordinated OVC service in operational district. 2) Provision of economic strengthening support to enhance household capacity to care for OVC in operational districts. 3) Facilitate capacity building and strengthen the CBOs, MVCC and LGAs in operational districts to support OVC

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 170,000 | |

Narrative:

KIHUMBE will continue CT services (static & mobile) in 4 districts, train counselors, and integrate CHCT into other CT service delivery. They will also continue community sensitization on HIV testing, offer CT services during public events, improve linkages and network with other stakeholders for care continuum, and integrate BMI into CT delivery systems. Contribute 50k to couples CT in Mbeya.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 500,000 | |

Narrative:

Continue with community capacity building on abstinence and fidelity in Chunya, Rungwe, Mbeya rural and urban districts. Focus on key drivers of epidemic such as alcohol reduction, multiple concurrent partnerships, and GBV and gender norms, transactional and cross generational sex through the use of LGAs and sub partners. Initiate youth specific programs in schools, higher learning institutions and out of school youth in Mbeya through the establishment of youth centres and clubs. Strengthen data collection and quality recording and reporting. Strengthen collaboration and coordination with LGAs structures for AB activities and campaigns.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 191,550 | |

Narrative:

Continue with promotion and distribution of condoms. Address discordant couples. Improve quality of services by training providers, and adding more outlets. Increase demand and ensure availability of female condoms in Chunya and Rungwe districts.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 9652 | Mechanism Name: TPPI |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: PharmAccess | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,394,277 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,394,277 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 940,000 |
|-------------------------|---------|

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

Budget Code Information



| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 9652 | | |
| Mechanism Name: | TPPI | | |
| Prime Partner Name: | PharmAccess | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 200,000 | |
| Narrative: | | | |
| PharmAccess will continue the work with the police, immigration department and prison with work place community care services. This program is also linking with others on PMTCT, prevention, care and treatment, pediatric care, TB/HIV and care for OVC. PharmAccess will continue to target employees of these institutions as well as the surrounding civilian population. This activity is implemented in Police barracks, Immigration departments and Prisons facilities and surrounding communities, with a major role for HBC trained women of police officers living in the barracks surrounding the health facilities. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 100,000 | |
| Narrative: | | | |
| 1)Continue training of police peer educators on interactive services 2) Monitor and document the initiated implementations 3)Enhance child-friendly police knowledge through study tours of Zambia or other countries implementing an effective child-friendly police program | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 450,000 | |
| Narrative: | | | |
| Focus on high quality HIV services by reducing retention gap at eight police and prison hospitals in the country that will be accomplished through regular supportive supervision, clinical and nutrition mentoring, patient monitoring, and ensuring uninterrupted supply of drugs and reagents through central procurement mechanism, supplemented by capacity building in financial accountability and M&E. Funds will also be used for facilities and community linkages. Provide AIDS care and treatment in at least one police and one prison health facility in every region of Tanzania. Most health facilities need extensive renovation and training of staff. PharmAccess will offer private health insurance to low income African workers in Dar es Salaam and Arusha. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 225,000 | |

| Narrative: | | | |
|---|-------------|----------------|----------------|
| Continue to provide HCT services to prison officials, immigration officials, police and surrounding communities. Program aims to include at least one police facility and one prison health facility in every region of Tanzania. Decrease due to program efficiencies. Most health facilities need extensive refurbishment and training of staff. 25k taken away as part contribution to PPP. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 12,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in police, prison and immigration settings in Tanzania. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 48,000 | |
| Narrative: | | | |
| These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place within police, prison and immigration settings in Tanzania with the aim of enrolling 135 new children on ART. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 217,588 | |
| Narrative: | | | |
| Maintain combination prevention activities for police, prison and immigration authorities and the surrounding communities. This is accomplished through expansion of comprehensive HIV prevention | | | |



activities, linkages with health services/CT, and workplace programs. Work will occur nationwide targeting specifically police, prisons and immigration.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 337,500 | |

Narrative:

Maintain combination prevention activities for police, prison and immigration authorities and the surrounding communities. This is accomplished through expansion of comprehensive HIV prevention activities, linkages with health services/CT, and workplace programs. Work will occur nationwide focusing on 8 highest HIV prevalence regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 524,189 | |

Narrative:

The IP works in Police and Prison facilities (18 sites) across several regions. PharmAccess will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 280,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, PAI-USAID will coordinate transportation of sputum and/or blood samples to CTRL for Liquid culture and LPAs. PAI-USAID should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. Services will continue being provided in two Police (Dar es Salaam and Moshi) and eight Prison health facilities (Dar es Salaam, Arusha, Dodoma, Mbeya, Morogoro,



Kilimanjaro, Tabora and Zanzibar).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9653 | Mechanism Name: STRADCOM |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Johns Hopkins University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 9653 |
|---------------------------|



| Mechanism Name: STRADCOM | | | |
|---|-------------|----------------|----------------|
| Prime Partner Name: Johns Hopkins University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---------------------------|--|
| Mechanism ID: 9655 | Mechanism Name: Conservation of Eco-Systems |
|---------------------------|--|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Rhode Island | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

| | | |
|---------------------------------------|----------|--|
| Comunità Volontari per il Mondo (CVM) | UZIKWASA | |
|---------------------------------------|----------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|--------|
| Economic Strengthening | 75,000 |
|------------------------|--------|

Key Issues

Addressing male norms and behaviors
 Increasing women's access to income and productive resources
 Mobile Population
 Family Planning

Budget Code Information

| |
|---------------------------|
| Mechanism ID: 9655 |
|---------------------------|



| Mechanism Name: Conservation of Eco-Systems | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: University of Rhode Island | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 250,000 | |
| Narrative: | | | |
| Expand HIV prevention activities into Natural Resource Management partner activities, including work with high-risk fishing communities. Efforts will focus on building local capacity and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integrate efforts as a central tenant of GHI. Coast region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 250,000 | |
| Narrative: | | | |
| Expand HIV prevention activities into Natural Resource Management partner activities, including work with high-risk fishing communities. Efforts will focus on building local capacity and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integration efforts as a central tenant of GHI. Work will occur in the Coast region. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9658 | Mechanism Name: AWF |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: African Wildlife Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 200,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|--------------|---------|
| GHCS (State) | 200,000 |
|--------------|---------|

Sub Partner Name(s)

| | | |
|----------|--------|--|
| AFYABORA | LOOCIP | |
|----------|--------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|--------|
| Economic Strengthening | 30,000 |
|------------------------|--------|

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources

Budget Code Information

| Mechanism ID: 9658 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: AWF | | | |
| Prime Partner Name: African Wildlife Foundation | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 200,000 | |
| Narrative: | | | |
| Expand HIV prevention activities into local Natural Resource Management partner programs. Efforts will focus on building capacity of local organizations and associations, and ensuring sustainability of prevention activities. Maasai Steppe region. | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9660 | Mechanism Name: PACT |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pact, Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | |
|----------------------------|------------|
| Mechanism ID: | 9660 |
| Mechanism Name: | PACT |
| Prime Partner Name: | Pact, Inc. |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|-------------------|-------------|----------------|----------------|
| Care | HKID | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9665 | Mechanism Name: Pathfinder International |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pathfinder International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 5,100,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 5,100,000 |

Sub Partner Name(s)

| | | |
|----------------------|-------------------------------|----------------------------|
| D-Tree International | Save the Children in Tanzania | Tanzania Red Cross Society |
|----------------------|-------------------------------|----------------------------|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Economic Strengthening | 100,000 |
| Gender: Reducing Violence and Coercion | 50,000 |



| | |
|----------------------------|---------|
| Human Resources for Health | 826,800 |
|----------------------------|---------|

Key Issues

- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Family Planning

Budget Code Information

| Mechanism ID: | 9665 | | |
|----------------------------|--------------------------|----------------|----------------|
| Mechanism Name: | Pathfinder International | | |
| Prime Partner Name: | Pathfinder International | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 2,500,000 | |

Narrative:

Pathfinder will maintain and strengthen provision of integrated, high-quality care and support for PLHIV in existing regions. This will be accomplished through building the capacity of the local government and civil societies for sustainable delivery of services for PLHIV, training of health care and community providers, empowering PLHIV including integration of prevention with positives and economic strengthening, supportive supervision and mentoring, and evidenced effective referral and linkages between health facilities and communities, strengthen linkages with other programs for wrap around services. Strengthen regional and district coordination and collaboration mechanisms. The services will be provided in five regions; Dar es Salaam, Tanga, Kilimanjaro, Arusha and Shinyanga.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 900,000 | |

Narrative:

1) Provision of quality, sustainable and coordinated OVC services in Shinyanga Region. 2) Support economic strengthening to enhance household capacity to care for OVC in Shinyanga region. 3) Capacity building and strengthening of local CBOs, MVCC and LGAs in Shinyanga to support OVC

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|------|------|---------|--|
| Care | HVCT | 700,000 | |
|------|------|---------|--|

Narrative:
Continue support for Home-Based CT in Arusha, Dar, Tanga and Shinyanga; Contribute 100k to couples CT in Shinyanga & Dar.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 500,000 | |

Narrative:
AB component to continue to increase the capacity building and mentorship of NACP & ZACP IEC & BCC units and staff. Start-up of new capacity building activity to support local institution (Muhimbili University) to deliver quality BCC pre-service training for future HIV & Health BCC experts. Coordination and linkages with international institutions/BCC experts with local training institution/ faculty for training and mentorship purposes.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 500,000 | |

Narrative:
Pathfinder will continue to increase the capacity of NACP & ZACP IEC & BCC units and staff through: - 1) Mentorship programs; 2) Start-up of new additional capacity building activities to support local institutions (Muhimbili University) to deliver quality BCC pre-service training for future HIV & Health BCC experts; 3) Coordination and linkages with international institutions/BCC experts with local training institution/ faculty for training and mentorship purposes.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9666 | Mechanism Name: Track 1.0-CRS |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 1,063,792 | |
| Funding Source | Funding Amount |
| Central GHCS (State) | 1,063,792 |

Sub Partner Name(s)

| | | |
|---|---|--------------------------------|
| Amani | Anglican Church of Tanzania (ACT) TANGA | ARCHDIECESE OF MWANZA |
| Babati | Bombo | Bugando |
| Bukima | Bukumbi | Bumbuli |
| Bunda | Bungu | Butiama |
| Buzuruga | Bweri | Bwisya |
| Christian Social Services Commission | Coptic | Dareda |
| Dongobesh | Emboret | Engusero |
| Evangelical Lutheran church of Tanzania (ELCT) Arusha | Geita | Hale |
| Hanang | Handeni | Haydom |
| Hindu | Ikizu | Interchurch Medical Assistance |
| Kabuku | KANISA LA MENNONITE TANZANIA | Katunguru |
| Kharumwa | Kiagata | Kibara |
| Kijungu | Kilindi | Kilombero |
| Kinesi | Kisesa | Kisorya |
| Kiteto | Korogwe | Kowak |
| Kwangwa | Kwediboma | Lushoto |
| Magoma | Magu | Makongoro |
| Makorora | Manyamanyama | Maramba |
| Matui | Mbulu | Mererani |
| Misasi | Misungwi | Mkata |
| Mkinga | Mkula | Mkuzi HC |
| Mombo | Msitu wa Tembo | Muheza |



| | | |
|---|-----------------|---------------------------------|
| Murangi | Musoma | Mwananchi |
| Mwangika | Mwera | Naberera |
| Nasa | Ngamiani | Ngorika |
| Ngudu | Nyakahoja | Nyakaliro |
| Nyamagana | Nyamongo | Nyasho |
| Nyerere | Nyumba ya Mungu | Nzera |
| Orkesumet KKKT | Pangani | Pongwe |
| Rao | Safi Medics | Sekou Toure |
| Sengerema | Shirati | Simanjiro |
| Sirari | St.Raphael | Sumve |
| Tanga Central | Tarime | The Futures Group International |
| Tumaini | Tunguli | Ukerewe |
| UMSOM - INSTITUTE OF HUMAN VIROLOGY (IHV) | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Child Survival Activities
 Safe Motherhood
 TB



Budget Code Information

| Mechanism ID: 9666 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Track 1.0-CRS | | | |
| Prime Partner Name: Catholic Relief Services | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 1,063,792 | |

Narrative:

Maintain high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provision of technical assistance to the identified local partner in an effort to transition ART service delivery in the regions. Focus more on clinical mentorship, supportive supervision and adherence to consolidation of in-service ART trainings in the zonal training centers. Partner works in 28 districts of Mwanza, Manyara, Mara and Tanga and currently covers 31910 patients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9671 | Mechanism Name: PASADA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pastoral Activities & Services for People with AIDS | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 3,742,536 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 3,742,536 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|---------------------------------|---------|
| Construction/Renovation | 21,667 |
| Economic Strengthening | 10,333 |
| Education | 281,900 |
| Food and Nutrition: Commodities | 18,266 |
| Human Resources for Health | 66,145 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing women's access to income and productive resources
- Malaria (PMI)
- Child Survival Activities
- TB
- Workplace Programs

Budget Code Information

| Mechanism ID: 9671 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: PASADA | | | |
| Prime Partner Name: Pastoral Activities & Services for People with AIDS | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 716,527 | |

Narrative:

PASADA will continue to provide intergrated HIV care and support services providing the whole continuum of care. In FY 2011 PASADA will continue to focus on intergrating Prevention with Positives (PwP), and extending nutritional assessment and couseling (NACS) through both community and facility based service platforms. PASADA will link with National TA partners leading Economic Strengthening (ES) to support these interventions in the community. PASADA activities are in Dar Es Salaam.



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 600,000 | |

Narrative:

1) Provision of quality, sustainable and coordinated OVC services in Dar es Salaam. 2) Support economic strengthening to enhance household capacity to care for OVC in Dar es Salaam. 3) Capacity building and strengthening of local CBOs, MVCC and LGAs in Dar es Salaam to support OVC

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 1,462,500 | |

Narrative:

As a graduation partner working in Temeke district, PASADA will continue to improve the quality and comprehensiveness of ART services for adults at the current CTCs following the National Guidelines for ART. The program will further increase the number of HIV+ clients on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and strengthening linkages with voluntary counseling and testing (VCT) settings. The program will follow up on ART patients lost to follow up will be strengthened through home-based care programs and linkages to other key support programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 290,000 | |

Narrative:

Continue support for HCT services including child testing; Program is covering Illala, Kibaha, Kinondoni, Mkuranga, Rufiji and Temeke. 10k taken away as part of contribution to PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 39,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place



| in some facilities in Dar es Salaam and Pwani region. | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 156,000 | |
| Narrative: | | | |
| <p>These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in some facilities in Dar es Salaam and Pwani with the aim of enrolling 465 new children on ART.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 328,509 | |
| Narrative: | | | |
| <p>Implement PMTCT and improve MCH and PMTCT services (see PF package): The PF funds will support Selian to meet the objective of scaling-up quality PMTCT services by (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs, (2) Improving infrastructure through renovation, (3) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system, (4) Strengthening M&E systems to track and document the impact of the PMTCT program, (5) Providing training and improving retention rates of health care workers, and (6) Strengthening and expanding interventions to improve maternal and child survival.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 150,000 | |
| Narrative: | | | |
| <p>Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in</p> | | | |



sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, PASADA will coordinate transportation of sputum and/or blood samples to CTRL for Liquid culture and LPAs. PASADA should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. To maintain services, PASADA will collaborate and leverage resources with NTL, PATH, Harvard and GF who are also working in Dar es Salaam and improve referral and linkages. Services will be provided in 2 districts of Mkuranga in Pwani and Temeke district in Dar es Salaam region

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9672 | Mechanism Name: Selian |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Selian Lutheran Hospital, Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,875,478 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,875,478 |

Sub Partner Name(s)

| | | |
|------|--|--|
| None | | |
|------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 182,600 |
| Economic Strengthening | 11,429 |



| | |
|---|---------|
| Education | 92,067 |
| Food and Nutrition: Commodities | 103,140 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 76,054 |
| Gender: Reducing Violence and Coercion | 5,061 |
| Human Resources for Health | 848,218 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

Budget Code Information

| Mechanism ID: 9672 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Selian | | | |
| Prime Partner Name: Selian Lutheran Hospital, Tanzania | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 483,821 | |
| Narrative: | | | |
| Selian will continue to provide intergrated HIV care and support services providing the whole continuum of care. In FY 2011 Selian will continue to focus on intergrating Prevention with Positives (PwP), and extending nutritional assessment and couseling (NACS) through both community and facility based service platforms. Selian will link with the National TA partners leading Economic Strengthening (ES) to support these interventions in the community. Selian activities are in Arusha region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | HKID | 150,000 | |
|------|------|---------|--|

Narrative:

1) Provision of quality, sustainable and coordinated OVC services in operational regions. 2) Support economic strengthening to enhance household capacity to care for OVC in operational regions. 3) Capacity building and strengthening of local CBOs, MVCC and LGAs in operational regions to support OVC

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 637,500 | |

Narrative:

As a graduation partner working in Arusha region, Selian will continue to improve the quality and comprehensiveness of ART services for adults at the current CTCs following the National Guidelines for ART. The program will further increase the number of HIV+ clients on ART through recruitment of eligible clients from in-patient and outpatient settings by stepping up provider-initiated testing and counseling (PITC), particularly in maternal and child health (MCH), PMTCT, and strengthening linkages with voluntary counseling and testing (VCT) settings.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 263,000 | |

Narrative:

Continue to provide HCT services including PITC. Program covers Arusha, Anrumeru, Monduli, Simanjiro. 10k taken away as part of contribution to PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 17,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in some sites in Arusha and Manyara.



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 68,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Arusha with the aim of enrolling 127 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 256,157 | |

Narrative:

Implement PMTCT and improve MCH and PMTCT services (see PF package): The PF funds will support Selian to meet the objective of scaling-up quality PMTCT services by (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs, (2) Improving infrastructure through renovation, (3) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system, (4) Strengthening M&E systems to track and document the impact of the PMTCT program, (5) Providing training and improving retention rates of health care workers, and (6) Strengthening and expanding interventions to improve maternal and child survival.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9673 | Mechanism Name: BIG |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Balm in Gilead | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9673 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: BIG | | | |
| Prime Partner Name: Balm in Gilead | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 0 | |



| Narrative: | | | |
|-------------------|-------------|----------------|----------------|
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9679 | Mechanism Name: Economic Strengthening |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|----------|
| Economic Strengthening | Redacted |
|------------------------|----------|

Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities

Budget Code Information

| Mechanism ID: 9679 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Economic Strengthening | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |

Narrative:

TBD will provide TA for all service delivery partners on how to initiate and promote economic strengthening activities targeted to households affected by HIV/AIDS. The economic strengthening activities aim to economically empower vulnerable HIV/AIDS affected households so that they can respond to their own needs. The ES aims to stabilize and expanding household income and consumption by 1) protecting, recovering and building household's assets 2) stabilizing household's income and consumption and 3) expanding household's income and consumption. The TA partners will link with the Feed the Future (FTF) Initiative to ensure PLHIV participate in agricultural value chain and other market driven economic strengthening activities/interventions supported by USAID/Tanzania Economic Growth (EG) sector. The increased resource in 2011 will enable these activities to be scaled-up from direct service delivery to household empowerment. This is a National TA with a special focus in FTF



| geographical regions (Morogoro, Dodoma, Iringa, Mbeya and Shinyanga) | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |
| Narrative: | | | |
| 1) Provide technical assistance on agro business and entrepreneurship for OVC IPs nationally 2) Conduct national impact assessment of Economic strengthening and support interventions to assure the wellbeing of households and OVC. 3) Provide small grants to strengthen the MVCC, child-headed households and old caregivers for OVC through USG IP support | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9681 | Mechanism Name: Single eligibility FOA |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National Tuberculosis and Leprosy Control Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,040,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 2,040,000 |

Sub Partner Name(s)

| | | |
|-------------------------------|-----------------------------|----------------------------|
| b. Morogoro District council | b. Singida District Council | b. Tanga District council |
| Bariadi | BUKOMBE DISTRICT COUNCIL | Chunya District council |
| d. Kilombero District council | d. Korogwe District council | d.Iramba District Council |
| Dar es Salaam Region | e. Manyoni District Council | e. Muheza District council |
| e. Ulanga District council | f. Kilindi District council | f. Kilosa District council |
| g. Mkinga District council | h. Pangani District council | Handeni District council |

| | | |
|-----------------------------|---------------------------|-----------------------------|
| i. Lushoto District council | Igunga District Council | Ileje District council |
| Iringa Distric council | Iringa Mucipal Council | Kahama District Council |
| Kilolo District council | KILWA DISTRICT COUNCIL | Kishapu District council |
| Kyela District Council | Lindi District council | Lindi Municipal Council |
| LIWALE DISTRICT COUNCIL | Ludewa District Council | Makete District council |
| Masasi District Council | Maswa District Council | Mbarali District council |
| Mbeya District council | Mbeya Municipal Council | Mbinga District council |
| Mbozi District Council | MEATU DISTRICT COUNCIL | Morogoro Municipal Council |
| Morogoro Region | Mtwara Municipal | Mufindi District Council |
| Mvomero District council | MwaraDistrict council | NACHINGWEA DISTRICT COUNCIL |
| Namtumbo District council | Nanyumbu District council | Newala District Council |
| Njombe District council | Njombe Town Council | Nzega District Council |
| RUANGWA DISTRICT COUNCIL | Rungwa District council | Shinyanga Municipal Council |
| Shinyanga District Council | SIKONGE DISTRICT COUNCIL | Singida Municipal Council |
| Singida Region | Songea District council | Songea Municipa Council |
| Tabora Municipal Council | Tabora Region | Tandahimba District Council |
| Tanga City Council | Tanga Region | Temeke District Council |
| Tunduru District council | Urambo District Council | Uyui District Council |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 112,728 |
| Human Resources for Health | 1,343,515 |

Key Issues

TB



Budget Code Information

| Mechanism ID: | 9681 | | |
|----------------------------|---|----------------|----------------|
| Mechanism Name: | Single eligibility FOA | | |
| Prime Partner Name: | National Tuberculosis and Leprosy Control Program | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 2,040,000 | |

Narrative:

Review, update, finalize, print and distribute guidelines including management of TB in pediatric; Coordinate and supervise implementing partners regarding implementation of activities to reduce the burden of HIV among TB patients; NTLP should ensure that 95% of all TB patients have HIV status recorded in the TB register; 95 % of TB-HIV co-infected patients receive CPT and at least 60% receive ART during TB treatment. NTLP should also co-lead the pilot and subsequent scale up of Three I's, Early Mortality Study- EMRG, Recording and reporting Evaluation as well as assessing uptake of HIV services among Pediatric TB patients. Coordinate an assessment to determine barriers/ challenges associated with low enrollment into HIV care among HIV infected TB patients. Strengthen collaboration and coordination between NTLP, NACP, GF and other partners. NTLP should also maintain services related to implementation of activities to reduce burden of HIV among TB patients. Collaborate and leverage resources with partners working on the same location e.g. GF, Harvard, PASADA and PATH in Dar es Salaam. In collaboration with NACP and other partners conduct evaluation of provision of IPT for PLWHA. Services will be provided at National level (for coordination services) and in Tanga, Iringa, Singida, Tabora, Shinyanga, Dar es Salaam, Morogoro, Ruvuma, Lindi, Mtwara and Mbeya (for services implementation)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9683 | Mechanism Name: EGPAF |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|---------------------------------|-----------------------|
| Total Funding: 6,639,378 | |
| Funding Source | Funding Amount |
| GHCS (State) | 6,639,378 |

Sub Partner Name(s)

| | | |
|----------------------------------|-----------------------------|--------------------------------------|
| AICC HOSPITAL | ARUSHA DISTRICT COUNCIL | ARUSHA MUNICIPAL COUNCIL |
| Bariadi | BUKOMBE DISTRICT COUNCIL | ENDULEM HOSPITAL |
| Gonja Lutheran Hospital | HAI DISTRICT COUNCIL | Igunga District Council |
| ISTHNA ASHERI HOSPITAL | Kahama District Council | KIBONG'OTO TB HOSPITAL |
| KIBOSHO MISSION HOSPITAL | KILEMA MISSION HOSPITAL | Kilimanjaro Christian Medical Centre |
| KILWA DISTRICT COUNCIL | KIPATIMU MISION HOSPITAL | KITETE REGIONAL HOSPITAL |
| LIWALE DISTRICT COUNCIL | LONGIDO DISTRICT COUNCIL | MACHAME LUTHERAN HOSPITAL |
| MARANGU LUTHERAN HOSPITAL | Maswa District Council | MAWENZI REGIONAL HOSPITAL |
| MEATU DISTRICT COUNCIL | MERU DISTRICT COUNCIL | MNERO MISSION HOSPITAL |
| MONDULI DISTRICT COUNCIL | MOSHI MUNICIPAL COUNCIL | MOSHI RURAL DISTRICT COUNCIL |
| MT. MERU REGIONAL HOSPITAL | MWADUI HOSPITAL | MWANGA DISTRICT COUNCIL |
| NACHINGWEA DISTRICT COUNCIL | NDALA MISSION HOSPITAL | NGORONGORO DISTRICT COUNCIL |
| NGOYONI MISSION HOSPITAL | Nkinga Mission Hospital | NKOARANGA LUTHERAN HOSPITAL |
| Nzega District Council | ROMBO DISTRICT COUNCIL | RUANGWA DISTRICT COUNCIL |
| SAME DISTRICT COUNCIL | SHINYANGA MUNICIPAL COUNCIL | Shinyanga Regional Hospital |
| SHINYANGA RURAL DISTRICT COUNCIL | SIHA DISTRICT COUNCIL | SIKONGE DESIGNATED DISTRICT HOSPITAL |
| SIKONGE DISTRICT COUNCIL | SOKOINE REGIONAL HOSPITAL | ST ELIZABETH HOSPITAL |



| | | |
|-------------------------|--------------------------|--------------|
| ST WALBURG's HOSPITAL | TABORA MUNICIPAL COUNCIL | TPC HOSPITAL |
| Urambo District Council | Uyui District Council | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- TB
- Family Planning

Budget Code Information

| | | | |
|----------------------------|--|--|--|
| Mechanism ID: | 9683 | | |
| Mechanism Name: | EGPAF | | |
| Prime Partner Name: | Elizabeth Glaser Pediatric AIDS Foundation | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 1,965,932 | |

Narrative:

With this funding, EGPAF will maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLWHA from the time of diagnosis throughout the continuum of illness. This will be achieved through enhanced diagnosis and management of opportunistic infections, pain and symptom management, intergration with other key services (PMTCT, RCH, FP, TB etc). Ensure referral and tracking systems are strengthened to minimize the loss to follow-up of pre-ART and ART clients through improving evidenced linkages between health facilities and the community. Support and extend nutritional assessment and counseling in all supported sites. EGPAF



will intergrate and expand Positive Prevention services in all supported facilities while building the capacity of local government and civil society for sustainable service provision for PLHIV. Provide continued support, strengthen coordination and collaboration mechanisms between partners in the operational regions. The services will be provided in 34 districts in Tabora, Arusha, Kilimanjaro, Shinyanga and Mtwara regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 4,673,446 | |

Narrative:

EGPAF will focus on high Quality HIV services at existing sites by reducing retention gaps through the identification of problems and, and it will identify strategies that will lead to increased retention of patients on ART. Continue capacity building and provision of service delivery in efforts to take over ART sites from the International partners in the allocated regions. EGPAF will continue focusing more on clinical mentorship, supportive supervision and consolidation of in-service ART trainings in the zonal training centers. Partner works in 34 districts of Tabora, Shinyanga, Arusha, Kilimanjario and Lindi and currently covers 33,903 patients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9684 | Mechanism Name: MDH |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Harvard University School of Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,765,804 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,765,804 |

Sub Partner Name(s)



| | | |
|----------------------------|---------------------------------------|--|
| Dar es Salaam City Council | Management and Development for Health | Muhimbili University of Health and Allied Sciences |
|----------------------------|---------------------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 300,000 |
| Human Resources for Health | 2,221,403 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 9684 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: MDH | | | |
| Prime Partner Name: Harvard University School of Public Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,000,000 | |

Narrative:

MDH will maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLHIV from the time of diagnosis throughout the continuum of illness. This will be achieved through enhanced diagnosis and management of opportunistic infections,

pain and symptom management, intergration with other key services (PMTCT, RCH, FP, TB etc). Ensure referral and tracking systems are strengthened to minimize the loss to follow-up of pre-ART and ART clients through improving evidenced linkages between health facilities and the community. Support and extend nutritional assessment and counseling in all supported sites. MDH will intergrate and expand Positive Prevention services in all supported facilities while building the capacity of local government and civil society for sustainable service provision for PLHIV. Provide continued support, strengthen coordination and collaboration mechanisms between partners in operational regions. The services will be provided in 3 districts in Dar-Es-Salaam.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 665,804 | |

Narrative:

Focus on high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provide service delivery in an effort to take over ART sites from the international partner in the allocated regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner works in 3 districts in Dar es Salaam and currently covers 33943 patients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 100,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Dar es Salaam.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 400,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines

to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will be achieved through training, on-site mentorship, advocacy and community mobilization, and development of tools for tracking and retention. These activities will take place in Dar es Salaam with the aim of enrolling 3900 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 500,000 | |

Narrative:

Harvard University School of Public Health will continue implementing PMTCT activities in Dar es Salaam, which has 3 districts and a high HIV prevalence of 7%. Dar es Salaam has high volume sites and a site coverage of 53%. The Implementing Partner (IP) will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 100,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20 % of new patients enrolling into ART would present with signs and symptoms of advanced HIV deases and diagnosing TB among this group is difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and un diagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service MDH will ensure that CTRL get adequate reagents for MIGT and Line Probe Assay from SCMS. SCMC will purchase reagents for MIGT and Line Probe Assay at a cost of \$ 392,280. Clinical SRU agreed that funds for procurement of these reagents come from SCMS. CTRL services for these tests will be provided in Dar region and surrounding regions. (Pwani, Morogoro, Mtwara, Lindi, Tanga etc.) This will be achieved in close collaboration with Global Fund, PASADA, and PATH. Participate in the pilot



and subsequent scale up of Three I's as well as the Early Mortality Study. This mechanism relates to mechanism system ID 84 MDH

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 9685 | Mechanism Name: PATH |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Program for Appropriate Technology in Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,950,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,950,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 40,000 |
| Human Resources for Health | 766,410 |

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation



Increasing gender equity in HIV/AIDS activities and services

Mobile Population

TB

Workplace Programs

Budget Code Information

| Mechanism ID: 9685 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: PATH | | | |
| Prime Partner Name: Program for Appropriate Technology in Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 1,950,000 | |

Narrative:

Maintain services related to implementation of activities to reduce burden of HIV among TB patients. This will be achieved through laboratory strengthening, on the job training, mentoring, regular supportive supervision, improved referral and linkages. Collaborate with NTLP, Harvard, PASADA, EGPAF and GF and other partners and leverage resources with Child survival Health Funds (CSHF). PATH should ensure that 95% of all TB patients have HIV status recorded in the TB register; 95 % of TB-HIV co-infected patients receive CPT and at least 60% receive ART during TB treatment. Also PATH will ensure that the Northern zone TB laboratory (at Kibong'oto National MDR TB hospital) has adequate MGIT and Line Probe assay reagents to perform Liquid culture and Line Probe Assays for new patients enrolling into HIV care. TB laboratory service in Kibong'oto National MDR TB hospital is for Kilimanjaro region and surrounding regions (Arusha, Manyara and Tanga).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 9691 | Mechanism Name: EGPAF-USAID |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|---------------------------------|-----------------------|
| Total Funding: 6,116,830 | |
| Funding Source | Funding Amount |
| GHCS (State) | 6,116,830 |

Sub Partner Name(s)

| | | |
|---------------------|---------------------|---------------------|
| Arusha District | Arusha Municipality | Bariadi |
| Bukombe District | Hai district | Igunga District |
| Kahama District | Karatu District | KCMC |
| Kishapu District | Longido District | Masasi District |
| Maswa District | Meatu District | Meru District |
| Monduli District | Moshi District | Moshi Municipal |
| Mtwara District | Mtwara Municipal | Mwanga District |
| Nanyumbu District | Newala District | Ngorongoro District |
| Nkinga Hospital | Nzega District | Rombo District |
| Same District | Shinyanga District | Shinyanga Municipal |
| Siha District | Sikonge DDH | Tabora Municipal |
| Tandahimba District | Urambo District | Uyui District |
| WAMA | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 400,000 |
| Human Resources for Health | 1,100,238 |

Key Issues

Addressing male norms and behaviors



Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Safe Motherhood
 Family Planning

Budget Code Information

| Mechanism ID: 9691 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: EGPAF-USAID | | | |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 6,116,830 | |

Narrative:

EGPAF implements PMTCT activities in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora and Mtwara). The program works in a total of 34 districts. The ANC HIV prevalence of 2008 was 4.6% in Kilimanjaro, 5.6% in Arusha, 7.1% in Shinyanga, 6.5% in Tabora, and 6.8% in Mtwara. Based on SAPR 10, the site coverage is good at 81% in Kilimanjaro, 81% in Arusha, 87% in Shinyanga, 99% in Tabora, and 78% in Mtwara. While the intervention coverage is good and ranges from 20% to 46%, the coverage of more efficacious regimen and early infant diagnosis is not to scale. EGPAF will support scale-up of PMTCT services in the five regions to cover 80% of pregnant women with counseling and testing. HIV negative women, will undergo re-testing late pregnancy, labor and delivery or during postpartum period and sero-conversion will be documented. Women found to be HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in the five regions. The IP will support the scale-up of EID to reach 65% of HIV exposed infants through RCH clinics. Couple counseling and partner testing will be promoted, couples and discordant couples followed up and supported.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9694 | Mechanism Name: Angaza Zaidi |
| Funding Agency: U.S. Agency for International | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Development | |
| Prime Partner Name: African Medical and Research Foundation, South Africa | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,949,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,949,000 |

Sub Partner Name(s)

| | | |
|---|---|---|
| AFRICAN INLAND CHURCH IN TANZANIA (MWANZA) | Aga Khan Foundation | ANGLICAN CHURCH (T) DIOCESE OF CENTRAL TANGANYIKA |
| ANGLICAN CHURCH (T) DIOCESE OF MARA | ARUSHA MUNICIPAL COUNCIL | CATHOLIC CHURCH - DIOCESE OF MBULU |
| ELCT - DIOCESE OF KONDE | ELCT - DIOCESE OF MARA | ELCT - NORTHERN DIOCESE (MACHAME HOSPITAL) |
| GEITA DISTRICT COUNCIL | Ilala Municipal Council | IRINGA MUNICIPAL COUNCIL |
| Kilimanjaro Christian Medical Centre | Kinondoni Municipal Council | Lindi Town Council |
| Management Sciences for Health | MARANGU LUTHERAN HOSPITAL | MBOZI MISSION HOSPITAL |
| Mennonite Church in Tanzania | MORAVIAN CHURCH OF TANZANIA | MWAMBANI HOSPITAL |
| MWANZA CITY COUNCIL | NYANGAO ST. WALBURGS HOSPITAL | PERAMIHO MISSION HOSPITAL |
| SEVENTH DAY ADVENTIST CHURCH - TANZANIA UNION | SEVENTH DAY ADVENTIST EASTERN TANZANIA CONSULANCE | SHIRATI KMT HOSPITAL |
| Singida Town Council | Songea Municipal Council | ST. BENEDICTS (NDANDA) HOSPITAL |
| Sumbawanga Municipal Council | SUPPORT FOR INTERNATIONAL CHANGE | TANZANIA MUSLIM PROFESSIONAL ASSOCIATION |



| | | |
|----------------------------|----------------------------|----------------------|
| UHAI BAPTIST HEALTH CENTRE | UMOJA WA VIJANA WA KIISLAM | UNIVERSITY OF ARUSHA |
|----------------------------|----------------------------|----------------------|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 120,000 |
|----------------------------|---------|

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Child Survival Activities
 Mobile Population
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning

Budget Code Information

| Mechanism ID: 9694 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Angaza Zaidi | | | |
| Prime Partner Name: African Medical and Research Foundation, South Africa | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 2,449,000 | |
| Narrative: | | | |
| Continue static and mobile CT support with increased focus on both individual and couple risk counseling. AMREF reaches 18 regions with CT services. Alcohol and GBV screening will gradually be | | | |



incorporated in the program and increased support for individuals and couples, positive support groups and prevention with positives work will continue. Contribute \$300,000 to couples counseling in Iringa, Dar es Salaam, Mara and Mwanza. \$10K taken away as part of contribution to PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 500,000 | |

Narrative:

AMREF have initiated gradual transition of PMTCT support to US DOD in Ruvuma. They have initiated a new initiative to support PMTCT partner to strengthen PMTCT/EID and pediatric care linkages, initially with DOD in Ruvuma. AMREF will scale up their activity and work with partners to strengthen linkages between PMTCT/EID to Care and Treatment in four regions. They will do this through SWAT teams that will assess and diagnose implementation gaps and identify local solutions, and provide feedback to USG. The IP will gradually shift support from the four districts back to DOD and assume this new role within PMTCT. AMREF will support the follow-up of HEI in selected sites.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9695 | Mechanism Name: URC |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University Research Corporation, LLC | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,200,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 250,000 |
| Human Resources for Health | 300,000 |

Key Issues

Child Survival Activities
 Safe Motherhood
 TB

Budget Code Information

| Mechanism ID: 9695 Mechanism Name: URC Prime Partner Name: University Research Corporation, LLC | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 250,000 | |
| Narrative: | | | |
| In 2011 URC will continue to support the development and roll-out of Quality Improvement (QI) standards and guidelines for Community home-based care. This activity links with FHI National system strengthening activity, supporting the development of basic minimum package. URC will provide TA to all other partners in the implementation of the QI standards. URC will work closely with NACP supporting the coordination and M&E for this activity. This is a National program. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 500,000 | |
| Narrative: | | | |
| 1)Work with UNICEF, DSW and Social Welfare Officer in Bagamoyo to assess the quality of MVC | | | |



services to assure compliance with standards in Bagamoyo district. 2) Work with UNICEF, DSW and Social Welfare in Bagamoyo to identify and form QI teams at service delivery levels and train them in tracking adherence to standards 3) Support 50 QI teams through coaching and mentoring adherence to standards at the national level.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 600,000 | |

Narrative:

These funds will be used to develop Quality Improvement standards and guidelines as related to home-based care services. URC will be the key TA partner for the QI work and they will collaborate with NACP and FHI (system Strengthening) partners in developing and supporting partners in adopting the QI framework.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 850,000 | |

Narrative:

Working with NACP and partners in quality improvement, URC will assist the USG to set up and scale up a quality improvement monitoring system that will track adherence, retentions and mortality and inform program progress through time. URC will also continue to support USG ability to assess and measure the quality of integrated PMTCT/RCHS services and other HIV related programs operating on the Maternal Child Health Platform.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9702 | Mechanism Name: ACQUIRE Project |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Engender Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 2,110,811



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 2,110,811 |

Sub Partner Name(s)

| | | |
|-----------------|--|--|
| Mothers2Mothers | | |
|-----------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Construction/Renovation | 76,230 |
| Food and Nutrition: Commodities | 8,400 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 40,000 |
| Human Resources for Health | 268,250 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Child Survival Activities
 Safe Motherhood
 Family Planning

Budget Code Information

| Mechanism ID: 9702 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: ACQUIRE Project | | | |
| Prime Partner Name: Engender Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|--|------|-----------|--|
| Prevention | MTCT | 2,110,811 | |
| Narrative: | | | |
| <p>EngenderHealth implements PMTCT in Manyara and Iringa regions, covering a total of 14 districts. Through the Acquire program EngenderHealth also implements family planning programs at a national level. The ANC HIV prevalence based on ANC surveillance of 2008 is 3.2% for Manyara and 16.5% for Iringa. Based on SAPR 2010, the site coverage for Iringa is 95% and for Manyara it is 72%. The coverage for intervention ranges from 17% to 47%. Iringa has a high HIV prevalence and coverage can be improved. The implementing partner will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labor and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The implementing partner will support scale-up of EID to reach 65% of HIV exposed infants through RCH clinics. Couple counseling and testing and partner testing will be promoted, couples and discordant couples followed up and supported.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 9706 | Mechanism Name: Fogarty |
| Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health | Procurement Type: Cooperative Agreement |
| Prime Partner Name: US National Institutes of Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 450,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 450,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 450,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9706 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Fogarty | | | |
| Prime Partner Name: US National Institutes of Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 450,000 | |

Narrative:

Build HRH capacity in the area of medicine, research and the social sciences. Support long-term training of Tanzanian health professionals for Masters and MPH training at Makerere University in Uganda through the Baylor Pediatric Fellows program (Baylor College of Medicine). Provide technical assistance to the Muhimbili University School of Public Health to complement funding provided to the institution through the CDC cooperative agreement (Dartmouth/Boston University School of Public Health).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9728 | Mechanism Name: CRS |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 13,782,486 | |
| Funding Source | Funding Amount |
| GHCS (State) | 13,782,486 |

Sub Partner Name(s)

| | | |
|---|---|--------------------------------|
| Amani | Anglican Church of Tanzania (ACT) TANGA | ARCHDIECESE OF MWANZA |
| Babati | Bombo | Bugando |
| Bukima | Bukumbi | Bumbuli |
| Bunda | Bungu | Butiama |
| Buzuruga | Bweri | Bwisya |
| Christian Social Services Commission | Coptic | Dareda |
| Dongobesh | Emboret | Engusero |
| Evangelical Lutheran church of Tanzania (ELCT) Arusha | Geita | Hale |
| Hanang | Handeni | Haydom |
| Hindu | Ikizu | Interchurch Medical Assistance |
| Kabuku | KANISA LA MENNONITE TANZANIA | Katunguru |
| Kharumwa | Kiagata | Kibara |
| Kijungu | Kilindi | Kilombero |
| Kinesi | Kisesa | Kisorya |
| Kiteto | Korogwe | Kowak |
| Kwangwa | Kwediboma | Lushoto |
| Magoma | Magu | Makongoro |
| Makorora | Manyamanyama | Maramba |
| Matui | Mbulu | Mererani |
| Misasi | Misungwi | Mkata |



| | | |
|---|-----------------|---------------------------------|
| Mkinga | Mkula | Mkuzi HC |
| Mombo | Msitu wa Tembo | Muheza |
| Murangi | Musoma | Mwananchi |
| Mwangika | Mwera | Naberera |
| Nasa | Ngamiani | Ngorika |
| Ngudu | Nyakahoja | Nyakaliro |
| Nyamagana | Nyamongo | Nyasho |
| Nyerere | Nyumba ya Mungu | Nzera |
| Orkesumet KKKT | Pangani | Pongwe |
| Rao | Safi Medics | Sekou Toure |
| Sengerema | Shirati | Simanjiro |
| Sirari | St.Raphael | Sumve |
| Tanga Central | Tarime | The Futures Group International |
| Tumaini | Tunguli | Ukerewe |
| UMSOM - INSTITUTE OF HUMAN VIROLOGY (IHV) | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 78,000 |
| Human Resources for Health | 9,038,274 |
| Water | 13,000 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Malaria (PMI)



Child Survival Activities
 Safe Motherhood
 TB

Budget Code Information

| | | | |
|----------------------------|--------------------------|--|--|
| Mechanism ID: | 9728 | | |
| Mechanism Name: | CRS | | |
| Prime Partner Name: | Catholic Relief Services | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 2,094,569 | |

Narrative:

These funds will be used to maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLHIV from the time of diagnosis throughout the continuum of illness. This will be achieved through enhanced diagnosis and management of opportunistic infections, pain and symptom management, intergration with other key services (PMTCT, RCH, FP, TB etc). Ensure referral and tracking systems are strengthened to minimize the loss to follow-up of pre-ART and ART clients through improving linkages between health facilities and the community. Support and extend nutritional assessment and counseling in all supported sites. CRS will intergrate and expand Positive Prevention services in all supported facilities while building the capacity of local government and civil society for sustainable service provision for PLWHA. Provide continued support, strengthen coordination and collaboration mechanisms between partners in operational regions. The services will be provided in 28 districts in Mwanza, Mara, Manyara and Tanga regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 8,309,052 | |

Narrative:

CRS will focus on high Quality HIV services at existing sites by reducing retention gaps through identification of problems and, and it will identify strategies that will lead to increased retention of patients on ART. CRS will continue capacity building and provision of technical assistance to the identified local partners in order to transition ART service delivery to regional ownership. Focus more on clinical mentorship, supportive supervision and consolidation of in-service ART trainings in the zonal training centers. Partner works in 28 districts of Mwanza, Manyara, Mara and Tanga and currently covers 31,910 patients.



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 3,378,865 | |

Narrative:

\$100,000 will be directed to CSSC to implement PMTCT and improve MCH services (see PF package):
 The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:-

- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs
- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package
- (5) Having the partner complement Newborn Health package.
- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system
- (9) Strengthening M&E systems to track and document the impact of the PMTCT program
- (10) Providing training and improving retention rates of health care workers
- (11) Strengthening and expanding interventions to improve maternal and child survival
- (12) Supporting new activities such as Cervical cancer screening
- (13) Creating community demand

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9739 | Mechanism Name: Track 1.0 - EGPAF |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 5,006,215 | |
| Funding Source | Funding Amount |
| Central GHCS (State) | 5,006,215 |

Sub Partner Name(s)

| | | |
|----------------------------------|-----------------------------|--------------------------------------|
| AICC HOSPITAL | ARUSHA DISTRICT COUNCIL | ARUSHA MUNICIPAL COUNCIL |
| Bariadi | BUKOMBE DISTRICT COUNCIL | ENDULEM HOSPITAL |
| Gonja Lutheran Hospital | HAI DISTRICT COUNCIL | Igunga District Council |
| ISTHNA ASHERI HOSPITAL | Kahama District Council | KIBONG'OTO TB HOSPITAL |
| KIBOSHO MISSION HOSPITAL | KILEMA MISSION HOSPITAL | Kilimanjaro Christian Medical Centre |
| KILWA DISTRICT COUNCIL | KIPATIMU MISION HOSPITAL | KITETE REGIONAL HOSPITAL |
| LIWALE DISTRICT COUNCIL | LONGIDO DISTRICT COUNCIL | MACHAME LUTHERAN HOSPITAL |
| MARANGU LUTHERAN HOSPITAL | Maswa District Council | MAWENZI REGIONAL HOSPITAL |
| MEATU DISTRICT COUNCIL | MERU DISTRICT COUNCIL | MNERO MISSION HOSPITAL |
| MONDULI DISTRICT COUNCIL | MOSHI MUNICIPAL COUNCIL | MOSHI RURAL DISTRICT COUNCIL |
| MT. MERU REGIONAL HOSPITAL | MWADUI HOSPITAL | MWANGA DISTRICT COUNCIL |
| NACHINGWEA DISTRICT COUNCIL | NDALA MISSION HOSPITAL | NGORONGORO DISTRICT COUNCIL |
| NGOYONI MISSION HOSPITAL | Nkinga Mission Hospital | NKOARANGA LUTHERAN HOSPITAL |
| Nzega District Council | ROMBO DISTRICT COUNCIL | RUANGWA DISTRICT COUNCIL |
| SAME DISTRICT COUNCIL | SHINYANGA MUNICIPAL COUNCIL | Shinyanga Regional Hospital |
| SHINYANGA RURAL DISTRICT COUNCIL | SIHA DISTRICT COUNCIL | SIKONGE DESIGNATED DISTRICT HOSPITAL |
| SIKONGE DISTRICT COUNCIL | SOKOINE REGIONAL HOSPITAL | ST ELIZABETH HOSPITAL |
| ST WALBURG's HOSPITAL | TABORA MUNICIPAL COUNCIL | TPC HOSPITAL |



| | | |
|-------------------------|-----------------------|--|
| Urambo District Council | Uyui District Council | |
|-------------------------|-----------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 TB
 Family Planning

Budget Code Information

| Mechanism ID: | 9739 | | |
|----------------------------|--|----------------|----------------|
| Mechanism Name: | Track 1.0 - EGPAF | | |
| Prime Partner Name: | Elizabeth Glaser Pediatric AIDS Foundation | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 5,006,215 | |

Narrative:

EGPAF will focus on high Quality HIV services at existing sites by reducing retention gaps through the identification of problems and it will identify strategies that will lead to increased retention of patients on ART. EGPAF will continue capacity building and provision of technical assistance to the identified local partners in order to transition ART service delivery to regional ownership. EGPAF will focus more on clinical mentorship, supportive supervision and consolidation of in-service ART trainings in the zonal training centers. Partner works in 34 districts of Tabora, Shinyanga, Arusha, Kilimanjaro and Lindi and currently covers 33,903 patients.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9740 | Mechanism Name: Track 1.0 - ICAP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 4,400,000 | |
| Funding Source | Funding Amount |
| Central GHCS (State) | 4,400,000 |

Sub Partner Name(s)

| | | |
|---------------------------|--------------------------|-----------------------------|
| Bagamoyo District Council | Biharamulo DDH | Biharamulo District Council |
| Bugando Medical Centre | Bukoba District Council | Bukoba Municipal Council |
| Chato District Council | Heri Mission Hospital | Isingiro Hospital |
| Kabanga Mission Hospital | Kagera Regional Hospital | Kagera Sugar Hospital |
| Kagondo Hospital | Karagwe District Council | Kasulu District Council |
| Kibaha District Council | Kibaha Municipal | Kibondo District Council |
| Kigoma District Council | KIGOMA MUNICIPAL COUNCIL | Kisarawe District Council |
| Mafia District Council | Matyazo Health centre | Maweni regional Hosp |
| Mchukwi Mission Hospital | Misenye District Council | Mkuranga District Council |
| MKUTA | Mugana DDH | Muleba District Council |
| Murgwaza DDH | Ndolage Mission Hospital | Ngara District Council |
| Nyakahanga DDH | Nyakaiga Hospital | Ocean Road Cancer Institute |
| RHMT Kagera | RHMT Kigoma | RHMT Lindi |
| RHMT Pwani | Rubya DDH | Rufiji District Council |
| Rulenge Hospital | SHDEPHA+ | SPSS-MUHAS- Muhimbili |



| | | |
|---|------------------------|--------|
| Tanzania Public Health Initiatives (TPHI) | Tumbi Special Hospiatl | WAMA |
| ZACP | ZANGOC | ZAPHA+ |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,366,322 |
|----------------------------|-----------|

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Malaria (PMI)
 Child Survival Activities
 Mobile Population
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

| Mechanism ID: | 9740 | | |
|----------------------------|---------------------|----------------|----------------|
| Mechanism Name: | Track 1.0 - ICAP | | |
| Prime Partner Name: | Columbia University | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 4,400,000 | |

Narrative:

Focus on high Quality HIV services at existing sites by reducing retention gap through identification of problems and identify strategies that will lead to increased retention of patients on ART. Continue capacity building and provision of technical assistance to the identified local partner as a way towards



transitioning of ART service delivery in the regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner works in 23 districts of Kigoma, Kagera, Pwani and Zanzibar and currently covers 19053 patients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 9741 | Mechanism Name: Track 1.0 - Harvard |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Harvard University School of Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 6,786,072 | |
| Funding Source | Funding Amount |
| Central GHCS (State) | 6,786,072 |

Sub Partner Name(s)

| | | |
|----------------------------|---------------------------------------|--|
| Dar es Salaam City Council | Management and Development for Health | Muhimbili University of Health and Allied Sciences |
|----------------------------|---------------------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 4,248,000 |
|----------------------------|-----------|

Key Issues



Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Malaria (PMI)
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning

Budget Code Information

| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism ID: | 9741 | | |
| Mechanism Name: | Track 1.0 - Harvard | | |
| Prime Partner Name: | Harvard University School of Public Health | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 6,786,072 | |

Narrative:

Harvard will focus on high Quality HIV services at existing sites by reducing retention gaps through the identification of problems and it will identify strategies that will lead to increased retention of patients on ART. Harvard will continue capacity building and provision of technical assistance to the identified local partners in order to transition ART service delivery to regional ownership. EGPAF will focus more on clinical mentorship, supportive supervision and consolidation of in-service ART trainings in the zonal training centers. Partner works in 3 districts of Dar es Salaam and currently covers 33,943 patients.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 9793 | Mechanism Name: Maisha Kikamilifu |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Mildmay International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|-------------------------------|-----------------------|
| Total Funding: 800,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 800,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Commodities | 5,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 50,000 |
| Gender: Reducing Violence and Coercion | 25,000 |
| Human Resources for Health | 200,000 |

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| Mechanism ID: | 9793 | | |
| Mechanism Name: | Maisha Kikamilifu | | |
| Prime Partner Name: | Mildmay International | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 800,000 | |
| Narrative: | | | |
| Mildmay will continue to provide intergrated HIV care and support services in community setting. In FY | | | |



2011 Mildmay will continue to focus on intergrating Prevention with Positives (PwP), and extending nutritional assessment and counseling (NACS) through community based service platforms. Mildmay will link with the National TA partner leading Economic Strengthening (ES) to support these interventions in the community. The increased resources will enable Mildmay to pilot and support roll-out on different service provision models. Mildmay activities are in Kilimanjaro and Tabora.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 9795 | Mechanism Name: African Palliative Care Association |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: African Palliative Care Association | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 300,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 300,000 |

Sub Partner Name(s)

| | | |
|--------------------------------------|--|--|
| Tanzania Palliative Care Association | | |
|--------------------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 5,020 |
| Human Resources for Health | 294,980 |



Key Issues

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

| Mechanism ID: 9795 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: African Palliative Care Association | | | |
| Prime Partner Name: African Palliative Care Association | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 300,000 | |
| Narrative: | | | |
| African Palliative Care Association (APCA) will continue to provide support and strengthen Tanzania Palliative Care Association (TPCA). APCA will link with FHI, NACP and Ministry of Health and Social welfare (MOHSW) to support the development of National Palliative care guidelines and trainings. In FY2011 funds have increased to restore the partner funding level from the cut last year. This is a National TA support activity. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9798 | Mechanism Name: Axios |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Axios Partnerships in Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 350,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|--------------|---------|
| GHCS (State) | 350,000 |
|--------------|---------|

Sub Partner Name(s)

| | | |
|------------------------------|------------------------------|-------------------------|
| Lindi - Kilwa District | Lindi - Lindi Urban | Lindi - Newala District |
| Mtwara - Nachingwea District | Mtwara - Tandahimba District | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Economic Strengthening | 10,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 40,000 |

Key Issues

Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Child Survival Activities

Budget Code Information

| Mechanism ID: 9798 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Axios | | | |
| Prime Partner Name: Axios Partnerships in Tanzania | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 350,000 | |
| Narrative: | | | |
| Axios will continue to provide intergrated HIV care and support services in community setting. In FY 2011 Axios continue to focus on intergrating Prevention with Positives (PwP), and extending nutritional | | | |



assessment and counseling (NACS) through community based service platforms. Axios will link with the National TA partner leading Economic Strengthening (ES) to support these interventions in the community. Axios activities are in Lindi and Mtwara.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9799 | Mechanism Name: SCMS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 9799 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: SCMS | | | |
| Prime Partner Name: Partnership for Supply Chain Management | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 9801 | Mechanism Name: CME - PPP |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9801 | | | |
|----------------------------------|-------------|----------------|----------------|
| Mechanism Name: CME - PPP | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10006 | Mechanism Name: ROADS II |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 4,648,286 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 4,648,286 |

Sub Partner Name(s)

| | | |
|-------------------------|--------------------------|------------------------------|
| Actions for Development | Adilisha Child and Youth | Ambassador HIV ROADS Project |
|-------------------------|--------------------------|------------------------------|



| | | |
|--|---|--|
| Programs (ADP)-Mbozi | Development | Assimilation |
| Beach Management Unit (BMU) | Bokolani Upendo Group | Bugogwa Amani Post Test Club |
| Chama Cha Kusaidia Watoto Yatima (CHASAWAYA) | Communication and Transport Workers Union (COTWU) | Development Alternatives, Inc (DAI) |
| Evangelical Lutheran Church in Tanzania, Southern Diocese (ELCT) | Fishers Union Organization | Howard University/PACE Center |
| Huruma Women Group (HUWOG) | JHPIEGO | JHU/CCP/AFRICOMNET- |
| Jielimishe Epuka Ukimwi Makambako | Johns Hopkins Bloomberg School of Public Health Center for Communication Programs | Local Community Competence Building (LCCB) |
| Mtandao wa Waviu | New Happy Development Foundation (NHDF) | North Star Foundation |
| Program for Appropriate Technology in Health | Samba Development of Tanzania | SAREPTA Women group |
| Shaloon Care House (SHALOOM) | Shirika la Watu Wanaoishi kwa Uhakika Tunduma | Shirikal La Ushauri na Udhibiti wa Ukimwi Kahama (SHIUUKA) |
| Sisi kwa Sisi Women group | Tanzania Youth AIDS Control Program (TYACP) | Taqwa Health Care Centre |
| TBD | Tuamke | Tunduma Camp |
| Voice for Humanity | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|--------|
| Economic Strengthening | 54,164 |
| Education | 56,345 |
| Food and Nutrition: Commodities | 89,784 |
| Gender: Reducing Violence and Coercion | 31,031 |



Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Workplace Programs

Budget Code Information

| Mechanism ID: 10006 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: ROADS II | | | |
| Prime Partner Name: Family Health International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 450,000 | |
| Narrative: | | | |
| FHI / ROADS will continue to provide intergrated HIV care and support services in community setting. In FY 2011 FHI ROADS will continue to focus on intergrating Prevention with Positives (PwP), and extending nutritional assessment and couseling (NACS) through community based service platforms. ROADS will link with the National TA partner leading Economic Strengthening (ES) to support these interventionsin the community. ROADS activities are in Makambako, Tunduma, Port of Dar Es Salaam and Kahama. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 450,000 | |
| Narrative: | | | |
| 1) Maintain/expand high quality programming along the transportation corridor with OVC and care programs. This will be accomplished through provision of quality OVC services. 2) Establish linkages with health services and prevention, and innovative programs for economic strengthening. FHI works in 4 transportation corridor communities with plans to expand to 2 additional sites yearly. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 375,000 | |
| Narrative: | | | |
| Continue to provide HCT services to higher risk populations, including truckers, CSW, etc. Decreased | | | |



funding is due to efficiencies gained via linkages and referrals to prevention, care and treatment services. Program coverage is in Mbeya, Iringa, Mwanza, Shinyanga and Dar. \$25k taken away as part contribution to PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 1,220,000 | |

Narrative:

Expand high quality programming along the transportation corridor with MARPS, linking with CT, OVC and care programs. This will be accomplished through provision of behavior change programs, linkages with health services, and innovative programming for truckers and corridor communities. Activities focus on high-risk communities along the transportation corridor and fishing communities (Dar, Iringa, Mbeya, Shinyanga, Mwanza). Additional funds will be used to expand programs in Iringa.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 2,153,286 | |

Narrative:

Expand high quality programming along the transportation corridor with MARPS, linking with CT, OVC and care programs. This will be accomplished through provision of behavior change programs, linkages with health services, and innovative programming for truckers and corridor communities. Activities focus on high-risk communities along the transportation corridor and fishing communities (Dar, Iringa, Mbeya, Shinyanga, Mwanza). Additional funds will be used to expand programs in Iringa and for fishing communities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10007 | Mechanism Name: UJANA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 6,491,125



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 6,491,125 |

Sub Partner Name(s)

| | | |
|---|---|---|
| Across the Bridge Tanzania (ABRITA) | African Medical and Research Foundation, South Africa | American Red Cross |
| Anglican Church of Tanzania (ACT) - Mara | Anti-Female Genital Mutilation Network (AFNET) | Centrol Mondiliata Sviluppo Reciproco (CMSR) |
| Chama Cha Uzazi na Malezi Bora (UMATI) - Iringa | Chama Cha Uzazi na Malezi Bora (UMATI) - Mbeya | Chama Cha Uzazi na Malezi Bora (UMATI) - Pemba |
| Chama Cha Uzazi na Malezi Bora (UMATI) - Temeke | Chama Cha Uzazi na Malezi Bora (UMATI) - Unguja | Changombe Youth Tanzania (CYT) |
| Christian Council of Tanzania (CCT) | Coalition of Positive Youth Girls (COPYGIRLZ) | Community Concern of Orphans and Development Association |
| Community Health Services in Van (CHCIVANA) | Community Volunteers for the World (CVM) | Elizabeth Youth Group |
| Faraja Trust Fund | Faraja Vijana Siha | Fechheim Matamba (FEMA) |
| Femina Health Information Project (Femina HIP) | Good Samaritan Mission (GSM) | Grassroots Soccer |
| Green Hope | Health Action Promotion Group (HAPA) | Institute of Social Work |
| Iringa Development of Youth, Disabled and Children Care (IDYDC) | Iringa Regional Commissioners Office | Kilimanjaro NGO Cluster on STI, HIV/AIDS and RH Interventions (KINSHAI) |
| Kimara Peer Educators | Kwahani Quality Youth Group | Magu Youth Development Network (MAYODEN) |
| Makete Council Multisectoral AIDS Committee | Morogoro Paralegal Center for Women and Children | Mtwara Economical Development Association (MEDI) |
| Mtwara Society Against Poverty (MSOAPO) | Mufindi Youth Development Society (MUYODESO) | Mwinyibaraka Islamic Foundation |
| National Organisation for Peer Educators (NOPE) | National Youth Information Centre (NICE) | Neighbours Without Borders (NWB) |
| PACT Tanzania | Parapanda Theatre Lab Trust | Partnership for Youth |



| | | |
|--|---|---|
| | | Development (PAYODE) |
| Patronage in Environmental Management and Health Care Warriors (PEMWA) | Private Nurses and Midwives Association in Tanzania (PRINMAT) | Restless Development |
| Service Health and Development of People Living Positively with HIV/AIDS (SHIDEPHA+) | St. Camillus Theater Group | Students for International Change |
| Support Makete to Self Support (SUMASESU) | Taasisi ya Maendeleo Shirikishi ya Vijana Arusha (TAMASHA) | Tabora Development Foundation Trust (TDFT) |
| Tanga AIDS Working Group-Tanga (TAWG) | Tanzania Development and AIDS Prevention Trust (TADEPA) | Tanzania Fellowship of Churches |
| Tanzania Scouts Mafinga | Tanzania Young Positive Ambassadors Living with HIV/AIDS (TAYOPA) | Tegemeo Arts Group Tanzania |
| Theatre for Social Development (THESODE) | TRACE | Walio Katika Mapambano na AIDS Tanzania (WAMATA) |
| Wings Environment and Education Transformation Unit (WEETU) | Youth Advisory and Development Council | Youth Serve Tanzania Trust |
| Youth Wings | Zamzam Youth Center | Zanzibar Association of Information Against Drug Abuse and Alcohol (ZAIADA) |
| Zanzibar HIV NGO Cluster (ZANGOC) | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Economic Strengthening | 120,000 |
| Education | 250,000 |
| Gender: Reducing Violence and Coercion | 600,000 |
| Human Resources for Health | 550,000 |



Key Issues

Addressing male norms and behaviors
 Increasing women's access to income and productive resources
 Mobile Population
 Family Planning

Budget Code Information

| Mechanism ID: 10007 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: UJANA | | | |
| Prime Partner Name: Family Health International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 350,000 | |
| Narrative: | | | |
| 1) Work with UMATI to intergrate Youth Friendly services for OVC in reproductive services. 2) Provide technical assistance to OVC Implementing Partners on the intergration of prevention services 3) Support monitoring and document best practices on intergration of the prevention services to OVC 4) Work with FHI (system strengthen support program) to develop and facilitate ToT training of standardized lifeskills for OVC | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 4,421,125 | |
| Narrative: | | | |
| FHI will expand quality HIV prevention programs for youth in high prevalence regions with high risk youth, including a focus on key epidemic drivers, gender norms, and strengthening community activities. FHI will work closely with key GOT ministries and build the capacity of over 55 local partners through sub-grants and continuous capacity building efforts. This project is national in scope with a focus on 8 of the highest prevalence regions, including expansion in Iringa. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 1,720,000 | |
| Narrative: | | | |



Expand quality HIV prevention programs for high-risk youth in highest prevalence regions, including a focus on key epidemic drivers, gender norms, and strengthening community activities. FHI will work closely with key GOT ministries and builds the capacity of over 55 local partners through sub-grants and continuous capacity building efforts. This is a national program with a focus on high HIV prevalence regions, including expansion in Iringa.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10008 | Mechanism Name: SPS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Management Sciences for Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,159,999 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,159,999 |

Sub Partner Name(s)

| | | |
|----------------|--|--|
| Not Applicable | | |
|----------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 600,000 |
|----------------------------|---------|

Key Issues



Child Survival Activities

Family Planning

Budget Code Information

| Mechanism ID: | 10008 | | |
|----------------------------|--------------------------------|----------------|----------------|
| Mechanism Name: | SPS | | |
| Prime Partner Name: | Management Sciences for Health | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 1,009,999 | |

Narrative:

Supports pharmacological training and dispensing practices technical assistance at CTC site level. The goal is to increase the skill, knowledge and capacity of local pharmacists to provide quality dispensing practices and counselling to patients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 150,000 | |

Narrative:

The PMTCT audit revealed record keeping deficiencies at the facility level. In FY2010, MSH supported USG in initiating a training program for pharmacists and pharmaceutical technicians in the management of pharmaceuticals, including PMCT commodities. The funds will be used to strengthen the skill of pharmacists and pharmaceutical technicians in ILS/PMTCT commodity management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 10010 | Mechanism Name: Pangea |
| Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health | Procurement Type: Cooperative Agreement |
| Prime Partner Name: US National Institutes of Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10010 | | | |
| Mechanism Name: Pangea | | | |
| Prime Partner Name: US National Institutes of Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 0 | |
| Narrative: | | | |
| None | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10044 | Mechanism Name: MUHAS-SPH |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Muhimbili University College of Health Sciences | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 900,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 900,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 100,000 |
| Human Resources for Health | 800,000 |

Key Issues

Mobile Population



Budget Code Information

| Mechanism ID: 10044 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: MUHAS-SPH | | | |
| Prime Partner Name: Muhimbili University College of Health Sciences | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 500,000 | |

Narrative:

Support faculty development, curriculum enhancement, and classroom renovation to improve quality of pre-service training in the eight master's programs at the Muhimbili University of Health and Allied Sciences (MUHAS). Based on an assessment of faculty, staff will be provided with additional training on teaching methods and HIV/AIDS knowledge and other content. Additional teaching staff will continue to be supported for those areas most in need. Based upon recommendations from a review of curricula done by Gates/UCSF, the curricula of each masters program will be improved. To increase the number of health care workers five students will be supported to complete the masters in public health course.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 200,000 | |

Narrative:

Support for AB component of strengthening and quality improvement of health promotion and BCC pre-service trainings at MUHAS. This program aims to establish and maintain longer- term BCC capacity strengthening in Tanzania through trained BCC cadre and experts with the capacity to design, plan, implement, monitor and evaluate sound and locally appropriate BCC interventions for HIV/AIDS programs in both Tanzania mainland and Zanzibar. Trainings will include classroom based teaching as well as mentorship and during practical applications of skills and knowledge acquired during training.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 200,000 | |

Narrative:

Support for the OP component of quality improvement and strengthening in health promotion and BCC pre-service trainings at MUHAS. This will be accomplished by establishing and maintaining longer-term BCC capacity strengthening in Tanzania through trained BCC cadre and experts with capacity to design, plan, implement, monitor and evaluate sound and locally appropriate BCC interventions for HIV/AIDS programs in both Tanzania mainland and Zanzibar. Trainings will include classroom based teaching as well as mentorship during practical applications of skills and knowledge acquired.



Moved funding from Mechanism 304 to Mechanism 10623 in order to combine mechanisms for a single partner

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10063 | Mechanism Name: Umbrella TA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 10063 | | |
| Mechanism Name: | Umbrella TA | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10067 | Mechanism Name: PASHA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-----------|----------|
| Education | Redacted |
|-----------|----------|



Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| Mechanism ID: 10067 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: PASHA | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| Collaborate with the Education sector to more effectively integrate HIV prevention into primary and secondary schools, as well as programs at the policy level. This project will focus on safe school activities. The collaboration with the education team reflects increased communication across development platforms as well as a focus on women and girls in the spirit of GHI. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10070 | Mechanism Name: BIPAI-PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 3,100,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 3,100,000 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|-----------|
| Construction/Renovation | 90,000 |
| Food and Nutrition: Commodities | 25,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 10,000 |
| Human Resources for Health | 2,713,961 |

Key Issues

- Impact/End-of-Program Evaluation
- Malaria (PMI)
- Child Survival Activities
- TB
- Family Planning

Budget Code Information

| | | | |
|---|---|-----------------------|-----------------------|
| Mechanism ID: | 10070 | | |
| Mechanism Name: | BIPAI-PPP | | |
| Prime Partner Name: | Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 400,000 | |
| Narrative: | | | |
| 1) Demonstrate the community pediatric program in operational regions 2) Link with OVC implementing | | | |



partners in operational regions to establish meaningful OVC and facility referrals. 3) Document best practices and the number of OVC referred to the facilities

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | 500,000 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OIs); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Lake Zone and Southern Highlands. Baylor will continue building capacities for pediatric care and treatment partners in a phased approach.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 2,200,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. Baylor has established 2 pediatric HIV Centers of Excellence in Lake and Southern Highlands for capacity building and mentorship of pediatric HIV health care workers. Baylor will continue building capacity for pediatric care and treatment partners in a phased approach.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|----------------------------|
| Mechanism ID: 10087 | Mechanism Name: FMP |
|----------------------------|----------------------------|



| | |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Tanzania Marketing and Communications Project | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 930,850 | |
| Funding Source | Funding Amount |
| GHCS (State) | 930,850 |

Sub Partner Name(s)

| | | |
|---|--------------------------------|---|
| Children and Youth Development Organization (CYODO) | Orphans Relief Services (ORES) | Wanawake na Maendeleo (WAMA) Foundation |
|---|--------------------------------|---|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-----------|---------|
| Education | 880,850 |
|-----------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10087 | | | |
| Mechanism Name: FMP | | | |
| Prime Partner Name: Tanzania Marketing and Communications Project | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------------|------|---------|--|
| Prevention | HVAB | 600,000 | |
|------------|------|---------|--|

Narrative:

TFMP will continue to support the scale-up of AB components of the Families Matter program in Ruvuma and Mtwara regions. This parent-child communication program focuses on prevention of teenage pregnancies, HIV and other STIs, and delay of sexual debut among pre-teens. TFMP works with parents to delay sexual debut among preteens. Funding includes support for FMP outcome evaluation (\$50,000).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 330,850 | |

Narrative:

Increase support for the scale-up of OP component of "Families Matter Program" in Ruvuma and Mtwara regions. This program will focus on parent-child communication in order to prevent teenage pregnancies, HIV and other STIs, and delay of sexual debut among pre-teens. There will be continued support for the complementary "Healthy Choices" component that addresses HIV prevention and condom use among youth once they become sexually active. Funding includes support for FMP outcome evaluation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10088 | Mechanism Name: DCC |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Drug Control Commission | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 900,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 900,000 |

Sub Partner Name(s)



| | | |
|---------------------------------------|--|---|
| MINISTRY OF HEALTH AND SOCIAL WELFARE | Ministry of Regional Administration and Local Government | Muhimbili National Hospital, Department of Psychiatry and Mental Health |
|---------------------------------------|--|---|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 61,000 |
| Human Resources for Health | 346,747 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| Mechanism ID: | 10088 | | |
|----------------------------|-------------------------|----------------|----------------|
| Mechanism Name: | DCC | | |
| Prime Partner Name: | Drug Control Commission | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 900,000 | |

Narrative:

Coordination and M&E of DU/IDU services and programming nationally on Mainland. Additional funding this year to support NSP on Mainland. Subgrant \$100,000 to MOHSW to support second MAT site in Dar. \$150,000 subgrant to Pangaea to support MAT, NSP and National database of IDU services

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 10090 | Mechanism Name: MARPS |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10090 | | | |
| Mechanism Name: MARPS | | | |
| Prime Partner Name: Columbia University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 0 | |



Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10092 | Mechanism Name: Helpline & Youth |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Tanzania Youth Alliance | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 993,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 993,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services



Increasing women's legal rights and protection
Workplace Programs

Budget Code Information

| Mechanism ID: | 10092 | | |
|----------------------------|-------------------------|----------------|----------------|
| Mechanism Name: | Helpline & Youth | | |
| Prime Partner Name: | Tanzania Youth Alliance | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 500,000 | |

Narrative:

Tayoa will continue support for AB components of youth outreach and "youth balozi" (youth ambassadors) program in Dar es Salaam, Pwani and Tanga regions. Funding includes support for continuation of youth program outcome evaluations started in Sept 2010, strengthening of Tayoa Helpline services (nationwide reach), including a specific focus on specialized telephone counseling and referral services for PLHIV and victims of sexual, domestic and gender based violence. Funding includes TA provision through sub-grantee Global Health Communications.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 493,000 | |

Narrative:

Continuation of support for OP components of Tayoa's youth outreach and "youth balozi" (youth ambassadors) program in Dar es Salaam, Pwani and Tanga regions. Funding includes support for the continuation of youth program outcome evaluations started in Sept 2010, as well as strengthening Tayoa Helpline services (nationwide reach), including a focus on specialized telephone counseling and referral services for MSM, PLHIV and victims of sexual, domestic and gender-based violence. Funding includes TA provision through sub-grantee Global Health Communications.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|---------------------------------|
| Mechanism ID: 10095 | Mechanism Name: CHAMPION |
|----------------------------|---------------------------------|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Engender Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 4,360,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 4,360,000 |

Sub Partner Name(s)

| | | |
|--|---|--|
| Academy for Educational Development | Agency for Cooperation and Research in Development - Mwanza | Huruma AIDS Concern and Care, Morogoro Urban |
| Iringa Development of Youth, Disabled Children, Iringa Urban | Kiota Womens Health and Development - Ilala, Dar es Salaam | Patronage in Environment Management and Health Care Warriors - Lindi Urban |
| Tabora Development Foundation Trust - Tabora Urban | UMATI - Temeke, Dar es Salaam & Mbeya Urban | Youth Advisory and Development Council -Shinyanga Urban |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 820,000 |
| Human Resources for Health | 390,000 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services



Increasing women's legal rights and protection
 Mobile Population
 Safe Motherhood
 Workplace Programs
 Family Planning

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10095 | | | |
| Mechanism Name: CHAMPION | | | |
| Prime Partner Name: Engender Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 3,760,000 | |
| Narrative: | | | |
| CHAMPION will expand work to address harmful gender norms and reduce high risk behavior through working with men, which will include evidence-based combination prevention. This will be accomplished through the use of the Men as Partners curricula for communities, promotion of positive health-seeking behavior by men, community mobilization to address harmful gender norms, and workplace programs. Implementation will focus on the 8 highest HIV prevalence regions, including expansion in Iringa. 75k will be set aside for formative research/assessment of behavioral drivers, potentially including geographic "city" focus, and outcome evaluation of campaigns. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 600,000 | |
| Narrative: | | | |
| Expand work to address harmful gender norms and reduce high risk behavior by working with men, with a focus on evidence-based combination prevention. This will be accomplished through use of the Men as Partners curricula for communities, promotion of positive health-seeking behavior by men, community mobilization to address harmful gender norms, and workplace programs. Implementation will focus on high HIV prevalence regions, with expansion for Iringa. \$75k will be set aside for formative research/assessment of behavioral drivers, potentially including geographic "city" focus, and outcome evaluation of campaigns. | | | |

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10119 | Mechanism Name: Community Services |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Deloitte Consulting Limited | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 5,688,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 5,688,000 |

Sub Partner Name(s)

| | | |
|---|--|---|
| Afya Women Group | Allamano Consolata Sisters | Alpha Dancing Group |
| Anglican Diocese of Mpwapwa | Anti Female Genital Mutilation Network | Baraza la Misikiti Tanzania |
| Catholic Relief Services | Counselling centre for Nutrition and Health-COUNSENUH | Diocese of Central Tanganyika |
| Evangelical Lutheran Church Southern Diocese Njombe | Evangelical Lutheran Church Tanzania - Makete | Evangelical Lutheran Church Tanzania - Mwanza |
| Family Health International | Faraja Centre | Faraja Trust Fund |
| Huruma AIDS Concern & Care | Ikwiriri Mission Clinic and Dispensary-Rufiji | Iringa Development of Youth & Disabled, and Children Care |
| Jipeni Moyo Women and Community Organisation | Kifaru Community Development in Tanzania | Kikundi cha Wanawake Wajane Kondo |
| Lugoda Hospital | Mwanza Outreach Group | Network of Women Living with HIV-NETWO+ |
| Roma Catholic Archdiocese of Mwanza | Roman Catholic Church, Diocese of Morogoro, Mikumi Health Centre | Roman Catholic Diocese of Mahenge |
| Tanzania Home Economics | Tanzania Red Cross Society | Tanzania Women Lawyers |



| | | |
|---|---|---|
| Association | | Association-TAWLA |
| Walio Katika Mapambano na UKIMWI Tanzania | Wanaoishi Na Virusi Vya Ukimwi Morogoro | Zanzibar Association of People Living with HIV/AIDS |
| Zanzibar Nurses Association | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Economic Strengthening | 179,013 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 230,000 |
| Gender: Reducing Violence and Coercion | 8,079 |
| Human Resources for Health | 960,492 |
| Water | 72,036 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

| | |
|----------------------------|------------------------------------|
| Mechanism ID: | 10119 |
| Mechanism Name: | Community Services |
| Prime Partner Name: | Deloitte Consulting Limited |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 5,188,000 | |

Narrative:

Deloitte Consulting Limited (TUNAJALI) will continue to provide integrated HIV care and support services in community settings. In FY 2011 TUNAJALI will continue to focus on integrating Prevention with Positives (PwP), and extending nutritional assessment and counseling (NACS) through community based service platforms. In order to effectively respond to the new changing working environment, TUNAJALI will adopt the updated National HBC standard core package of services targeting the needs of three groups of patients which include (i) Pre-ART patients, (ii) patients on ART and (iii) Terminally ill patients. However, special efforts will be made to enhance positive prevention information, education and services for PLHIV and their household members. Since the number of bedridden patients is decreasing, decreasing the frequency of volunteer visits. We will increase the client load of our volunteers from the original average of 15 patients per volunteer to 30, recommending at least one visit to be done at the home of the PLHIV (for the majority of them) or through agreed arrangements to a PLHIV support group (for those who are members) per month for all physically stable patients. We will also use physically stable PLHIV as community volunteers, and enhance linkages of physically stable PLHIV to effective income generating initiatives and build entrepreneur skills and expertise. The TUNAJALI project is implemented in Zanzibar, Coast, Morogoro, Iringa, Dodoma, Mwanza and Singida.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 500,000 | |

Narrative:

Deloitte Consulting Limited (TUNAJALI) will continue to provide home-based counseling and testing services as part of its home-based care program. This mechanism was inadvertently left out of COP 10 and reprogrammed back. In July 2010, during implementation, there was a high response to home-based HIV counseling and testing services within the targeted areas. There was also a positive response from District Medical Officers (DMO) offices, and they are now constantly supplying the reagents for testing. In FY 2011 the program will continue conducting home based HIV counseling and testing in 17 districts to build on FY 2010 successes where over 100% of the target was reached.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 10123 | Mechanism Name: APHFTA - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|-------------------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10123 | | | |
| Mechanism Name: APHFTA - PPP | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |

Narrative:



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 10130 | Mechanism Name: Track 1.0 treatment follow on |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

| | | |
|---|--|--|
| Selected Distric Health Management Teams within regions | | |
|---|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

Impact/End-of-Program Evaluation

Custom

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Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

| Mechanism ID: 10130 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Track 1.0 treatment follow on | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| Build capacity of the local government and district health management through training and technical assistance to maintain quality HIV services for PLHWA. This will be accomplished through issuing an FOA for local organizations to work with Regional and District authorities in the day to day activities of HIV Program management. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 10131 | Mechanism Name: Track 1.0 treatment follow on |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| |
|-------------------------|
| Total Funding: Redacted |
|-------------------------|



| Funding Source | Funding Amount |
|----------------|----------------|
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 10131 | | |
|----------------------------|-------------------------------|----------------|----------------|
| Mechanism Name: | Track 1.0 treatment follow on | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10351 | Mechanism Name: UHAI-CT |
| Funding Agency: U.S. Agency for International | Procurement Type: Cooperative Agreement |



| | |
|--------------------------------|---|
| Development | |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,630,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,630,000 |

Sub Partner Name(s)

| | | |
|-------------------------------------|---|-------------------------------------|
| Africare | Alpha Dancing Group (Alpha)-Iringa | Ilula Orphan program (IOP) - Iringa |
| Milo Sayuni Orphanage (MISO)-Iringa | Southern Highlands Senility Organization (SHISO)-Iringa | TBD |
| T-MARC Company | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 800,000 |
|----------------------------|---------|

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Mobile Population
 TB

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 10351 |
|----------------------------|



| Mechanism Name: UHAI-CT | | | |
|---|-------------|----------------|----------------|
| Prime Partner Name: JHPIEGO | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 2,630,000 | |
| Narrative: | | | |
| Continue the expansion of PITC and mobile CT services. Services are focused in Iringa, Dodoma, Tabora, Singida, Tanga, Mtwara and Kilimanjaro. Jhpiego will continue to provide technical assistance to NACP, and regional and district officials in data collection and management. \$10k taken away as part of contribution to PPP. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10807 | Mechanism Name: Futures Group |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: The Futures Group International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,125,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 2,125,000 |

Sub Partner Name(s)

| | | |
|---|---|--|
| 20 CSOs implementing PETS in 20 Districts | Association of Journalists Against AIDS in Tanzania (AJAAT) | Center for Development and Population Activities (CEDPA) |
| Christian Council of Tanzania | Commission for Human Rights and Good Governance (CHRAGG) | Human development Trust (HDT) |
| Muslim Coucil of Tanzania (| National Council for People Living | PACT Tanzania |



| | | |
|---|--|---|
| BAKWATA) | with HIV and AIDS (NACOPHA) | |
| Parliamentary Standing Committee on HIV&AIDS (PASCHA) | Pentecostal Council of Tanzania (PCT) | Tanzania Network of Religious Leaders Living with or Affected by HIV &AIDS (TANERELA) |
| Tanzania Parliamentarian Coalition (TAPAC) | Tanzania Parliamentary Association on Population and Development (TPAPD) | Tanzania Rural Women and Children Development Foundation (TARWOC) |
| Wanawake na Maendeleo (WAMA) | Women in Law and Development in Africa (WiLDAF) | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|--------|
| Economic Strengthening | 50,998 |
| Gender: Reducing Violence and Coercion | 81,113 |
| Human Resources for Health | 71,223 |

Key Issues

- Addressing male norms and behaviors
- Increasing women's legal rights and protection
- Workplace Programs
- Family Planning

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10807 | | | |
| Mechanism Name: Futures Group | | | |
| Prime Partner Name: The Futures Group International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|--|------|-----------|--|
| Other | OHSS | 2,125,000 | |
| Narrative: | | | |
| <p>Advocacy for key policy changes with opinion leaders, including MPs, PLHA groups, religious leaders, and the media; provide policy support for task shifting; advocate and undertake programs to reduce stigma and discrimination; address GBV, especially the dissemination of guidelines, and conduct related training for GBV. Continue expansion of public expenditure tracking in line with Wajibika Program rollout, building advocacy capacity among groups carrying out public expenditure tracking; support increased linkages between Parliamentary AIDS Committee and national organs such as TACAIDS; support policy forum to address Global Fund, Partnership Framework Implementation Plan;</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10809 | Mechanism Name: AFENET |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: African Field Epidemiology Network | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 430,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 430,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|---------|
| Human Resources for Health | 200,000 |
|----------------------------|---------|

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| Mechanism ID: | 10809 | | |
|--|------------------------------------|----------------|----------------|
| Mechanism Name: | AFENET | | |
| Prime Partner Name: | African Field Epidemiology Network | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 430,000 | |
| Narrative: | | | |
| a. Laboratory network development - African Society of Laboratory Medicine (\$30, 000) | | | |
| b. BSC Certification training (150,000) | | | |
| c. PIMA Evaluation (\$100,000) | | | |
| d. HIV Proficiency Testing - DTS (150,000) | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10811 | Mechanism Name: FXB |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Francois Xavier Bagnoud Center | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 831,500 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|--------------|---------|
| GHCS (State) | 831,500 |
|--------------|---------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 831,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10811 | | | |
| Mechanism Name: FXB | | | |
| Prime Partner Name: Francois Xavier Bagnoud Center | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 831,500 | |

Narrative:

Mainland: Support the MOHSW to plan and conduct annual implementing partner meeting in order to enhance communication, dissemination of materials, sharing best practices, and refining strategies to effectively link mothers and infants to care & treatment.

Continue to manage PMTCT partner website as a forum to share and make accessible materials and information on PMTCT for the benefit of Tanzania implementing partners and other PMTCT stake holders.



Continue to manage PMTCT partner listserv to distribute Tanzania specific information and publications related to PMTCT and critical international publications that are directly relevant to scale-up and quality improvement of PMTCT services.

Expand on and supplement the PMTCT partner catalogue developed in FY 2010 by developing a comprehensive PMTCT partner database describing partner services per district/site to supplement the broad PMTCT partner catalogue developed in FY 2010.

Support the MOHSW to complete regularly scheduled reports, meetings, site supervision, distribution of PMTCT materials, and transition this capacity to a focal point in the MOHSW to ensure sustained activity.

Zanzibar: Provide support to MOHSW to roll-out revised guidelines, develop and revise supervision checklist, develop job aids and SOPs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 10970 | Mechanism Name: Grants |
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Grant |
| Prime Partner Name: U.S. Department of State | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 150,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 150,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|--|--------|
| Economic Strengthening | 50,000 |
| Education | 25,000 |
| Gender: Reducing Violence and Coercion | 25,000 |
| Water | 10,000 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection

Budget Code Information

| Mechanism ID: 10970 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Grants | | | |
| Prime Partner Name: U.S. Department of State | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 150,000 | |
| Narrative: | | | |
| Ambassador self help fund. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10973 | Mechanism Name: JGI |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Jane Goodall Institute | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 200,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|--------|
| Economic Strengthening | 12,500 |
|------------------------|--------|

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

| |
|---|
| Mechanism ID: 10973 |
| Mechanism Name: JGI |
| Prime Partner Name: Jane Goodall Institute |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 100,000 | |

Narrative:

JGI will provide home based care services in Kigoma rural district, and ensure that PLHIV participate in JGI natural resource and development activities for HIV/AIDS impact mitigation. JGI will link with both treatment partner ICAP / Columbia community care partner Balm In Gilead (BIG) in 2011 and the follow



on partner in providing care services. JGI will provide services in accordance to the current guidelines and also integrate into the program PwP interventions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 100,000 | |

Narrative:

Expand HIV prevention activities into Natural Resource Management partner activities, including mainstreaming into CBO conservation plans. Efforts will focus on building local capacity and ensuring sustainability of prevention activities. Gombe/Mahale regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10989 | Mechanism Name: FANTA II |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Academy for Educational Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 650,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 650,000 |

Sub Partner Name(s)

| | | |
|--|--|--|
| The Centre for Counselling on Nutrition and Health | The Tanzania Food and Nutrition Centre | |
|--|--|--|

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 650,000 |
|---|---------|

Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities

Budget Code Information

| Mechanism ID: | 10989 | | |
|--|-------------------------------------|----------------|----------------|
| Mechanism Name: | FANTA II | | |
| Prime Partner Name: | Academy for Educational Development | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 250,000 | |
| Narrative: | | | |
| <p>AED through FANTA II is the National nutritional TA partner for USG, Tanzania. In FY 2011 FANTA-II will continue to provide TA to other implementing partners, including community-based partners. FANTA-II will expand nutritional assessment and counselling & support to meet the PFIP commitment and track the URT commitment to nutritional support for PLHIVs and OVCs. Nutrition wraparounds, using the community as an entry level response to the nutrition need of PLHAs and OVCs will be emphased. Coordination with UNICEF Community Based Management of Malnutrition (CMAM) and WFP food assistance will also increase, and there will be joint programming at the implementation level for supplies, trainings, education and sensitization. FANTA-II will print the necessary tools to aid nutritional assessment, classification and counselling at facility and community level. This is a national activity with a focus in Dar es Salaam, Iringa, Mwanza, Shinyanga, Mbeya, Morogoro, Dodoma, Pwani, and Rukwa regions. The funding cut is due to a longer pipeline. Funding will be restored in FY 2012 planning.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 200,000 | |
| Narrative: | | | |
| <p>1) Provide TA on Food and nutrition for OVC IPs nationally. 2) Work with CONSENUTH to scale up</p> | | | |



implementation of the community nutrition program in operational regions. 3)Strengthen two way referral systems for OVCs between facility and community in operational regions

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 200,000 | |

Narrative:

FANTA will:-

- (1) Support the provision of therapeutic and supplementary food to support for clinically malnourished patients (Food by Prescription Programs) and malnourished HIV positive pregnant and lactating women;
- (2) Link to community based care and support services, including food security and economic strengthening;
- (3) Support the provision of infant feeding counseling based on WHO and national infant feeding guidelines;
- (4) Assess diet, anthropometric status (weight and height for age, mid-upper arm circumference and body mass index) and related symptoms (appetite, nausea, thrush, diarrhea);
- (5) Support the provision of a daily multi-micronutrient supplement for children whose diet is unlikely to meet vitamin and mineral requirements;
- (6)Support the provision of Vitamin A and zinc supplements

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--------------------------------------|---|
| Mechanism ID: 11528 | Mechanism Name: US Peace Corps |
| Funding Agency: U.S. Peace Corps | Procurement Type: USG Core |
| Prime Partner Name: U.S. Peace Corps | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 199,500 | |
| Funding Source | Funding Amount |
| GHCS (State) | 199,500 |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Construction/Renovation | 10,000 |
| Economic Strengthening | 75,000 |
| Education | 10,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 10,000 |
| Gender: Reducing Violence and Coercion | 10,000 |
| Human Resources for Health | 5,000 |
| Water | 10,000 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Malaria (PMI)
 Mobile Population
 Safe Motherhood
 Workplace Programs
 Family Planning

Budget Code Information

| | |
|----------------------------|------------------|
| Mechanism ID: | 11528 |
| Mechanism Name: | US Peace Corps |
| Prime Partner Name: | U.S. Peace Corps |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | 75,600 | |

Narrative:

Continuation of the work in the existing Peace Corps Volunteers (PCV) sites in the communities, through promotion of community permaculture gardens. PCVs will continue to provide trainings to family carers and promote good practices relating to PwP like: Safe drinking water treatment, hygiene, use of condoms among PLWHAs, use of ITNs and Nutrition. Peace Corps will link with implementing partners at the district to support the roll out of National recording and reporting systems

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 46,400 | |

Narrative:

1) Continue to implement economic activities through Peace Corps Volunteers (PCV) in 15 of 21 regions in the mainland and 5 of 5 regions in Zanzibar. 2) Support the national DMS through ensuring quality of data at all levels. 3) Continue to conduct permaculture workshops with environment and health education PCV and their HCN counterparts and link with OVC implementing partners in the regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 25,000 | |

Narrative:

Continue to support HVAB activities through PeaceCorps volunteers working in 15 of the 21 Regions in the mainland and 5 of 5 regions in Zanzibar targeting youth in Primary and Secondary schools, teachers, out of school youth and other community members. The strategy is implemented by either directly reaching beneficiaries with HIV/AIDS comprehensive knowledge including age tailored messages or through skills training of different community groups to build their capacity to train others. PC/T uses a Life Skills and Peers Training approach, including BCC approaches in its interventions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 52,500 | |

Narrative:

Continue to support HVOP activities through PeaceCorps volunteers working in 15 of the 21 Regions in the mainland and 5 of 5 regions in Zanzibar targeting youth in Primary and Secondary schools, teachers, out of school youth and other community members eg MARPS, PwP etc. The strategy is implemented by either directly reaching beneficiaries with HIV/AIDS comprehensive knowledge and skills training



including age tailored messages eg ABC, or through training different community groups to build their capacity to train others. PC/T uses a Life Skills and Peers Training approach, including BCC approaches in its interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 11776 | Mechanism Name: New BPE |
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: USG Core |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation



Budget Code Information

| Mechanism ID: 11776 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: New BPE | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| ART Costing study will continue to conduct detailed cost analyses at identified HIV treatment clinics, adopting a programmatic perspective and taking account of all resources devoted to supporting HIV treatment at the clinic over a 12-month period. Information obtained will be used for proper planning of HIV programs in Tanzania. Redacted went to MOH for district implementation of ARV services (transition) and Redacted went back to TBD Track 1.0 follow on 10762 | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | | | |
|---|--|---|--|
| Mechanism ID: 12192 | | Mechanism Name: MCHIP | |
| Funding Agency: U.S. Agency for International Development | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: JHPIEGO | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: No | | Global Fund / Multilateral Engagement: No | |

| Total Funding: 2,411,078 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 2,411,078 |

Sub Partner Name(s)

| | | |
|---|--|--|
| Tumaini University Department of Counseling | | |
|---|--|--|



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 70,000 |
| Human Resources for Health | 700,000 |

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Military Population
 Mobile Population
 Safe Motherhood
 Workplace Programs
 Family Planning

Budget Code Information

| Mechanism ID: 12192 Mechanism Name: MCHIP Prime Partner Name: JHPIEGO | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | CIRC | 2,411,078 | |
| Narrative: | | | |
| Support for TA for the Ministry of Health and National MC Working Group, expansion of MC support in Iringa region & continuation of support in Tabora | | | |

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12193 | Mechanism Name: Africare |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Africare | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,698,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,698,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 126,583 |
| Water | 4,200 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB



Family Planning

Budget Code Information

| Mechanism ID: 12193 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Africare | | | |
| Prime Partner Name: Africare | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,698,000 | |
| Narrative: | | | |
| Africare will maintain and strengthen provision of integrated, high-quality care and support for PLHIV in existing region; Manyara, Mara and Kagera. This will be accomplished through building the capacity of local government and civil society for coordinated and sustainable delivery of quality services for PLHIV; training of health care, community providers and empowering PLHIV, Positive Prevention, supportive supervision, procurement of supplies and evidenced effective referral and linkages between communities and health facilities, strengthen linkages with other programs for economic strengthening and wrap around services. Africare will also strengthen regional and district level coordination and collaboration mechanisms. The services will be provided in seven districts within existing operational regions. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12194 | Mechanism Name: PROMIS |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Northrup Grumman | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 0 | |
|-------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|--------------|---|
| GHCS (State) | 0 |
|--------------|---|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12194 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: PROMIS | | | |
| Prime Partner Name: Northrup Grumman | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12196 | Mechanism Name: UNICEF |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and | Procurement Type: Cooperative Agreement |



| | |
|--|---|
| Prevention | |
| Prime Partner Name: United Nations Children's Fund | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 944,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 944,000 |

Sub Partner Name(s)

| | | |
|--|--------------------------|--|
| discussions ongoing with another potential subpartner. | mothers2mothers-Tanzania | |
|--|--------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 150,000 |
| Gender: Reducing Violence and Coercion | 200,000 |
| Human Resources for Health | 594,000 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Child Survival Activities
- Safe Motherhood
- Family Planning



Budget Code Information

| | | | |
|----------------------------|--------------------------------|-----------------------|-----------------------|
| Mechanism ID: | 12196 | | |
| Mechanism Name: | UNICEF | | |
| Prime Partner Name: | United Nations Children's Fund | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 944,000 | |

Narrative:

UNICEF will scale up the establishment of family support groups (mom-to-mom) from 60 to 100 sites. Funds will be used to document psychosocial support activities of family support groups and share best practices.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12197 | Mechanism Name: Fintrac |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Fintrac Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 730,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 730,000 |

Sub Partner Name(s)

| | | |
|---|--------------------------------------|-------|
| AIDS Business Coalition Tanzania (ABCT) | Human AIDS Concern and Care (HACOCA) | Umati |
| Zanzibar Association of People | | |



| | | |
|-------------------------------|--|--|
| Living With HIV/AIDS (ZAPHA+) | | |
|-------------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Economic Strengthening | 630,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 100,000 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 12197 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Fintrac | | | |
| Prime Partner Name: Fintrac Inc. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 300,000 | |
| Narrative: | | | |
| Fintrac will link with OVC Implementing partners in operational regions to: 1) Economically strengthen OVC and childheaded households through horticulture intervention. 2) Create an agriculture chain of products that link with markets. 3) Monitor beneficiaries to document their social economic status | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Prevention | HVAB | 180,000 | |
|--|-------------|----------------|----------------|
| Narrative: | | | |
| Expand HIV prevention activities into Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integrate efforts as a central tenant of GHI. Arusha, Lushoto, Morogoro and Coast regions. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 250,000 | |
| Narrative: | | | |
| Expand HIV prevention activities into Natural Resource Management partner activities. The increased funding will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integration efforts as a central tenant of GHI. Arusha, Lushoto, Morogoro and Coast regions. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12198 | Mechanism Name: Health Systems 20/20 |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Abt Associates | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 461,872 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 461,872 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12198 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Health Systems 20/20 | | | |
| Prime Partner Name: Abt Associates | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 150,000 | |
| Narrative: | | | |
| These funds will continue the buy-in activity to the Health Systems 20/20, this activity will provide TA to Implementing Partners (IPs) on Financial Management capacity building to the Sub-grantees. This will form part of the System Strengthening TA support to IPs to better manage financial resources. There is no increase of the funding for this activity this year and TA will be available to all community based partners implementing Care and Support programs in Tanzania. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 100,000 | |
| Narrative: | | | |
| 1) Provide national level technical assistance on costing of OVC service to the OVC implementing partners | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------|------|---------|--|
| Other | OHSS | 211,872 | |
|-------|------|---------|--|

Narrative:

Provide support to the Budget and Finance office at the MOHSW in the preparation of the National Health Accounts, the Public Expenditure Review, and initiate key interventions related to the new GoT Health Financing Strategy.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12199 | Mechanism Name: SHIFT |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TechnoServe | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Economic Strengthening | 15,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 19,418 |



Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| Mechanism ID: 12199 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: SHIFT | | | |
| Prime Partner Name: TechnoServe | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 250,000 | |

Narrative:

Expand HIV prevention activities into local Natural Resource Management partner activities. Efforts will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integrate efforts as a central tenant of GHI. Work will occur in high HIV prevalence regions of Iringa and Mbeya.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 250,000 | |

Narrative:

Expand HIV prevention activities into Natural Resource Management partner activities. The increased funding will focus on building local capacity (including working through agricultural associations), implementing HIV prevention workplace programs, and ensuring sustainability of prevention activities. This increase affords the USG PEPFAR program an opportunity to further harness existing networks and other development sector platforms to further integration efforts as a central tenant of GHI. Iringa and Mbeya regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 12200 | Mechanism Name: UNAIDS-M&E TA |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: UNAIDS | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 100,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 100,000 |

Sub Partner Name(s)

| | | |
|------------------------------|--|--|
| Tanzania Commission for AIDS | | |
|------------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 100,000 |
|----------------------------|---------|

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Mobile Population
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning



Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12200 | | |
| Mechanism Name: | UNAIDS-M&E TA | | |
| Prime Partner Name: | UNAIDS | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 100,000 | |
| Narrative: | | | |
| <p>UNAIDS will support a national level multi-sector HIV/AIDS monitoring and evaluation systems to meet data requirements at regional, and council levels. By September 2010 UNAIDS will have ensured that TACAIDS completes a combined plan that identifies the inputs and roles of all stakeholders in regards to the multi-sector HIV/AIDS monitoring and evaluation system. By September 2011, UNAIDS, together with TACAIDS provides an annual progress report in line with the requirements of the combined plan.</p> <p>The FY11 budget reduction of 19% is in response to overall SI budget reductions.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12201 | Mechanism Name: coordinated ovc care-RFA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 12201 | | |
|----------------------------|--------------------------|----------------|----------------|
| Mechanism Name: | coordinated ovc care-RFA | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12203 | Mechanism Name: Prevention Scenario Model |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National Alliance of State and Territorial AIDS Directors | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12203 | | | |
| Mechanism Name: Prevention Scenario Model | | | |
| Prime Partner Name: National Alliance of State and Territorial AIDS Directors | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 12204 | Mechanism Name: P4H |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: CDC Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,180,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,180,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12204 | | |
| Mechanism Name: | P4H | | |
| Prime Partner Name: | CDC Foundation | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 100,000 | |

Narrative:

CDC Foundation is supporting the MOHSW's national vision and plan for data flow based on the District Health Information System (DHIS) and its focus is an m-health solution to bridge the data flow gap between the facility and the district office. By the end of FY 2010 the P4H project will have completed a management and technical transition that improves the long term sustainability and scalability of the m-health platform, and improves integration with MOHSW. The project will have established a reporting interface for core/prioritized indicators from the facilities into the district and national data warehouse. Care and Treatment FY11 Funds will be used in combination with other funding sources to maintain the core/prioritized indicator mobile reporting system and provide technical support and orientation to HIV/AIDS care and treatment partners to ensure that their regions and clinics make use of the reporting system. In addition, the P4H project will work with MOHSW, NACP and the USG PEPFAR planning team to help ensure that program planners receive timely reports on the core/prioritized indicators. The Care and Treatment fund for the CDC Foundation m-health project have been reduced by 50% from FY 10 levels. This reduction implies that the P4H system will not be in a position to take any significant new requirements for HIV/AIDS Care and Treatment reporting beyond the core/prioritized indicators.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 630,000 | |

Narrative:

FY11 funds for P4H are to support MOHSW's national vision and plan for data flow based on District Health Information System (DHIS) and the expansion of the Integrated Disease Surveillance Reporting (IDSR). P4H contribution to the national vision will be to focus on the data flow gap between the facility and the district office and provide feedback to health care workers..

By the end of FY 2010 the P4H project will have completed a transition that improves integration with MOHSW and established a reporting interface for core/prioritized indicators from facilities into the district and national data warehouse.

The SI funds for P4H have been reduced by 37%. It is expected that the program will have established the infrastructure and basic services. The FY2011 funds will support the maintenance of the system and services. The national expansion to other districts will be achieved through the integration and linking with the national HMIS roll out.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMBL | 50,000 | |

Narrative:



Support donor retention through sms communication; the program is national, with gradual expansion in line with BECS implementation, starting with the Eastern zone.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 400,000 | |

Narrative:

CDCF will make use of PMTCT funds to create a P4H interface for facilities to report priority indicators related to PMTCT and provide feedback on collected data to the facility via SMS.

CDCF will continue supporting the MOSHW's national vision and plan for data flow based on the District Health Information System (DHIS) and, its focus will be an m-health solution to bridge the data flow gap between the facility and the district office.

CDCF and its PPP partners will complete the development and implementation of an m-health solution, which leverages mobile technologies to create a P4H interface for facilities to report priority indicators related to MTCT and provide feedback on collected data to the facility. The P4H partnership will have to work closely with RCH, the USG PMTCT team, national IS/ICT architecture working group and NACP to integrate its systems with the national vision and systems.

FY11 funds will be used to complete system implementation and establish automated data exchanges with government systems. FY11 funds will be maintained at the same level as FY10 funds (\$400 000).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12205 | Mechanism Name: GAME - PPP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12205 Mechanism Name: GAME - PPP Prime Partner Name: TBD | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12206 | Mechanism Name: OVC Scholarship |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|----------|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |
|----------|---|

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-----------|----------|
| Education | Redacted |
|-----------|----------|

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12206 | | |
| Mechanism Name: | OVC Scholarship | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |

Narrative:

1)Capacity building of the local NGOs nationally to Improve education opportunities for OVC to attend secondary and Vocational training (VCT) 2) Support and strengthen the MOEVT to coordinate the secondary education schorlaships at the national level 3)Provide start up kits and linkages with employers for graduates



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12207 | Mechanism Name: BCC Specialist |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Manila Consulting Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | |
|----------------------|--------------|
| Mechanism ID: | 12207 |
|----------------------|--------------|



| Mechanism Name: BCC Specialist | | | |
|--|-------------|----------------|----------------|
| Prime Partner Name: Manila Consulting Inc | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 0 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12208 | Mechanism Name: donor mobilization |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Regents of the University of Minnesota | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 500,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Education | 300,000 |
| Human Resources for Health | 200,000 |

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12208 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: donor mobilization | | | |
| Prime Partner Name: Regents of the University of Minnesota | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | 500,000 | |
| Narrative: | | | |
| TA for blood donor mobilization, donor retention, rational use, IEC material production and usage, and KAPB. Increased funding amount last year was for one-off activities, including IEC material production and procurement support for NBTS. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12209 | Mechanism Name: TIBU HOMA |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|----------|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |
|----------|---|

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

| | | |
|-----|--|--|
| TBD | | |
|-----|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's legal rights and protection
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood

Budget Code Information

| | | | |
|----------------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12209 | | | |
| Mechanism Name: TIBU HOMA | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |

Narrative:

1) Provide TA to OVC IP supporting children under five in the region 2) Establish referral linkages within



the region with community child survival IMCI and RCH services for medical care 3)Link with pediatric care for HIV and OVC

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12211 | Mechanism Name: IPC TA MOHSW |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Johns Hopkins University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: 0 | |
| Funding Source | Funding Amount |
| GHCS (State) | 0 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 12211 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: IPC TA MOHSW | | | |
| Prime Partner Name: Johns Hopkins University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMIN | 0 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 12212 | | Mechanism Name: ABCT- PPP | |
|---|--|---|--|
| Funding Agency: U.S. Agency for International Development | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: TBD | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: Yes | | Global Fund / Multilateral Engagement: No | |
| Total Funding: Redacted | | | |
| Funding Source | | Funding Amount | |
| Redacted | | Redacted | |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12212 | | | |
|----------------------------------|-------------|----------------|----------------|
| Mechanism Name: ABCT- PPP | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 12213 | | Mechanism Name: TBD-JHPIEGO | |
|---|--|---|--|
| Funding Agency: U.S. Agency for International Development | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: TBD | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: Yes | | Global Fund / Multilateral Engagement: No | |
| Total Funding: Redacted | | | |
| Funding Source | | Funding Amount | |



| | |
|----------|----------|
| Redacted | Redacted |
|----------|----------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12213 Mechanism Name: TBD-JHPIEGO Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12215 | Mechanism Name: Data Warehouse Infrastructure |
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Human Services/Centers for Disease Control and Prevention | |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12215 | | | |
| Mechanism Name: Data Warehouse Infrastructure | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: | | | |
| None | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12216 | Mechanism Name: Evaluation of Permaculture |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 12216 |
|----------------------------|



| | | | |
|----------------------------|----------------------------|-----------------------|-----------------------|
| Mechanism Name: | Evaluation of Permaculture | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12217 | Mechanism Name: BOCAR |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Deloitte Consulting Limited | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,640,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,640,000 |

Sub Partner Name(s)

| | | |
|--|--|--|
| The East African Support Unit for NGOs (EASUN) | | |
|--|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's legal rights and protection

Budget Code Information

| Mechanism ID: 12217 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: BOCAR | | | |
| Prime Partner Name: Deloitte Consulting Limited | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 200,000 | |
| Narrative: | | | |
| BOCAR is a Public Private Partnership (PPP) supporting the strengthening of the organizations receiving Rapid Funding Envelope (RFE) funds. The intent of these funds is to provide organizational capacity to Community based care and support Implementing Partners (IP), particular to the local IPs. This program will be implemented Nationally. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 400,000 | |
| Narrative: | | | |
| 1) Build capacity of the local NGO's to support OVC 2) Provide sustainable quality OVC support | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 1,440,000 | |
| Narrative: | | | |
| From 2010-2015 CSO networks and key large, medium and small CSOs contributing to the response to HIV and AIDS will be strengthened through a combination of in-situ coaching, mentoring, peer exchanges, and assisted application of improved financial management, service delivery and advocacy. This is a nationwide endeavor executed under the guidance of a steering committee chaired by TACAIDS and ZAC on a rotating basis and comprised of representatives of donors contributing to a small grants | | | |



| fund (Rapid Funding Envelope) used to strengthen small and medium-sized CSOs. | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 200,000 | |
| Narrative: | | | |
| <p>BOCAR will mobilize and strengthen a broad range of CSOs responding to the HIV/AIDS epidemic. PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. This endeavor contributes significantly to building better ties between government and donors. It is one of the few mechanisms in the country in which both donors and government participate together in reviewing applications and granting awards. Supports sustainability by providing leadership, financial capacity building and operational capacity building to both large and small CSOs responding to the HIV/AIDS epidemic and is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery. It is anticipated that duplication and working at cross-purposes will be reduced and instead CSOs with particular niche strength will be enhanced through the through networking and sharing of experiences as part of the system wide grant-making mechanism. Activities will occur nationwide with a focus on 8 highest HIV prevalence.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 400,000 | |
| Narrative: | | | |
| <p>Maintain to mobilize and strengthen a broad range of CSOs involved in the HIV/AIDS. PEPFAR funds, which are used to support the management of the grant-making mechanism, have leveraged other donor funds 6:1. This endeavor contributes significantly to building better ties between government and donors. It is one of the few mechanisms in the country in which both donors and government participate together in reviewing applications and granting awards. Secondly, it supports sustainability by providing leadership and financial and operational capacity building to both large and small CSOs responding to the HIV/AIDS epidemic. Thirdly, it is a major systems strengthening endeavor by networking large CSOs, which tend to be urban-based and better at advocacy, and small CSO, which tend to be rural-based and better at service delivery. It is anticipated that duplication and working at cross-purposes will be reduced and instead CSOs with particular niche strength will be enhanced through the through networking and sharing of experiences as part of the system wide grant-making mechanism. Activities will occur nationwide.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12218 | Mechanism Name: BizWomen- PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12218 | | |
| Mechanism Name: | BizWomen- PPP | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------------------|------|----------|----------|
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12220 | Mechanism Name: PLHA |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12220 | | |
| Mechanism Name: | PLHA | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12222 | Mechanism Name: CIDR - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12222 | | | |
|-----------------------------------|-------------|----------------|----------------|
| Mechanism Name: CIDR - PPP | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12223 | Mechanism Name: TCT - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12223 | | | |
|----------------------------------|-------------|----------------|----------------|
| Mechanism Name: TCT - PPP | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12224 | Mechanism Name: Communications |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|----------|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |
|----------|---|

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Military Population
- Mobile Population
- Workplace Programs

Budget Code Information

| | | | |
|---------------------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12224 | | | |
| Mechanism Name: Communications | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | CIRC | Redacted | Redacted |



Narrative:
 Resources to continue the development of MC IEC/BCC materials for MC clients (including spouses and guardians) and service providers in Tanzania.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12226 | Mechanism Name: P4H |
| Funding Agency: U.S. Department of Defense | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| Mechanism ID: 12226 | | | |
|--------------------------------|-------------|----------------|----------------|
| Mechanism Name: P4H | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12227 | Mechanism Name: Tanzania Social Marketing Program |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Population Services International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 5,360,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 5,360,000 |

Sub Partner Name(s)

| | | |
|----------------------------------|------------------------|--|
| Clinton Health Access Initiative | T-MARC Company Limited | |
|----------------------------------|------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|-----------|
| Economic Strengthening | 1,000,000 |
| Education | 1,000,000 |
| Human Resources for Health | 220,000 |
| Water | 600,000 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 12227 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Tanzania Social Marketing Program | | | |
| Prime Partner Name: Population Services International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,100,000 | |
| Narrative: | | | |
| Funding will go to Social Marketing activity implemented by Population Services International (PSI). The funding will be used to procure positive prevention commodities; condoms and water purification for point of use (POU) water treatment for households affected by HIV/AIDS. These commodities will be distributed through the existing community based partners using the existing service platforms in the community and PSI will conduct an assessment on the willingness and readiness for the beneficiaries to pay for these services. The funding will be split as follows; \$600,000 for water treatment commodities and \$500,000 for condoms. This is a National activity to support all the community based partners. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------------|------|---------|--|
| Prevention | HVAB | 760,000 | |
|------------|------|---------|--|

Narrative:

Expand the impact of targeted social marketing initiatives that are aligned to measure behavioral change outcomes in HIV/AIDS, FP/RH, child survival, and malaria as well as local capacity (civil, public, and private) to sustain social marketing activities in Tanzania and strengthen public health outcomes. Condom programming will be targeted specifically for most-at-risk populations, including those who engage in commercial and transactional sex. HIV-positive persons will also be targeted and linked to broader positive prevention efforts. Branded communications efforts will be linked with supportive HIV prevention interventions to provide target groups with comprehensive prevention messages for high-risk groups in the general population. TSMP will have a national reach, with a focus on 8 of the highest HIV prevalence regions and high-risk venues. Non-HIV/AIDS related activities are supported with USAID health funds and this joint program reflects increased collaboration across development platforms in the spirit of GHI.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 3,500,000 | |

Narrative:

PSI will expand the impact of targeted social marketing initiatives that are aligned with measurable behavioral outcomes in HIV/AIDS, FP/RH, child survival, and malaria; and local capacity (civil, public, and private) to sustain social marketing activities in Tanzania the strengthen public health outcomes. Condom programming will be targeted specifically for most-at-risk populations, including for those who engage in commercial and transactional sex. HIV-positive persons will also be targeted and linked to broader positive prevention efforts. Branded communications efforts will be linked with supportive HIV prevention interventions to provide target groups with comprehensive prevention messages for high-risk groups in the general population. TSMP will have a national reach, with a focus on 8 of the highest HIV prevalence regions, high-risk venues and hot-spots for condom promotion. Non-HIV/AIDS related activities are supported with USAID health funds and this joint program reflects increased collaboration across development platforms in the spirit of GHI. \$200k will be set aside for formative research/assessment of behavioral drivers, potentially including geographic "city" focus, specific social marketing research and outcome evaluation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|----------------------------------|
| Mechanism ID: 12228 | Mechanism Name: EID - PPP |
|----------------------------|----------------------------------|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12228 | | |
| Mechanism Name: | EID - PPP | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | Redacted | Redacted |
| Narrative: | | | |
| None | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12229 | Mechanism Name: Kilicafe - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 12229 |
|----------------------------|



| Mechanism Name: Kilicafe - PPP | | | |
|---------------------------------------|-------------|----------------|----------------|
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12230 | Mechanism Name: PRINTING |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12230 | | | |
|---------------------------------|-------------|----------------|----------------|
| Mechanism Name: PRINTING | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12231 | Mechanism Name: RMO |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

| | | |
|---|--|--|
| Two District Health Mmanagement team in two regions | | |
|---|--|--|



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| Mechanism ID: 12231 Mechanism Name: RMO Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |

Narrative:

As part of USG Tanzania's focus on sustainability, this activity will help to strengthen the regional medical office and its management teams. One vital strategy is to transition away from indirect assistance provided by external US-based organizations toward direct funding of these regional health authorities. They would receive financial management support from the USG in managing this new funding relationship. With this direct funding, they would in turn fund activities to enhance their skills and to carry out basic coordination tasks. A funding opportunity announcement will be developed which will target regional health authorities nationwide. In the second year, up to four regions would be selected based on the strength of their application. If a selected region already has a USG ART partner, that partner would concentrate on ensuring that the RHMTs receive focused training on HIV/AIDS, such as clinical management and supportive supervision; they would involve the RHMTs within these supportive supervision visits, and consult with both the RHMTs and District Health Management Teams (DHMTs) in planning the expansion of services. The services of other USG partners will be made available to these regional authorities in assuring quality of training and preceptorships as well as project planning and



financial management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12233 | Mechanism Name: TA Coordination |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12233 | | |
| Mechanism Name: | TA Coordination | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12234 | Mechanism Name: TACAIDS-M&E |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TANZANIA COMMISSION FOR AIDS | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 100,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 100,000 |

Sub Partner Name(s)

| | | |
|--|---|--|
| Civil Society Organizations | International Organisations and other HIV Stake holders | Local Government Authorities , and Regional Secretariats |
| Ministries, Departments, Agencies & Higher Learning Institutions | Non- Government Authorities and Umbrella Organisations | |

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Economic Strengthening | 80,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 20,000 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population
- TB
- Workplace Programs

Budget Code Information

| Mechanism ID: 12234 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: TACAIDS-M&E | | | |
| Prime Partner Name: TANZANIA COMMISSION FOR AIDS | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 100,000 | |

Narrative:

TACAIDS is responsible for completing the national and regional data triangulation and secondary analysis activities for THIS 03-04 and THMIS 07-08 in FY10. In FY 11, TACAIDS will be expected to complete secondary analysis for selected regions as set by the steering committee.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12235 | Mechanism Name: Wrap around iWASH |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------|----------|
| Water | Redacted |
|-------|----------|

Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12235 | | | |
| Mechanism Name: Wrap around iWASH | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Custom | | | |



| | | | |
|------|------|----------|----------|
| Care | HBHC | Redacted | Redacted |
|------|------|----------|----------|

Narrative:

This activity will improve access to adequate, clean and safe water among community highly affected by HIV/AIDS by linking with USAID integrated water, sanitation and hygiene program (iWASH) and Water and Development Alliance (WADA). Funds will be used to support the formation of Water User Associations and entrepreneurs groups among PLHAs/PwP, OVC and their caregivers and mother-to-mother support groups so that they can participate in market driven iWASH and WADA program activities. The iWASH Program will be implemented in selected target areas of two critical river basins in Tanzania—the Wami-Ruvu and the Great Ruaha. iWASH activities will boost the palliative care interventions being performed by PEPFAR partners such as KIHUMBE in the Ruaha River Sub-basin and Tunajali in the Ruaha and Wami-Ruvu River Basin

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12237 | Mechanism Name: Sex Work |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|--|----------|
| Economic Strengthening | Redacted |
| Gender: Reducing Violence and Coercion | Redacted |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection

Budget Code Information

| Mechanism ID: 12237 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Sex Work | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| Expand programming targets for most-at-risk populations, including those who engage in commercial and transactional sex, fishing communities and clients of sex workers. This will include a key focus on building the capacity of local Tanzanian organizations to implement a compendium of services for sex workers. Best practices in HIV prevention among high-risk groups will be utilized, including the provision of a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI/RH/FP referrals, and linkages with care and treatment. The project will focus on highest HIV prevalence regions, transportation corridor and the lake region, as well as high-risk venues and hot-spot regions. Monitoring and evaluation will be key. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |



Expand programming targeting specifically for most-at-risk populations, including for those who engage in commercial and transactional sex, fishing communities and clients of sex workers. Will include a key focus on building capacity of local Tanzanian organizations to implement a compendium of services for sex workers. Best practices in HIV prevention among high-risk groups will be utilized, including provision of a comprehensive package of risk reduction services which includes peer outreach and education (e.g., correct and consistent condom use, sexual health, empowerment), mass media, condom distribution, CT, STI/RH/FP referrals, and linkages with care and treatment. The project will focus on highest HIV prevalence regions, transportation corridor and lake region, and high-risk venues and hot-spot regions. Includes key focus on monitoring and evaluation, including Redacted for formative research and other research/surveillance/size estimates of sex work populations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12238 | Mechanism Name: FBO Networks |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Tanzania Interfaith Partnerships | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,630,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,630,000 |

Sub Partner Name(s)

| | | |
|-------------------------------------|-------------------------------------|---|
| Christian Council of Tanzania | Muslim Coucil of Tanzania (BAKWATA) | Office of Chief Muft of Zanzibar (OCMZ) |
| Tanzania Episcopal Conference (TEC) | | |

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|------------------------|---------|
| Economic Strengthening | 100,000 |
|------------------------|---------|

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Safe Motherhood
- TB

Budget Code Information

| Mechanism ID: 12238 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: FBO Networks | | | |
| Prime Partner Name: Tanzania Interfaith Partnerships | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 150,000 | |
| Narrative: | | | |
| TTP will implement integrated quality HBC services to people living with HIV/AIDS that include provision of psychological, spiritual and social services. Integrate prevention services in the HBC package including prevention with positives. This will be accomplished through identification and mapping of beneficiaries, building capacity of community providers including PLHIV and health care providers, strengthen collaboration and coordination mechanism with Local Government Authorities and other implementing partners. Providing mentoring, supportive supervision and improving referral and linkages between community and health services. The services will be provided in Kigoma region. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | HKID | 820,000 | |
|------|------|---------|--|

Narrative:

1) Provide technical assistance to FBOs in the operational region to provide sustainable quality OVC services. 2) Strengthen coordination among the interfaith FBOs in the region. 3) Facilitate linkages between interfaith partners in the region and government to ensure integration of interventions with the government system

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 210,000 | |

Narrative:

Continue to focus on increasing access and creating demand for CT services. The activities will be carried out by the FBO network, which includes the Roman Catholic Council (TEC), Protestant Council (TPC), Muslim Council of Tanzania (BAKWATA,) and the office of chief Mufti of Zanzibar (OCMZ). Key objectives are to: use the US-based good practice model which has proven effective for engaging faith communities in promoting HCT; strengthen local FBO capability to promote CT in five regions (Shinyanga, Kigoma, Singida, Iringa and Zanzibar); expand access to quality testing in underserved community areas; and support referral system for HIV-Positive person through care and treatment process. The proposed activities include CT community mobilization and CT campaigns in Shinyanga and Singida. It will also use CT mobile facilities to target faith-based facilities such as schools, mosque, and churches in remote areas. HCT activities will include establishing and strengthening faith community post-test support groups. The activities will operate under the NACP-CSSU that all the implementation meet the established standards.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 200,000 | |

Narrative:

Tanzania Interfaith Partnership is transitioning from a sub-grantee to a prime grantee with a new award issued in Aug '10. Continuation of prevention activities through FBO Networks; Implementation of "Sasa Tuzungumze" with focus on reduction of multiple concurrent partnerships, improved couples communications and promotion of couples HTC. Funding for AB component implemented in 7 regions of Tanzania and Zanzibar. \$40,000 to be subgranted to RTI for TA and support for outcome evaluation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 250,000 | |

Narrative:



Tanzania Interfaith Partnership is transitioning from a sub-grantee to a prime grantee with a new award issued in Aug '10. TIP will continue:- prevention activities through FBO Networks; implementation of "Sasa Tuzungumze" with a focus on reduction of multiple concurrent partnerships, improved couples communications and promotion of couples HTC. Funding for this AB component will be implemented in 7 regions of Tanzania and Zanzibar. \$40,000 to be subgranted to RTI for TA and support for outcome evaluation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12239 | Mechanism Name: FBO TA Provider |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12239 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: FBO TA Provider | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | Redacted | Redacted |
| Narrative: | | | |
| None | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12240 | Mechanism Name: NBTS -Zanzibar (ZACP) |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| |
|--|
| Mechanism ID: 12240 |
| Mechanism Name: NBTS -Zanzibar (ZACP) |



| Prime Partner Name: | TBD | | |
|----------------------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12242 | Mechanism Name: Fellows |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Association of Schools of Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 550,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 550,000 |

Sub Partner Name(s)

| | | |
|------|--|--|
| None | | |
|------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 12242 | | |
|---|---|----------------|----------------|
| Mechanism Name: | Fellows | | |
| Prime Partner Name: | Association of Schools of Public Health | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 27,500 | |
| Narrative: | | | |
| <p>This activity supports 25% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. In an effort to evaluate and improve prevention programs and interventions implemented in Tanzania, a number of prevention and prevention-related Public Health Evaluations (PHEs), studies, assessments and program evaluations have been planned and initiated in previous years and ongoing.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 110,000 | |
| Narrative: | | | |
| <p>This activity supports one ASPH fellow to include the following expenses: stipend, health, housing, local travel, shipping and administration costs. This fellow will perform the following tasks to improve the following clinical services:</p> <ol style="list-style-type: none"> 1. Collect and interpret data and information from a variety of sources and prepare recommendations accordingly to the USG team. 2. Recommend and incorporate quality management and improvement methods into systems strengthening strategies. 3. Conduct detailed analyses of costs and results of program strategies aimed at strengthening national response. 4. Integrate financial data with strategic results to assist in program planning and decision making functions of the Strategic Results Unit (SRU). 5. Analyze program data to define problems, identify potential solutions, and solicit support for program strategies. 6. Research various sources and references and respond to inquiries. Prepare and issue background | | | |

papers, reports and other substantive program documents (e.g., Office of the Global AIDS Coordinator – OGAC).

7. Provide program support for budget development and analysis, program planning, document preparation and statements of work.

8. Perform literature reviews on best practices in systems strengthening and conduct assessments of current strategies to identify strengths and gaps.

9. Assist with coordination of data related to reprogramming of funds and other administrative issues.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 209,000 | |

Narrative:

ASPH fellows provide technical assistance to the SI portfolio, they assist with the implementation of studies and evaluations, they help implement program evaluations, they provide input to M&E activities and strengthening and may be called on to assist with project management and HMIS activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 33,000 | |

Narrative:

This is 30% of one ASPH fellow. This includes Stipend, Health, Internal travel, Housing, Local travel, Shipping and Administration costs. Provides for program analysis and issue research

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMIN | 27,500 | |

Narrative:

This activity will continue to support 25% of one ASPH fellow, including stipend, health & internal travel, housing, local travel, shipping and administration costs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 143,000 | |

Narrative:

Supports the activities of ASPH fellow. This includes stipend, health, international and local travel, housing, shipping and administration costs, etc.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12245 | Mechanism Name: UCSF |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of California at San Francisco | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 650,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 650,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 650,000 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 12245 | | |
| Mechanism Name: | UCSF | | |
| Prime Partner Name: | University of California at San Francisco | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | HTXS | 200,000 | |
|------|------|---------|--|

Narrative:

Funds will be used to build capacity of MOHSW-NACP through technical assistance from USG agencies on ART Data Quality Assessments ; this is important for informing the progress of the intervention for HIV Care services and use of data for decision making and proper forecasting and budgeting of ART supplies in Tanzania. *\$200k has been moved to SI for DQA

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | HVSI | 300,000 | |

Narrative:

UCSF will provide technical assistance to TACAIDS and MOHSW and support data synthesis activities to identify the drivers of HIV/AIDS epidemic and the impact of prevention responses at national and regional levels. UCSF will provide technical assistance to TACAIDS on secondary data analysis of THIS and THMIS.

UCSF will support NACP on establishing the data quality system. NACP will develop national data quality guideline. The guideline will document NACP's data quality vision, definition and concepts, applicable at facility, district, regional and national levels. The guidelines will stipulate standardized procedures and tools which shall be employed at all aspects of data quality assessment in routine data recording, reporting, storage, aggregation, use and dissemination and provide a platform for M&E capacity building and system strengthening for HIV/AIDS M&E in Tanzania.

DQA will be done through investigating both the USG/Partner reporting data flow as well as the GoT/NACP/Region/District data flow with specific partners assigned clearly for the public sector and civil society sectors. Initial step has already been started by contacting one local partner to carry out some DQA activities for some select regions.

In addition, UCSF will do curriculum development for M&E program for district health workers to address challenges facing district M&E issues. This will provide access to certificate, diploma and master's program. FY 11 is less than FY 10 by 60% in line with total SI reduction and some of the activities were completed in FY10

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 150,000 | |

Narrative:



Develop a sustainable training program in Tanzania based on the Tulane/Jimma model. This program will train health M&E specialists at a masters degree level on a regular basis in country in order to address the need for this cadre within the health system. The course will be established based on the assessment findings conducted in the last fiscal year and will be hosted at a Tanzanian local university that will be suitable as per the assessment recommendations. This funding will support preliminary set-up for the course including development of curriculum materials and tutors' orientation. In the following years the program will provide scholarships to a few students to support the continuation of the program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12246 | Mechanism Name: Columbia |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 12,028,865 | |
| Funding Source | Funding Amount |
| GHCS (State) | 12,028,865 |

Sub Partner Name(s)

| | | |
|---------------------------|--------------------------|-----------------------------|
| Bagamoyo District Council | Biharamulo DDH | Biharamulo District Council |
| Bugando Medical Centre | Bukoba District Council | Bukoba Municipal Council |
| Chato District Council | Heri Mission Hospital | Isingiro Hospital |
| Kabanga Mission Hospital | Kagera Regional Hospital | Kagera Sugar Hospital |
| Kagondo Hospital | Karagwe District Council | Kasulu District Council |
| Kibaha District Council | Kibaha Municipal | Kibondo District Council |
| Kigoma District Council | KIGOMA MUNICIPAL COUNCIL | Kisarawe District Council |
| Mafia District Council | Matyazo Health centre | Maweni regional Hosp |



| | | |
|-----------------------------|--------------------------|---------------------------|
| Mchukwi Mission Hospital | Misenye District Council | Mkuranga District Council |
| MKUTA | Mugana DDH | Muleba District Council |
| Murgwaza DDH | NAMIS Construction Ltd. | Ndolage Mission Hospital |
| Ngara District Council | Nyakahanga DDH | Nyakaiga Hospital |
| Ocean Road Cancer Institute | RHMT Kagera | RHMT Kigoma |
| RHMT Lindi | RHMT Pwani | Rubya DDH |
| Rufiji District Council | Rulenge Hospital | SHDEPHA+ |
| SPSS-MUHAS- Muhimbili | TADEPA | Tumbi Special Hospiatl |
| WAMA | ZACP | ZAIADA |
| ZANGOC | ZAPHA+ | ZAYEDESA |
| ZYF- Zanzibar Youth Forum | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 2,040,000 |
| Human Resources for Health | 3,289,690 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 12246 |
|----------------------------|



| Mechanism Name: Columbia | | | |
|---|-------------|----------------|----------------|
| Prime Partner Name: Columbia University | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,950,000 | |
| Narrative: | | | |
| <p>Maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLHIV from the time of diagnosis throughout the continuum of illness. Being the main USG-funded technical advisor agency for facility-based positive prevention, with this funding ICAP will intergrate and expand positive prevention services (PHDP/PwP) in all supported facilities; additionally ICAP through this mechanism will provide TA to all other Facility-Based partners in intergrating PDHP activities into their programs. Ensure and strengthen adequate linkages between facility and community-based PHDP to optimize clients retention in care. Provide continued support (Technical Assistance), strengthen coordination and collaboration mechanisms between partners and Ministry of Health. The services will be provided in selected regions in Tanzania.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 4,320,000 | |
| Narrative: | | | |
| <p>Focus on high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provide service delivery in an effort to take over ART sites from the international partner in the allocated regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner works in 23 districts of Kigoma, Kagera, Pwani, Lindi and Zanzibar and currently covers 19053 patients.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 450,000 | |
| Narrative: | | | |
| <p>Continue supporting HIV CT services (training of Health care workers, training of RHMT/CHMT, support for the supervision visits) in Kagera, Kigoma, Coast, Lindi and Zanzibar; support HTC including community-based HTC as part of Prevention Combination in Pwani, the support will include training, awareness creation, support supervision.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | PDCS | 254,000 | |
|------|------|---------|--|

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Kigoma, Zanzibar, Pwani and Kagera.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 591,000 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Kagera, Kigoma, Zanzibar and Pwani with the aim of enrolling 1348 new children on ART. \$100,000 in additional funds have been added for strengthening referrals and linkages in Pwani region due to a high ANC prevalence.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 300,000 | |

Narrative:

Continuation of MC support in Kagera; Mobile MC services on Lake Victoria Islands off Kagera Moved funding from Mechanism 9972 to Mechanism 83 in order to combine mechanisms for a single partner

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 200,000 | |

Narrative:

Additional funding for AB component of combination prevention evaluation in Pwani region (\$200,000). Moved funding from Mechanism 9972 to Mechanism 83 in order to combine mechanisms for a single partner. HVAB was reduced from \$250,000 to \$200,000 and HVOP was increased from \$200,000 to \$250,000

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 250,000 | |

Narrative:

Additional funding for the OP component of combination prevention evaluation in Pwani region (\$200,000) and strengthened MSM outreach and services on Zanzibar (\$50,000) Funding was moved from Mechanism 9972 to Mechanism 83 in order to combine mechanisms for a single partner. HVAB was reduced from \$250,000 to \$200,000 and HVOP was increased from \$200,000 to \$250,000

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | IDUP | 900,000 | |

Narrative:

IDU Outreach in Zanzibar, HTC, STI screening & treatment and NSP. Includes sub-grant to 3 local NGOs/CBOs for DU/MARPs outreach in Unguja & Pemba. Training health care providers for MARPs-friendly clinical HIV/AIDS services in Zanzibar. TA for national MARPs/DU M&E. Support MAT in Zanzibar. Increased funding this year to include NSP for comprehensive IDU programming in Zanzibar and for baseline assessment and IDU outreach in Mwanza.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 2,218,865 | |

Narrative:

Implement PMTCT and improve MCH services (see PF package): The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:-

- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs
- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package
- (5) Having the partner complement Newborn Health package.

- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system
- (9) Strengthening M&E systems to track and document the impact of the PMTCT program
- (10) Providing training and improving retention rates of health care workers
- (11) Strengthening and expanding interventions to improve maternal and child survival
- (12) Supporting new activities such as Cervical cancer screening
- (13) Creating community demand

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 310,000 | |

Narrative:

- a. Staffing NHLQATC (7 positions)
- b. Support Mnazi Mmoja ISO accreditation
- c. EID at national level (support 3 program officers) – these positions will be transitioned to Ministry after FY 11

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 285,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20% of new patients enrolling into ART would present signs and symptoms of advanced HIV diseases and diagnosing TB among this group is difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, ICAP will coordinate transportation of sputum and/or blood samples to CTRL for Liquid culture and LPAs. ICAP should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. ICAP will collaborate with the MOHSW and other stake holders to review, update, and develop guidelines/tools for management of TB among adults and the pediatric population. Services will continue being provided in 23 districts in 3 regions (Kagera, Kigoma, Pwani). This mechanism relates to mechanism system ID 83 Columbia.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12247 | Mechanism Name: Harvard |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Harvard University School of Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 6,822,768 | |
| Funding Source | Funding Amount |
| GHCS (State) | 6,822,768 |

Sub Partner Name(s)

| | | |
|----------------------------|---------------------------------------|---|
| Dar es Salaam City Council | Management and Development for Health | Muhimbili University for Health and Allied Sciences |
|----------------------------|---------------------------------------|---|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|-----------|
| Construction/Renovation | 480,000 |
| Food and Nutrition: Commodities | 250,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 80,000 |
| Human Resources for Health | 2,268,000 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services



Malaria (PMI)
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning

Budget Code Information

| Mechanism ID: 12247 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Harvard | | | |
| Prime Partner Name: Harvard University School of Public Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,155,613 | |
| Narrative: | | | |
| <p>MDH will maintain and strengthen provision of integrated high-quality HIV care and support aimed at extending and optimizing quality of life for PLHIV from the time of diagnosis throughout the continuum of illness. This will be achieved through enhanced diagnosis and management of opportunistic infections, pain and symptom management, intergration with other key services (PMTCT, RCH, FP, TB etc). Ensure referral and tracking systems are strengthened to minimize the loss to follow-up of pre-ART and ART clients through improving evidenced linkages between health facilities and the community. Support and extend nutritional assessment and counseling in all supported sites. MDH will intergrate and expand Positive Prevention services in all supported facilities while building the capacity of local government and civil society for sustainable service provision for PLHIV. Provide continued support, strengthen coordination and collaboration mechanisms between partners in operational regions. The services will be provided in 3 districts in Dar-Es-Salaam.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 3,987,678 | |
| Narrative: | | | |
| <p>Focus on high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provide service delivery in an effort to take over ART sites from the international partner in the allocated regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner works in 3 districts in Dar</p> | | | |



| es Salaam and currently covers 33943 patients. | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 175,721 | |
| Narrative: | | | |
| <p>These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Dar es Salaam.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 652,886 | |
| Narrative: | | | |
| <p>These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will be achieved through training, on-site mentorship, advocacy and community mobilization, and development of tools for tracking and retention. These activities will take place in Dar es Salaam with the aim of enrolling 3900 new children on ART.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 670,870 | |
| Narrative: | | | |
| <p>Harvard University School of Public Health will continue implementing PMTCT activities in Dar es Salaam, which has 3 districts and a high HIV prevalence of 7%. Dar es Salaam has high volume sites and a site coverage of 53%. The Implementing Partner (IP) will support scale-up of PMTCT services to</p> | | | |

cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012 respectively) in three regions. The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 180,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20 % of new patients enrolling into ART would present with signs and symptoms of advanced HIV deases and diagnosing TB among this group is difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and un diagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service MDH will ensure that CTRL get adequate reagents for MIGT and Line Probe Assay from SCMS. SCMC will purchase reagents for MIGT and Line Probe Assay at a cost of \$ 392,280. Clinical SRU agreed that funds for procurement of these reagents come from SCMS. CTRL services for these tests will be provided in Dar region and surrounding regions. (Pwani, Morogoro, Mtwara, Lindi, Tanga etc.) This will be achieved in close collaboration with Global Fund, PASADA, and PATH. Participate in the pilot and subsequent scale up of Three I's as well as the Early Mortality Study. This mechanism relates to mechanism system ID 84 MDH

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12248 | Mechanism Name: Peads HIV/TB |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |



| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12248 | | | |
|-------------------------------------|-------------|----------------|----------------|
| Mechanism Name: Peads HIV/TB | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|------------------------------|
| Mechanism ID: 12249 | Mechanism Name: MOHSW |
|----------------------------|------------------------------|



| | |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12249 | | | |
| Mechanism Name: MOHSW | | | |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 500,000 | |



| |
|---|
| Narrative: |
| HIV drug resistance testing at NHLQATC (\$250, 000); Cordination of national lab activities and policy development (\$50,000). Public Health Evaluation (PHE)/Basic Program Evaluation (BPE) – (\$200,000) |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12250 | Mechanism Name: AIHA |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 12250 Mechanism Name: AIHA Prime Partner Name: TBD | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12251 | Mechanism Name: PHE |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12251 | | | |
|--------------------------------|-------------|----------------|----------------|
| Mechanism Name: PHE | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12253 | Mechanism Name: Supporting safe waste management at HIV Care and Treatment clinics (CTC) and other HIV/AIDS Services |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|----------|----------|
| Redacted | Redacted |
|----------|----------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism ID: | 12253 | | |
| Mechanism Name: | Supporting safe waste management at HIV Care and Treatment clinics (CTC) and other HIV/AIDS Services | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMIN | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12728 | Mechanism Name: Data warehouse |
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Human Services/Centers for Disease Control and Prevention | |
| Prime Partner Name: Research Triangle Institute, South Africa | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 650,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 650,000 |

Sub Partner Name(s)

| | | |
|----------------------------------|--|--|
| Regenstrief Institute, Inc. (RI) | University of Washington School of Public Health - Center for Public Health Informatics (CPHI) | |
|----------------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 12728 | | |
| Mechanism Name: | Data warehouse | | |
| Prime Partner Name: | Research Triangle Institute, South Africa | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 650,000 | |



Narrative:

RTI and its sub-partners will provide technical support to the MOHSW HMIS Strengthening plan. The plan includes use of Global Fund and other funding partner money in a coordinated project to achieve HMIS strengthening objectives. RTI support will focus on the overall coordination and management of the HMIS consortium and strengthening initiative, technical support to the national roll out, the data use and system strengthening, and in-service/pre-service institutionalization of HMIS training.

The overall funding for datawarehouse support has been reduced by 35% in line with total SI reductions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12738 | Mechanism Name: Pamoja Tuwalee |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,900,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,900,000 |

Sub Partner Name(s)

| | | |
|-----------------------------|--------|------------------------------|
| Deloitte Consulting Limited | PASADA | Wanawake na Maendeleo - WAMA |
|-----------------------------|--------|------------------------------|

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|---|---------|
| Economic Strengthening | 150,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 30,000 |
| Gender: Reducing Violence and Coercion | 100,000 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's legal rights and protection
 Malaria (PMI)

Budget Code Information

| | | | |
|---|-----------------------------|-----------------------|-----------------------|
| Mechanism ID: | 12738 | | |
| Mechanism Name: | Pamoja Tuwalee | | |
| Prime Partner Name: | Family Health International | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 2,900,000 | |
| Narrative: | | | |
| 1) Provision of quality, sustainable and coordinated OVC service in operational regions. 2) Provision of economic strengthen to enhance households capacity to care for OVC in operational regions. 3) Strengthen the local NGOs, MVCC and LGAs in operational regions to support OVC | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12757 | Mechanism Name: RTI-BPE |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Research Triangle Institute, South Africa | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 650,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 650,000 |

Sub Partner Name(s)

| | | |
|--------------------------|---|--|
| Ifakara Health Institute | Tanzania Essential Strategies Against AIDS (TANESA) | |
|--------------------------|---|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12757 | | | |
| Mechanism Name: RTI-BPE | | | |
| Prime Partner Name: Research Triangle Institute, South Africa | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 100,000 | |

Narrative:

RTI will provide technical assistance to NIMR to ensure that the identified national research and evaluation agenda priority items have been initiated. RTI will also provide technical assistance to

facilitate cross organization coordination with TACAIDS and other stakeholders. RTI technical assistance will result in enhanced data management at NIMR Mwanza and improved use of research findings.

RTI technical assistance will support the production of a routine monitoring framework that tracks progress in data management, IRB performance, protocol writing, research report writing and data dissemination and use. Funding for RTI support to NIMR has been reduced by 41% in line with the overall SI reduction.

Moved funding from Mechanism 31 to Mechanism 14 in order to combine mechanisms for a single partner

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 250,000 | |

Narrative:

RTI will be supporting implementation of the National Research and Evaluation Agenda by strengthening the ethics boards at the national and local levels. Also they will continue to support evaluation and research capacity building by training HCWs in areas of public health evaluation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 50,000 | |

Narrative:

AB component of review will improve and harmonize USG prevention program M&E tools, including potential introduction and integration of outcome measurements where possible, creating linkages and harmonization with national monitoring systems where possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 50,000 | |

Narrative:

OP component of review, improvement and harmonization of USG prevention program M&E tools, including potential introduction and integration of outcome measurements where possible. Linkage and harmonization with national monitoring systems where possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 200,000 | |

Narrative:

MOBIS will continue to conduct PMTCT costing study and will carry out midterm/end-of-the-year



evaluation to document program performance (\$ 200,000).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12758 | Mechanism Name: MUHAS-TAPPS |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Muhimbili University College of Health Sciences | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,350,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,350,000 |

Sub Partner Name(s)

| | | |
|------------------------|--|--|
| Blue Cross od Tanzania | Centre for Human Rights Promotion (CHRP) | Kimara Peer Educators and Health Promoters (KPE) |
| TBD | Texas University | Youth Volunteers Against Risky Beahviours (YOVARIBE) |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 50,000 |
| Human Resources for Health | 400,000 |

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Budget Code Information

| Mechanism ID: 12758 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: MUHAS-TAPPS | | | |
| Prime Partner Name: Muhimbili University College of Health Sciences | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 400,000 | |
| Narrative: | | | |
| Continue support for VCT, PITC , mobile CT for MARPs in Dar; integration of alcohol screening & counseling into CT setting; PITC training support for all health facilities in Dar; Contribute 50k to couples CT in Dar. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 100,000 | |
| Narrative: | | | |
| Support for MSM outreach and services. Capacity building for two Tanzanian MSM organizations: (a) \$50,000 for strengthening of MSM outreach and services through Dar es Salaam-based MSM CBO, (b) \$50,000 for start-up of support of National MSM network. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 850,000 | |
| Narrative: | | | |
| IDU Outreach in Dar, HTC, STI screening & treatment and NSP. Includes sub-grant to 4 local NGOs/CBOs for DU/MARPs outreach, one of which focuses on MSM/IDU. Collaborating with MDH to facilitate MARPs-friendly clinical HIV/AIDS services in Dar. Support MAT site at Muhimbili. Increased funding this year to include NSP for comprehensive IDU programming in Dar. | | | |

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12795 | Mechanism Name: Gen Mills - PPP |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: General Mills | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 150,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 150,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---------------------------------|---------|
| Food and Nutrition: Commodities | 150,000 |
|---------------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12795 | | |
| Mechanism Name: | Gen Mills - PPP | | |
| Prime Partner Name: | General Mills | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|------|------|---------|--|
| Care | HBHC | 150,000 | |
|------|------|---------|--|

Narrative:

This nationwide activity will build the capacity through technology transfer from General Mills to local food processors/millers. PPPs inherently are targeted leveraging mechanisms and, in this instance, will leverage the business acumen, food technology expertise and global recognition of General Mills International in the fight against HIV/AIDS. It is expected that this activity in the long-term will lead to the profitable production of a range of nutritious foods for the general public. Also, funds will be used to test a social marketing approach for health foods (nutritious food supplements) and strengthen the agricultural value chain for food supplements by linking with Feed the Future Initiative. This PPP thus lays the foundation for PEPFAR's exit by developing sustainable, domestic capacity to respond to the HIV/AIDS epidemic through the private sector using market approaches. This is a National activity.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12810 | Mechanism Name: Pamoja Tuwalee |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pact, Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 4,200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 4,200,000 |

Sub Partner Name(s)

| | | |
|----------------|-----|--|
| Salvation Army | TBD | |
|----------------|-----|--|

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Economic Strengthening | 60,000 |
| Education | 20,000 |
| Human Resources for Health | 130,800 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities
- Family Planning

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12810 | | |
| Mechanism Name: | Pamoja Tuwalee | | |
| Prime Partner Name: | Pact, Inc. | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 4,200,000 | |

Narrative:

1) Provision of quality, sustainable and coordinated OVC service in operational regions. 2) Provision of economic strengthening support to enhance household capacity to care for OVC in the operational regions. 3) Strengthen the local NGOs, MVCC and LGAs in the operational regions to support OVC. Support national child protection initiatives.

(\$400K) 1) Map out best practices of child protection intervention and dissemination. 2) Work in collaboration with the multisectoral child protection programs to develop child protection simple working guidance 3) Support and advocate for the initiated child friendly interactive service programs.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12818 | Mechanism Name: CRS Follow on |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,061,379 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,061,379 |

Sub Partner Name(s)

| | | |
|-----------|-----------------------|--------------------------------|
| Amani | ARCHDIECESE OF MWANZA | Babati |
| Bombo | Bugando | Bukima |
| Bukumbi | Bumbuli | Bunda |
| Bungu | Butiama | Buzuruga |
| Bweri | Bwisya | Coptic |
| Dareda | Dongobesh | Emboret |
| Engusero | Geita | Hale |
| Hanang | Handeni | Haydom |
| Hindu | Ikizu | Interchurch Medical Assistance |
| Kabuku | Katunguru | Kharumwa |
| Kiagata | Kibara | Kijungu |
| Kilindi | Kilombero | Kinesi |
| Kisesa | Kisorya | Kiteto |
| Korogwe | Kowak | Kwangwa |
| Kwediboma | Lushoto | Magoma |



| | | |
|-----------------|---------------------------------|---|
| Magu | Makongoro | Makorora |
| Manyamanyama | Maramba | Matui |
| Mbulu | Mererani | Misasi |
| Misungwi | Mkata | Mkinga |
| Mkula | Mkuzi HC | Mombo |
| Msitu wa Tembo | Muheza | Murangi |
| Musoma | Mwananchi | Mwangika |
| Mwera | Naberera | Nasa |
| Ngamiani | Ngorika | Ngudu |
| Nyakahoja | Nyakaliro | Nyamagana |
| Nyamongo | Nyasho | Nyerere |
| Nyumba ya Mungu | Nzera | Orkesumet KKKT |
| Pangani | Pongwe | Rao |
| Safi Medics | Sekou Toure | Sengerema |
| Shirati | Simanjiro | Sirari |
| St.Raphael | Sumve | Tanga Central |
| Tarime | The Futures Group International | Tumaini |
| Tunguli | Ukerewe | UMSOM - INSTITUTE OF HUMAN VIROLOGY (IHV) |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|---------|
| Construction/Renovation | 222,000 |
| Water | 37,000 |

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services



Increasing women's access to income and productive resources
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB

Budget Code Information

| | | | |
|----------------------------|--------------------------|-----------------------|-----------------------|
| Mechanism ID: | 12818 | | |
| Mechanism Name: | CRS Follow on | | |
| Prime Partner Name: | Catholic Relief Services | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 267,276 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Mwanza, Manyara, Mara and Tanga.

| | | | |
|-----------------------|--------------------|-----------------------|-----------------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 1,169,103 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will be achieved through training, on-site mentorship, advocacy and community mobilization, and development of tools for tracking



and retention. These activities will take place in Mwanza, Tanga, Mara and Manyara with the aim of enrolling 2851 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 240,000 | |

Narrative:

Mentorship towards accreditation of 4 district labs at \$10,000 per lab and \$200,000 for Bugando ISO accreditation

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 385,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20 % of new patients enrolling into ART would present with signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and un diagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, CRS will coordinate transportation of sputum and/or blood samples to CTRL /MRH/Kibong'oto national MDR TB Hospital for Liquid culture and LPAs. CRS should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. Participate in the pilot and subsequent scale up of Three I's service will continue being provided in 28 districts in 4 regions (Tanga, Manyara, Mara and Mwanza).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12823 | Mechanism Name: EGPAF Follow on |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |



| | |
|---------------------------------|-----------------------|
| Total Funding: 2,235,621 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,235,621 |

Sub Partner Name(s)

| | | |
|----------------------------------|-----------------------------|--------------------------------------|
| AICC HOSPITAL | ARUSHA DISTRICT COUNCIL | ARUSHA MUNICIPAL COUNCIL |
| Bariadi | BUKOMBE DISTRICT COUNCIL | ENDULEM HOSPITAL |
| Gonja Lutheran Hospital | HAI DISTRICT COUNCIL | Igunga District Council |
| ISTHNA ASHERI HOSPITAL | Kahama District Council | KIBONG'OTO TB HOSPITAL |
| KIBOSHO MISSION HOSPITAL | KILEMA MISSION HOSPITAL | Kilimanjaro Christian Medical Centre |
| KILWA DISTRICT COUNCIL | KIPATIMU MISION HOSPITAL | KITETE REGIONAL HOSPITAL |
| LIWALE DISTRICT COUNCIL | LONGIDO DISTRICT COUNCIL | MACHAME LUTHERAN HOSPITAL |
| MARANGU LUTHERAN HOSPITAL | Maswa District Council | MAWENZI REGIONAL HOSPITAL |
| MEATU DISTRICT COUNCIL | MERU DISTRICT COUNCIL | MNERO MISSION HOSPITAL |
| MONDULI DISTRICT COUNCIL | MOSHI MUNICIPAL COUNCIL | MOSHI RURAL DISTRICT COUNCIL |
| MT. MERU REGIONAL HOSPITAL | MWADUI HOSPITAL | MWANGA DISTRICT COUNCIL |
| NACHINGWEA DISTRICT COUNCIL | NDALA MISSION HOSPITAL | NGORONGORO DISTRICT COUNCIL |
| NGOYONI MISSION HOSPITAL | Nkinga Mission Hospital | NKOARANGA LUTHERAN HOSPITAL |
| Nzega District Council | ROMBO DISTRICT COUNCIL | RUANGWA DISTRICT COUNCIL |
| SAME DISTRICT COUNCIL | SHINYANGA MUNICIPAL COUNCIL | Shinyanga Regional Hospital |
| SHINYANGA RURAL DISTRICT COUNCIL | SIHA DISTRICT COUNCIL | SIKONGE DESIGNATED DISTRICT HOSPITAL |
| SIKONGE DISTRICT COUNCIL | SOKOINE REGIONAL HOSPITAL | ST ELIZABETH HOSPITAL |
| ST WALBURG's HOSPITAL | TABORA MUNICIPAL COUNCIL | TPC HOSPITAL |



| | | |
|-------------------------|-----------------------|--|
| Urambo District Council | Uyui District Council | |
|-------------------------|-----------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 2,030,000 |
|----------------------------|-----------|

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 TB
 Family Planning

Budget Code Information

| Mechanism ID: | 12823 | | |
|----------------------------|--|----------------|----------------|
| Mechanism Name: | EGPAF Follow on | | |
| Prime Partner Name: | Elizabeth Glaser Pediatric AIDS Foundation | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 250,124 | |

Narrative:

These funds are proposed for the following activities: Scale up cotrimoxazole (CTX) prophylaxis for HIV-exposed and infected children; provide nutrition assessment, counseling and support; provide prevention, diagnosis and management of tuberculosis and other opportunistic infections (OI's); provide palliative care and psychosocial support. The funds will be used to improve linkages to Community Based Care including: under 5 child survival interventions and community HIV supported services. These activities will be achieved through training and on-site mentorship, establishment of coordinating committees with community-based organizations, advocacy and community mobilization. These activities will take place in Kilimanjaro, Tabora, Shinyanga, Lindi and Arusha.



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDTX | 1,400,497 | |

Narrative:

These funds are proposed for the following activities: Implement updated WHO treatment guidelines to improve access to pediatric ART, including treatment of all HIV infected children <24 months; enhance the identification and diagnosis of HIV for infants and children through EID, PITC in in-patient and out-patient settings, immunization, OVC, and TB/HIV clinics; improve follow-up services for HIV-exposed infants and children and track and retain children in care and treatment; monitor response and adherence to treatment. These activities will be achieved through training, on-site mentorship, advocacy, community mobilization, and updating of tools for tracking and retention. These activities will take place in Kilimanjaro, Arusha, Shinyanga, Tabora and Lindi with the aim of enrolling 3109 new children on ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 240,000 | |

Narrative:

Mentorship towards accreditation of 4 district labs at \$10,000 per lab and \$200,000 for KCMC ISO accreditation

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 345,000 | |

Narrative:

Maintain services related to implementation of the Three I's. It is estimated that around 20 % of new patients enrolling into ART would present with signs and symptoms of advanced HIV disease and diagnosing TB among this group remains difficult as the routine diagnostic tests (AFB smear microscopy and/or chest X ray) are neither very sensitive nor very specific and undiagnosed TB remains a major cause of mortality in this group. To enhance TB diagnosis in this group, there is a high need of investing in sophisticated TB diagnostic tests e.g. Liquid culture and Line Probe Assays. To increase access to this service, EGPAF will coordinate transportation of sputum and/or blood samples to CTRL /MRH for Liquid culture and LPAs. SCMS will procure adequate MIGT and LPA reagents for CTRL and MRH. EGPAF should ensure TB screening and recording in the CTC2 is happening throughout the supported sites. Participate in the pilot and subsequent scale up of Three I's. EGPAF will continue to provide services in 34 districts in 5 regions (Kilimanjaro, Arusha, Shinyanga, Tabora and Lindi)

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12827 | Mechanism Name: Tanzania Capacity and Communication Project |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Johns Hopkins University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 7,335,424 | |
| Funding Source | Funding Amount |
| GHCS (State) | 7,335,424 |

Sub Partner Name(s)

| | | |
|------|-------------------------------------|--|
| CARE | Media for Development International | |
|------|-------------------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 200,000 |
|--|---------|

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood



Family Planning

Budget Code Information

| | | | |
|----------------------------|---|--|--|
| Mechanism ID: | 12827 | | |
| Mechanism Name: | Tanzania Capacity and Communication Project | | |
| Prime Partner Name: | Johns Hopkins University | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | 350,000 | |

Narrative:

JHU will:-

- 1) Work in collaboration with the DSW and national OVC implementing partners to develop the communication plan for the new MVC NCPA
- 2) Work in collaboration with the DSW and national OVC stakeholders to disseminate and advocate on behalf of the OVC NCPA using different modes of communication
- 3) Support monitoring and assessment of the effectiveness of the developed national communication plan

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 800,000 | |

Narrative:

\$400,000 - Maintain successful activities, including Wahapahapa radio drama, production of CTC videos, and collaboration with TACAIDS/NACP. Campaigns are national, with emphasis on highest prevalence regions.

\$400,000 - New Communications initiative which is a follow-on to STRADCOM and AED/T-MARC will focus scaling-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The program will fund and support the development and implementation of quality BCC materials for promotion and creating demand of care and treatment and PMTCT services. National-level with community mobilization and interpersonal communications activities focused on the regions with the highest HIV prevalence. It will build on Mama Ushauri, fataki and other flagships to address both Care and treatment, PMTCT, PWP and FP through our health program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|------|------|---------|--|
| Care | HVCT | 280,000 | |
|------|------|---------|--|

Narrative:

Continue support of CT communications campaigns, including promotion and stigma reduction. Decreased funding is due to efficiencies gained via prior materials development and campaigns. Couples counseling will be a central focus w/100k contribution to couples CT. Program coverage is national.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 2,850,154 | |

Narrative:

\$2,050,154 - Scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address HIV/AIDS and health issues. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, condoms and GBV, as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. The project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. This is a National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Non-HIV/AIDS related activities are supported with USAID health funds and this joint program reflects increased collaboration across development platforms in the spirit of GHI. 100k will be set aside for formative research/assessment of behavioral drivers, potentially including geographic "city" focus, and outcome evaluation of campaigns.

\$800,000 - Maintain successful activities, including Wahapahapa radio drama, Fataki anti cross-generational sex campaign, local radio station capacity building, collaboration with TACAIDS/NACP, alcohol campaigns, and work with other partners to translate mass media messages to the community level. Campaigns are national, with emphasis on the 8 highest HIV prevalence regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 2,025,000 | |

Narrative:

\$1,225,000 - Scale-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The project will design, execute, and coordinate highly innovative and results-driven national level communications programs that address main HIV/AIDS and



health issues. Campaigns will focus on HIV prevention, addressing key drivers of the epidemic including multiple concurrent partnerships, condoms, GBV as well as develop male circumcision BCC support for PEPFAR-supported MC sites and surrounding communities. The project will work with a wide range of Tanzanian organizations and institutions to strengthen capacity in social and behavior change communications. National-level with community mobilization and interpersonal communications activities focused on the 8 regions with the highest HIV prevalence. Non-HIV/AIDS related activities are supported with USAID health funds and this joint program reflects increased collaboration across development platforms in the spirit of GHI. 100k will be set aside for formative research/assessment of behavioral drivers, potentially including geographic "city" focus, and outcome evaluation of campaigns.

\$800,000 - Maintain successful activities, including Wahapahapa radio drama, Fataki anti cross-generational sex campaign, local radio station capacity building, collaboration with TACAIDS/NACP, alcohol campaign, and work with other partners to translate mass media messages to the community level. Campaigns are national, with emphasis on 8 highest HIV prevalence regions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 1,030,270 | |

Narrative:

The Tanzania Communication and Capacity Project (TCCP) New Communications initiative, which is a follow-on to STRADCOM and AED/T-MARC will focus on scaling-up evidence-based communication programs and best practices for behavior change in line with USG priorities; and to measurably transfer social and behavior change communication skills to Tanzanian institutions and organizations. The program will fund and support the development and implementation of quality BCC materials for promotion and create demand of care and treatment and PMTCT services. The program will establish National-level interpersonal communications activities centered on the regions with the highest HIV prevalence with a focus on community mobilization . It will build on Mama Ushauri, fataki and other flagships to address both Care and treatment, PMTCT, PWP and FP through our health program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12829 | Mechanism Name: IPC TA MOHSW |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and | Procurement Type: Cooperative Agreement |



| | |
|--------------------------------|---|
| Prevention | |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 948,750 | |
| Funding Source | Funding Amount |
| GHCS (State) | 948,750 |

Sub Partner Name(s)

| | | |
|-----------------------------|--|--|
| Tanzanian Red Cross Society | | |
|-----------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|---------|
| Gender: Reducing Violence and Coercion | 94,875 |
| Human Resources for Health | 237,188 |

Key Issues

Workplace Programs

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12829 Mechanism Name: IPC TA MOHSW Prime Partner Name: JHPIEGO | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMIN | 948,750 | |



Narrative:
 Continue provision of IPC TA to support the MoHSW, covering all aspects of quality IPC implementation and roll-out, introduction of new PEPFAR indicators, development and review of guidelines, focus on HCWM and PEP, and strengthening of supportive supervision for IPC-IS activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12855 | Mechanism Name: RMO-Southern Highlands |
| Funding Agency: U.S. Department of Defense | Procurement Type: USG Core |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

Impact/End-of-Program Evaluation
 Family Planning



Budget Code Information

| Mechanism ID: 12855 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: RMO-Southern Highlands | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: | | | |
| <p>This funding will support RMOs-Southern highlands. There is a 53% reduction from FY10 because of multi-year PF Funding to support equipment procurements and installation which was a one time event/funding. The current funding will support SI activities that will build the capacity of eight partners in data collection and reporting as well as facilitate supportive supervision. By September 2011, data from 60% of DOD supported sites will be submitted and available through the NACP CTC3 system.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 12861 | Mechanism Name: Pamoja Tuwalee - Africare |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Africare | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,900,000 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 2,900,000 |

Sub Partner Name(s)



| | | |
|---|---|-----|
| Chama cha Uzazi na Malezi Bora Tanzania (UMATI) | Tanzania Home Economics Association (TAHEA) | TBD |
| The Futures Group International | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Economic Strengthening | 65,250 |
| Education | 65,250 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 151,474 |

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Malaria (PMI)
 Child Survival Activities

Budget Code Information

| Mechanism ID: 12861 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Pamoja Tuwalee - Africare | | | |
| Prime Partner Name: Africare | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 2,900,000 | |
| Narrative: | | | |
| 1)Provision of quality, sustainable and coordinated OVC service in operational regions. 2)Provision of | | | |



economic strengthening support to enhance household capacity to care for OVC in operational regions.
 3) Capacity building for local NGOs, MVCC and LGAs in operational regions to support OVC

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12906 | Mechanism Name: CSSC |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Christian Social Services Commission | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

| | | |
|----------------------------|------------------------|----------------------|
| Bugando Medical Centre | Kowak Health Center | Nyakahoja Dispensary |
| Nyamagana District Council | Rorya District Council | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Construction/Renovation | 47,600 |
| Human Resources for Health | 181,526 |



Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Child Survival Activities
 Safe Motherhood
 TB

Budget Code Information

| Mechanism ID: 12906 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: CSSC | | | |
| Prime Partner Name: Christian Social Services Commission | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 400,000 | |
| Narrative: | | | |
| Focus on high quality HIV services at existing sites by reducing retention gap through identification of problems and strategies that will lead to increased retention of patients on ART. Continue capacity building and provide service delivery in efforts to take over ART sites from the International partner in the allocated regions. Focus more on clinical mentorship, supportive supervision and adhere to consolidation of in-service ART trainings in the zonal training centers. Partner will work in Mara and Mwanza in 2 districts. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 100,000 | |
| Narrative: | | | |
| This is a new mechanism to support 8 PMTCT sites in two Districts. CSSC will take over sites supported by AIDS Relief to implement PMTCT and improve MCH services: The implementing partner (IP) will support scale-up of PMTCT services to cover 80% of pregnant women with counseling and testing. For those found HIV negative, retesting will be considered in late pregnancy, labour and delivery or during postpartum period (and document sero-conversion). Women found HIV positive will be provided with ARV prophylaxis (75% and 85% of HIV positive pregnant women in 2011 and 2012, respectively) . The IP will support scale-up of EID to 65% of HIV exposed infants through RCH clinics. | | | |



The funds will also be used to:-

- (1) Strengthen the linkages and referrals of HIV+ women and children to care and treatment services and other health and community programs and Health packages
- (2) Support EID transportation of samples including DBS and sending back the results to the clients
- (3) Strengthening M&E systems to track and document the impact of the PMTCT program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12907 | Mechanism Name: RPSO |
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Contract |
| Prime Partner Name: Regional Procurement Support Office/Frankfurt | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 5,431,928 | |
| Funding Source | Funding Amount |
| GHCS (State) | 5,431,928 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------------------------|-----------|
| Construction/Renovation | 4,611,928 |
|-------------------------|-----------|

Key Issues



(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|--|--|
| Mechanism ID: | 12907 | | |
| Mechanism Name: | RPSO | | |
| Prime Partner Name: | Regional Procurement Support Office/Frankfurt | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 2,825,051 | |

Narrative:
 \$2,508,399 - Funds will be prioritized for renovation/construction of the following: 1. Fourty identified established Care and Treatment Centers; 2.Six Nursing and Medical School dormitories and classrooms; 3. Ten District Hospital Laboratories identified and assessed.
 \$591,601 - Funds will be prioritized for renovation/construction of the following: 1. Identified established Care and Treatment Centers; 2. Six Nursing and Medical School dormitories and classrooms; 3. Fifteen District Hospital Laboratories identified and assessed.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 1,013,308 | |

Narrative:
 Support construction at pre-service training institutions to provide capacity for additional students. Support pilot retention program with the construction of housing units for health care workers in remote locations. Location TBD based on prioritized institutions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | IDUP | 500,000 | |

Narrative:
 To complete extensive renovations for MARPS outreach and positive living center.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 729,046 | |

Narrative:
 Since the government of Tanzania has formed over XXX new regions and about XXX new districts, the



PMTCT program envisions a need for construction and renovations of MCH clinics in these new local government areas. An assessment of need will be carried out, and, based on the findings, these funds will be used to address areas of need and address "strategic construction or major renovations" of Reproductive and Child Health (RCH) clinics, and Labor and Delivery wards, as needed.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 364,523 | |

Narrative:

Renovation and construction of 2 lab school in Mbeya and Tanga

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13013 | Mechanism Name: Blood Technical Assistance |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Association of Blood Banks | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 650,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 650,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|---------|
| Human Resources for Health | 650,000 |
|----------------------------|---------|

Key Issues

Malaria (PMI)
 Child Survival Activities
 Safe Motherhood

Budget Code Information

| Mechanism ID: 13013 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Blood Technical Assistance | | | |
| Prime Partner Name: American Association of Blood Banks | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | 650,000 | |

Narrative:

Overall TA to the program, TA coordination, TA to BEC implementation in all remaining zones, KAPB study implementation, NBTS capacity building. Additional funds allocated this year will assist with broadening the scope of the TA.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 13020 | Mechanism Name: Donor Mobilization (2) |
| Funding Agency: U.S. Department of Defense | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|----------|----------|
| Redacted | Redacted |
|----------|----------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

| | | | |
|----------------------------|------------------------|--|--|
| Mechanism ID: | 13020 | | |
| Mechanism Name: | Donor Mobilization (2) | | |
| Prime Partner Name: | TBD | | |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HBHC | Redacted | Redacted |

Narrative:
 DOD will continue to strengthen the Local implementing partner and sub partners, KIHUMBE, sub partners of MHN, Sub partners of Songonet and Sub-partners of RODI on organizational, financial, technical and management capacities. Four of these are local partners, and they will greatly benefit from this strengthening activity as they are receiving PEPFAR funds from multiple program areas and they are implementing programs in high prevalence regions of Mbeya, Ruvuma and Rukwa.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13262 | Mechanism Name: MOHSW Blood |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 3,400,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 3,400,000 |

Sub Partner Name(s)

| | | |
|--------------------------------------|----------------------------|--|
| Tanzania People Defense Force (TPDF) | Tanzania Red Cross Society | |
|--------------------------------------|----------------------------|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,369,683 |
|----------------------------|-----------|

Key Issues

(No data provided.)

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 13262 |
|----------------------------|



| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism Name: | MOHSW Blood | | |
| Prime Partner Name: | Ministry of Health and Social Welfare, Tanzania | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | 3,400,000 | |

Narrative:
 Program oversight, coordination and implementation, including training and M&E, for Tanzania mainland. Additional funds will support expansion of BEC to all zones.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13301 | Mechanism Name: Coordinated OVC Care |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: World Education | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,589,294 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,589,294 |

Sub Partner Name(s)

| | | |
|---|--|--|
| Action for Children in Conflict (AfCiC) | Kikundi Cha Wanawake Kilimanjaro Kupambana Na Ukimwi (KIWAKKUKI) | Kilimanjaro Women Information Exchange and Consultancy Organization (KWEICO) |
| Maarifa Ni Ufunguo | Maasai Women Development Organization (MWEDO) | Mkombozi |
| Muheza | PASADIT | Salvation Army |
| Selian Lutheran | Uhai Centre at the Arusha Archdiocesan Integrated | |



| | | |
|--|---|--|
| | Development and Relief Office (AAIDRO) | |
|--|---|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Economic Strengthening | 200,000 |
| Education | 50,000 |
| Food and Nutrition: Commodities | 45,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 30,000 |
| Gender: Reducing Violence and Coercion | 50,000 |
| Human Resources for Health | 10,000 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Child Survival Activities
 Family Planning

Budget Code Information

| Mechanism ID: 13301 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Coordinated OVC Care | | | |
| Prime Partner Name: World Education | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 2,589,294 | |
| Narrative: | | | |



1)Provision of quality, sustainable and coordinated OVC service in operational regions. 2)Provision of economic strengthening support to enhance household capacity to care for OVC in operational regions. 3) Capacity building for local NGOs, MVCC and LGAs in operational regions to support OVC

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13327 | Mechanism Name: P4H-BPE |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 13327 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: P4H-BPE | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |
| Narrative: | | | |
| <p>These funds will be used to conduct basic program evaluations (BPE) for community based interventons. The partner to do this work is still to be determined (TBD), this activity will assess different service delivery models which are less resource intensive, sustanable and aims to increase efficiency. This is a National activity to benefit all USG community based care and support implementing partners.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 13343 | Mechanism Name: RPSO |
|--|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13343 | | | |
|--------------------------------|-------------|----------------|----------------|
| Mechanism Name: RPSO | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | Redacted | Redacted |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | Redacted | Redacted |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13348 | Mechanism Name: TBD - PPP |
| Funding Agency: U.S. Department of State/Bureau | Procurement Type: Cooperative Agreement |



| | |
|--------------------------------|---|
| of African Affairs | |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13348 Mechanism Name: TBD - PPP Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | Redacted | Redacted |

Narrative:

Tanzania is currently working on a PPP strategy. This money is a place holder for the PPP money until the PPP strategy is completed. This money will be reprogrammed in April 2011, in line with the strategic



decisions outlined in the PPP strategy.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13350 | Mechanism Name: Service Provision Assessment |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: ICF Macro | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,000,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,000,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)



Budget Code Information

| Mechanism ID: 13350 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Service Provision Assessment | | | |
| Prime Partner Name: ICF Macro | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 1,000,000 | |

Narrative:

The implementation of the Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) will be carried out in FY11. The survey will be conducted in collaboration with PMI.

ICF Macro will provide TA to NBS and OCGS, procure commodities and supplies for the survey.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | | | |
|---|--|---|--|
| Mechanism ID: 13351 | | Mechanism Name: PROMIS | |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: TBD | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: Yes | | Global Fund / Multilateral Engagement: No | |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13351 Mechanism Name: PROMIS Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: | | | |
| <p>The funds for PROMIS have been reduced by 47% as the project is expected to shift from development to maintenance and minor adjustments. Any significant increase in requirements identified after APR 10 will require additional funds. This funding will not cover implementation of COP development support and will only partially cover integration and data exchange with GOT systems.</p> <p>PROMIS supports USG national level SAPR/APR data collection, with partner, sub-partner, facility and community level disaggregation, and information reporting and sharing.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13352 | Mechanism Name: GLOWS LWA/FIU |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Winrock International | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 200,000 |

Sub Partner Name(s)

| | | |
|------|--|--|
| None | | |
|------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|-------|---------|
| Water | 200,000 |
|-------|---------|

Key Issues

Increasing women's access to income and productive resources
 Increasing women's legal rights and protection

Budget Code Information

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| Mechanism ID: | 13352 | | |
| Mechanism Name: | GLOWS LWA/FIU | | |
| Prime Partner Name: | Winrock International | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 200,000 | |
| Narrative: | | | |
| 1) Support and increase OVC access to water for domestic and productive use within OVC Households | | | |



in operational regions. 2) Increase income and diversify livelihood of OVC households in operational regions. 3) Establish water use associations for management of water sources. These associations will be used as platforms for child protection activities and trainings in operational regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13353 | Mechanism Name: NRM TA Mechanism |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: AIDSTAR I, Task Order#1 | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 455,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 455,000 |

Sub Partner Name(s)

| | | |
|----------|---------------------------|---------------------|
| AWF | Fintrac Inc. | Jane Goodall Kigoma |
| TCMP/URI | Technoserve (Maybe added) | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services



Workplace Programs

Budget Code Information

| Mechanism ID: 13353 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: NRM TA Mechanism | | | |
| Prime Partner Name: AIDSTAR I, Task Order#1 | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 100,000 | |
| Narrative: | | | |
| Expand and sustain in-depth capacity building and institutional strengthening to new and/or local partners to maximize HIV/AIDS program effectiveness and impact. This will be accomplished through intensive, on-going technical and managerial capacity building efforts. Technical assistance efforts focus on 5 wrap-around Natural Resource Management/Economic Growth partners. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 355,000 | |
| Narrative: | | | |
| Maintain providing sustained, in-depth capacity building and institutional strengthening to new and/or local partners to maximize HIV/AIDS program effectiveness and impact. This will be accomplished through intensive, on-going technical and managerial capacity building efforts. Technical assistance efforts focus on 5 wrap-around Natural Resource Management/Economic Growth partners. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13355 | Mechanism Name: ZACP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,868,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,868,000 |

Sub Partner Name(s)

| | | |
|--|---|--|
| MOHSW Zanzibar National Blood Transfusion Services | MOHSW Zanzibar, Department of Substance Abuse Prevention & Rehabilitation | |
|--|---|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 803,040 |
|----------------------------|---------|

Key Issues

Mobile Population
TB

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 13355 | | |
| Mechanism Name: | ZACP | | |
| Prime Partner Name: | Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 100,000 | |

| Narrative: | | | |
|--|-------------|----------------|----------------|
| Strengthen and improve community Home-Based Care / Palliative Care program in Zanzibar. This will be accomplished through:- | | | |
| (1) Strengthening coordination and collaboration between donors, Local Government Authorities (LGA's) and implementing partners | | | |
| (2) Providing guidance for provision of integrated high-quality care and support for PLHIV from the time of diagnosis throughout the continuum of illness | | | |
| (3) Ensuring that the services are accessible | | | |
| (4) Developing, updating, printing and distributing guidelines and tools | | | |
| (5) Coordinating trainings | | | |
| (6) Monitoring and evaluating programs | | | |
| (7) Providing supportive supervision at national level | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 495,000 | |
| Narrative: | | | |
| Coordination of care and treatment services in Zanzibar. ZACP will continue to work with authorities from the regional and district level, to maintain HIV/AIDS program and empower local authorities to create ownership of the program. Funds will also be used for management of HIV/HBV co-infection at Mnazi Mmoja CTC through identification of HIV and HBV co-infection persons and treatment, development of SOPs, printing of guidelines, training materials, training, supportive supervision, administrative support and data management. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 350,000 | |
| Narrative: | | | |
| Continue support for VCT Mnazi Mmoja, PITC, mobile CT for MARPs and in prisons in Zanzibar. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 400,000 | |
| Narrative: | | | |
| The FY 11 funding will enable ZACP to implement the revised HIV/AIDS patient monitoring system for care and treatment, size estimation of MARPs studies in Pemba and Unguja. The funds will also be used to procure supplies and reagents for MARPs studies. | | | |



| The FY 11 funding has decreased by 15% as a result of the SI reductions linked to PFIP priorities and one time funds that were available in FY10. | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | 400,000 | |
| Narrative: | | | |
| Program oversight, coordination and implementation, including training and M&E, for Zanzibar. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 60,000 | |
| Narrative: | | | |
| Continue support for coordination of IEC/BCC efforts (AB component) on Zanzibar; Slight decrease in funding amount in view of ZACP pipeline and pending recruitment of ZACP BCC specialist. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 60,000 | |
| Narrative: | | | |
| Continue support for coordination of IEC/BCC efforts (OP component) on Zanzibar; Previously funded for AB only - funding now split between AB & OP to allow for broader and more comprehensive approach to strengthen condom promotion efforts on Zanzibar. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 400,000 | |
| Narrative: | | | |
| Coordination and services for MARPs in Zanzibar in MOH facilities, including MARPs rehabilitation facility. \$100,000 subgrant to DSAPR to support MAT, NSP and DU/IDU M&E | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 557,000 | |
| Narrative: | | | |
| Implement PMTCT and improve MCH services (see PF package): The PF funds will support the implementing partner (IP) to meet the objective of scaling-up quality PMTCT services by:- (1) Strengthening the linkages and referrals of HIV+ women and children to care and treatment services | | | |



and other health and community programs

- (2) Integrating PMTCT and ART
- (3) Having the partner complement FP and Focused Antenatal Care (FANC)
- (4) Having the PMTCT partner complement Emergency Obstetric Care (EmOC) package
- (5) Having the partner complement Newborn Health package.
- (6) Supporting EID transportation of samples including DBS and sending back the results to the clients.
- (7) Improving infrastructure through construction and renovation (8) Improving the procurement of MCH-related equipment, drugs and supplies through a central procurement system
- (9) Strengthening M&E systems to track and document the impact of the PMTCT program
- (10) Providing training and improving retention rates of health care workers
- (11) Strengthening and expanding interventions to improve maternal and child survival
- (12) Supporting new activities such as Cervical cancer screening
- (13) Creating community demand

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 46,000 | |

Narrative:

Review, update, finalize, print and distribute adopted WHO guidelines, patient monitoring system (PMS) tools, support training of health care providers on the new PMS tools, coordinate pilot and subsequent implementation of Three I's. Strengthen collaboration between NACP, NTLP, GFATM, and other stakeholders involved in TB/HIV interventions. Services will be coordinated at the National Level.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13359 | Mechanism Name: ITECH |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

Total Funding: Redacted



| Funding Source | Funding Amount |
|----------------|----------------|
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 13359 | | |
|---|-------------|----------------|----------------|
| Mechanism Name: | ITECH | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| <p>Funds will be used for conducting in-service ART training in Central and Eastern zonal training centers. It is expected that ART treatment partners will identify health care workers who need training and refer them to the centers. This effort aims to consolidate trainings and ensure efficiency.</p> <p>Moved funding from Mechanism 9917, University of Washington, to Mechanism 317, TBD.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | Redacted | Redacted |
| Narrative: | | | |



Continue support for PITC in Morogoro; Continue to support NACP for updating of couples CT training materials & job aids.
 Moved funding from Mechanism 9917, University of Washington, to Mechanism 317, TBD.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | Redacted | Redacted |

Narrative:
 Finalize the training curricula and related training materials for AMOs as well as the CO/CA curricula of the national distance learning center. Strengthen the capacity of tutors/clinical instructors in the CA, CO, and AMO pre-service training institutions (working with JHPIEGO on AMOs as appropriate) through faculty development activities as well as provision of supplies and equipment (i.e., skills labs, library resources, etc) as needed. Work to improve the ZRHC's capacity to coordinate, implement, monitor, and evaluate training by providing ZRHCs with basic training equipment, materials, and staff. Work with the national distance learning center to implement their strategic plan and to build their capacity in leadership and program management. Work with MOHSW to ensure there are an adequate number of tutors at each CO, CA, nursing and lab pre-service training institution and that there is a sustainable system for pre-service training of tutors. Work with a minimum of six pre service training institutions to increase their throughput by providing supplies, scholarships, and other inputs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMIN | Redacted | Redacted |

Narrative:
 Continue the support for integration of IPC into pre-service training curricula, including training of pre-service trainers and tutors. IPC pre-service training support aims at achieving greater sustainability by increasing knowledge and awareness of IPC among new HCWs and personnel.

Moved funding from Mechanism 9917, University of Washington, to Mechanism 317, TBD

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | Redacted | Redacted |

Narrative:
 Add to OHSS TrainSmart
 Funds will be used to create a system of tracking health care workers who have been trained in the districts.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|-----------|------|----------|----------|
| Treatment | HLAB | Redacted | Redacted |
|-----------|------|----------|----------|

Narrative:

i. Faculty development and mentorship for pre-service lab and biomedical engineering schools (\$250,000)

ii. Scholarship for 3 B.Sc. and 15 ordinary diploma (\$20,000)

Moved funding from Mechanism 9917, University of Washington, to Mechanism 317, TBD.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | Redacted | Redacted |

Narrative:

Provide support to MOHSW to revise, update, and integrate new TB- HIV modules (Three I's) into the current training materials. Continue conducting TOT to create a pool of National Trainers on TB/HIV. Conduct an evaluation to understand the effects of TOT on improvement of the service delivery. Develop training materials for pediatric TB in collaboration with the MOHSW and other stakeholders. Support will continue being provided at Central or National level.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13361 | Mechanism Name: WAN |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |
| Redacted | Redacted |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 13361 Mechanism Name: WAN Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: TBD funding for ICT WAN support to MOHSW, regional, district and referral hospital connectivity to support integration of health information systems and enhanced communications. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13362 | Mechanism Name: Feed the Future |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|----------|
| Economic Strengthening | Redacted |
|------------------------|----------|

Key Issues

- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 13362 | | | |
| Mechanism Name: Feed the Future | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | Redacted | Redacted |

Narrative:

This activity will link with Feed the Future Initiative supported through USAID Economic Growth to ensure

that vulnerable households with PLHIV participate in agricultural value chain for HIV/AIDS impact mitigation and economic strengthening in the FTF geographical regions. (Horticultural Value Chain, School Feeding Programs, Water and Sanitation). This activity will address the food security and economic strengthening needs of PLHIV in Morogoro, Dodoma, Iringa, Mbeya, Mara and Shinyanga region that overlaps with FTF regions to create synergies and maximize impact.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HKID | Redacted | Redacted |

Narrative:

This activity will link with the Feed the Future Initiative supported through USAID Growth to ensure that vulnerable households with at least one Orphan and Vulnerable Children (OVC) or Most Vulnerable Child (MVC) participate in Feed the Future nutrition, value chain and economic strengthening activities for HIV/AIDS impact mitigation. This activity will promote community/households based response to sustainably address the nutrition and food security needs of People Living with HIV/AIDS (PLHIV) and maximize program impact in Feed the Future (FTF) regions of Morogoro, Dodoma, Iringa, Mbeya, Mara and Shinyanga regions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13363 | Mechanism Name: task order- TA Central |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 13363 | | |
|----------------------------|------------------------|----------------|----------------|
| Mechanism Name: | task order- TA Central | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HMBL | Redacted | Redacted |

Narrative:

This funding is set aside for specific TA needs for blood safety program in country. The central blood safety task order mechanism is managed central by the ATL biomedical team, however countries need to budget their money for the specific TA needs that are not met by their current country TA. The central mechanism will help to to manage the application for different tasks and select the appropriate TA to meet individual country needs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|--|
| Mechanism ID: 13364 | Mechanism Name: Formative Research to map the epidemic drivers in Mbeya, Rukwa and Ruvuma Regions |
|----------------------------|--|



| | |
|--|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 13364 | | |
| Mechanism Name: | Formative Research to map the epidemic drivers in Mbeya, Rukwa and Ruvuma Regions | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |



Redacted will be used for formative research on key drivers of epidemic in Mbeya, Ruvuma and Rukwa.
 Redacted will be used for Basic Programme Evaluation in Mbeya, Ruvuma and Rukwa.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|--|
| Mechanism ID: 13365 | Mechanism Name: Implementation and Evaluation of Combination Prevention in Mbozi and Rungwe Districts |
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: | 13365 | | |
|--|---|----------------|----------------|
| Mechanism Name: | Implementation and Evaluation of Combination Prevention in Mbozi and Rungwe Districts | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | Redacted | Redacted |
| Narrative: | | | |
| Implementation of combination prevention in Mbeya region | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 13518 | Mechanism Name: BPA Furniture and Computers | | |
|---|--|----------------|--|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement | | |
| Prime Partner Name: TBD | | | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted | | |
| TBD: Yes | Global Fund / Multilateral Engagement: No | | |
| Total Funding: Redacted | | | |
| Funding Source | | Funding Amount | |
| Redacted | | Redacted | |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Education | Redacted |
| Human Resources for Health | Redacted |

Key Issues

Child Survival Activities
 Safe Motherhood
 Family Planning

Budget Code Information

| Mechanism ID: 13518 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: BPA Furniture and Computers | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | Redacted | Redacted |

Narrative:

The BPA will procure non-medical commodities for clinical officer, clinical assistant, and nursing pre-service health training institutions (this). A particular focus of this funding in FY2011 will be on procurements related to furnishing clinical officer, clinical assistant and nursing schools which receive USG infrastructure support. To this end classroom and dormitory furniture including desks, work benches, tables, and beds, etc may be procured. Procurement may also include teaching equipment, computers, and PowerPoint projectors, and other teaching aids as needed. These purchases will help to increase the enrollment capacity which is a key part of the stated OHSS ITT goals. 2). The BPA is open to any PEPFAR program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | Redacted | Redacted |

Narrative:

BPA will procure none medical commodities for the PMTCT program. Procuments may include teaching equipment, teaching aids, computers, PowerPoint projectors and other classroom teacher supported teaching aids. The selected provider may be asked to procure additional training and teacher aids based



on program implementation requirements. These materials will support MTCT program pre-service training and health system strengthening objectives to scale up MTCT services to reach 80% of the target population. The selected vendor is expected to provide delivery, training and service for procured items in the sites identified by the MTCT program

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | Redacted | Redacted |

Narrative:

Support 2 laboratory pre-service training schools in Mbeya and Tanga with procurement of non-medical basic teaching equipment including teaching aids, books, computers, powerpoint projectors and other classroom teacher supported teaching aids.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13538 | Mechanism Name: New Treatment BPE |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

| Mechanism ID: | 13538 | | |
|---|-------------------|----------------|----------------|
| Mechanism Name: | New Treatment BPE | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | Redacted | Redacted |
| Narrative: | | | |
| Funds will be used to conduct multicountry Early Mortality Reduction study that will help to inform MOHSW on causes for early mortality for PLHIV and decision on interventions | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 13544 | Mechanism Name: Survey on the IDUP in Mbeya region |
| Funding Agency: U.S. Department of Defense | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|-------------------------|----------------|
| Funding Source | Funding Amount |



| | |
|----------|----------|
| Redacted | Redacted |
|----------|----------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|------------------------------------|-----------------------|-----------------------|
| Mechanism ID: | 13544 | | |
| Mechanism Name: | Survey on the IDUP in Mbeya region | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | Redacted | Redacted |
| Narrative: | | | |
| Baseline asesment and IDU outreach in Mbeya. | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|-----------------------------|
| Mechanism ID: 13552 | Mechanism Name: SCMS |
| Funding Agency: U.S. Agency for International | Procurement Type: Contract |



| | |
|---|---|
| Development | |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 12,220,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 12,220,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Construction/Renovation | 1,000,000 |
| Human Resources for Health | 1,000,000 |

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 13552 | | |
| Mechanism Name: | SCMS | | |
| Prime Partner Name: | Partnership for Supply Chain Management | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 2,000,000 | |
| Narrative: | | | |

These funds will be spent through SCMS for procurement and distribution of the HBC kits. This will be a centralized procurement and all service providing partners will obtain these kits in country. The \$1,000,000 budget decrease for SCMS is due to changing policy around cotrimoxazole procurement. SCMS will use Partnership Framework (PF) money to procure cotrimoxazole in order to ensure uninterrupted supply by emergency procurement when there are stock outs of the commodity. This is a national activity supporting all USG funded partners.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HTXS | 4,771,000 | |

Narrative:

Support PEPFAR ART programs in Tanzania. This will be accomplished through the procurement of high quality HIV/AIDS related commodities, including those reagents needed for TB MGIT machine. SD Bio-line will be procured for use as screening tests and Determine tests, ARV prophylaxis for HIV infected pregnant women and their infants, drugs for the treatment of Opportunistic Infections, test kits and other related laboratory supplies. Funds will be used to enhance the availability and quality of data on commodity usage for decision making and program monitoring and planning, which is part of the integrated logistics system. Funds will be used as needed for lab reagent and test kits central procurement in order for ART partners to have quick access of laboratory reagents for their sites. Through this mechanism, there will be an increase in efficiency as partners will minimize individual procurement and the existing cold chain system will be improved.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | HVCT | 750,000 | |

Narrative:

SCMS will quantify test kit needs in consultation with GOT. SCMS will procure test kits per agreement with NACP and will provide test kits to the Medical Stores Department which distributes the kits to zonal stores and then testing sites. SCMS will provide technical assistance to strengthen the capacity of sites to order and manage test kit stock. Coverage is national.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | CIRC | 1,920,000 | |

Narrative:

Procurement and distribution of MC kits

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|------------|------|-----------|--|
| Prevention | MTCT | 1,850,000 | |
|------------|------|-----------|--|

Narrative:

\$1,350,000 - Procurement of 1) Reagents, testkits (HIV, syphilis, HB etc), drugs for OI, FA, Fe, Mebendazole, vitamin A, multivitamins (= \$500,000) (2) hospital equipment including weighing scale, delivery kits, HB estimator, blood delivery bags and equipment, EMOC equipment, protective gear, etc. (= \$850,000).

\$500,000 - This funding is set set aside to cover any ARV gaps that may arise as the PMTCT adopts the new WHO recommendation of starting ARVs earlier and providing ARVs during breast feeding. Procurement will be based on quantification and gap analysis.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 500,000 | |

Narrative:

- i. Support of 5 supply chain lab advisors at zonal MSD stores
- ii. Continued support of roll out and training of Logistic Information System (LIS) at district level
- iii. Technical assistance for equipment maintenance and replacement plan

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 429,000 | |

Narrative:

Support PEPFAR ART programs in Tanzania. This will be accomplished through the procurement of high quality HIV/AIDS related commodities, including those reagents needed for TB MGIT machine. SD Bio-line will be procured for use as screening tests and Determine tests, ARV prophylaxis for HIV infected pregnant women and their infants, drugs for the treatment of Opportunistic Infections, test kits and other related laboratory supplies. Funds will be used to enhance the availability and quality of data on commodity usage for decision making and program monitoring and planning, which is part of the integrated logistics system. Funds will be used as needed for lab reagent and test kits central procurement in order for ART partners to have quick access of laboratory reagents for their sites. Through this mechanism, there will be an increase in efficiency as partners will minimize individual procurement and the existing cold chain system will be improved.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13553 | Mechanism Name: FBO TA Provider |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Balm in Gilead | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 850,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 850,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- TB
- Family Planning

Budget Code Information

| Mechanism ID: 13553 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: FBO TA Provider | | | |
| Prime Partner Name: Balm in Gilead | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 200,000 | |
| Narrative: | | | |
| Provide TA to FBO to implement quality service implementation. The TBD will provide TA to Faith Based Organization (FBO) to implement quality service. TBD will provide technical expertise and build capacity to FBO that are implementing Home Based Care (HBC) activities in program management, monitoring, evaluation, coordinate, collaborate and establishment of a sustainable HBC program. The TBD will also provide TA for FBO on how to implement quality and integrated services, integrate prevention with positive activities in to HBC package, and improve referral and linkages to HIV and non HIV related services | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 100,000 | |
| Narrative: | | | |
| 1)Provision of quality, sustainable and coordinated OVC service Kigoma Region. 2)Provision of economic strengthening and support to enhance household capacity to care for OVC in Kigoma 3) Facilitate capacity building and strengthen the local CBOs, MVCC and LGAs in Kigoma to support OVC | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 200,000 | |
| Narrative: | | | |
| Provide Technical Assistance to the Faith Based Organisation (FBO) network which includes the Muslim Council of Tanzania (BAKWATA), Protestant Council (TCC), the office of Chief Mufti of Zanzibar (OCMZ) and Roman Catholic Council (TEC). The prime objectives will be to strenghten local FBO capability to promote CT in Shinyanga, Kigoma, Singida, Iringa and Zanzibar; use US-based domestic good practice model which has proven effective for engaging faith communities in promoting HIV counseling and Testing..The 3,TA will also provide FBOs with the knowledge on Community mobilization, post test | | | |

support groups as well as effectively utilization of mobile facilities. The fund will partly be used to provide Technical Assistance to the Faith Based Organisation (FBO) network. The FBO network include Muslim Council of Tanzania (BAKWATA) The protestant Council (TCC) The office of Chief Mufti of Zanzibar (OCMZ) and Roman Catholic Council (TEC). The prime objectives will be to strenghten local FBO capability to promote Counseling and Testing in rural communities in five regions of Shinyanga, Kigoma, Singida, Iringa and Zanzibar; use US-based good practice model which has proven effective for engaging faith communities in promoting HIV CT; provide FBOs with the knowledge on community mobilization, post test support groups as well as effectively utilization of mobile facilities. 50,000 has been deducted as contribution towards PPP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 200,000 | |

Narrative:

TBD to be replaced by Balm In Gilead (BIG). Awarded in Aug '10. BIG transitionining from prime partner to TA partner for TIP, and umbrella FBO network composed of four Islamic and Christian FBO networks. TA for implementation of AB component of "Sasa Tuzungumze". FBO network coverage is national, but activities have been implemented with greater intensity in 7 regions of Tanzania mainland and on Zanzibar.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 150,000 | |

Narrative:

TBD to replaced by Balm In Gilead (BIG). Awarded in Aug '10. BIG transitionining from prime partner to TA partner for TIP, and umbrella FBO network composed of four Islamic and Christian FBO networks. TA for implementation of OP component of "Sasa Tuzungumze". FBO network coverage is national, but activities have been implemented with greater intensity in Shinyanga & on Zanzibar.

Moved funding from Mechanism 74, TBD, to Mechanism 320, Balm in Gilead

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 13554 | Mechanism Name: FIND |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Prevention | |
| Prime Partner Name: Foundation for Innovative New Diagnostics | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 321,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 321,000 |

Sub Partner Name(s)

| | | |
|---------------------------|--|--|
| Plan B - Partner Name Fix | | |
|---------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 122,000 |
|----------------------------|---------|

Key Issues

TB

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 13554 | | |
| Mechanism Name: | FIND | | |
| Prime Partner Name: | Foundation for Innovative New Diagnostics | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 321,000 | |
| Narrative: | | | |



Assistance in introduction of new technologies for TB diagnosis (e.g. line probe assay); assistance in the development of national standardized laboratory monitoring and evaluation plans

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 13555 | Mechanism Name: FELTP |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | Redacted |
|----------------------------|----------|

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 13555 Mechanism Name: FELTP Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | Redacted | Redacted |
| Narrative: Build the capacity of the MOHSW to provide a masters program focused on field epidemiology and lab training. Support 23 students in the two year master program. Support outbreak investigations as needed. | | | |

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--|----------------------|-------|-----|--------------|--------------|---------------------------------------|
| Computers/IT Services | | | | 265,100 | | 265,100 |
| ICASS | | | | 870,000 | | 870,000 |
| Institutional Contractors | | | | 3,108,745 | | 3,108,745 |
| Management Meetings/Professional Development | | | | 260,900 | | 260,900 |
| Non-ICASS Administrative Costs | | | | 779,700 | | 779,700 |
| Staff Program Travel | | | | 112,800 | | 112,800 |
| USG Staff Salaries and Benefits | | | | 3,723,861 | | 3,723,861 |



| | | | | | | |
|--------------|----------|----------|----------|------------------|----------|------------------|
| Total | 0 | 0 | 0 | 9,121,106 | 0 | 9,121,106 |
|--------------|----------|----------|----------|------------------|----------|------------------|

U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|---------|
| Computers/IT Services | | GHCS (State) | | 265,100 |
| ICASS | | GHCS (State) | | 870,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 260,900 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 779,700 |

U.S. Department of Defense

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--|----------------------|----------|----------|------------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 300,000 | | 300,000 |
| Computers/IT Services | | | | 49,000 | | 49,000 |
| ICASS | | | | 504,000 | | 504,000 |
| Management Meetings/Professional Development | | | | 40,740 | | 40,740 |
| Staff Program Travel | | | | 205,000 | | 205,000 |
| USG Staff Salaries and Benefits | | | | 1,841,494 | | 1,841,494 |
| Total | 0 | 0 | 0 | 2,940,234 | 0 | 2,940,234 |



U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|---------|
| Capital Security Cost Sharing | | GHCS (State) | | 300,000 |
| Computers/IT Services | | GHCS (State) | | 49,000 |
| ICASS | | GHCS (State) | | 504,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 40,740 |

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--|----------------------|-------|--------|--------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 150,000 | | 150,000 |
| Computers/IT Services | | | | 1,027,382 | | 1,027,382 |
| ICASS | | | | 920,000 | | 920,000 |
| Institutional Contractors | | | | 2,340,000 | | 2,340,000 |
| Management Meetings/Professional Development | | | | 200,000 | | 200,000 |
| Non-ICASS Administrative Costs | | | 28,145 | 1,222,469 | | 1,250,614 |
| Staff Program | | | | 1,109,000 | | 1,109,000 |



| | | | | | | |
|---------------------------------|----------|----------|------------------|------------------|----------|-------------------|
| Travel | | | | | | |
| USG Staff Salaries and Benefits | | | 3,654,855 | 848,745 | | 4,503,600 |
| Total | 0 | 0 | 3,683,000 | 7,817,596 | 0 | 11,500,596 |

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|-----------|
| Capital Security Cost Sharing | | GHCS (State) | | 150,000 |
| Computers/IT Services | | GHCS (State) | | 1,027,382 |
| ICASS | | GHCS (State) | | 920,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 200,000 |
| Non-ICASS Administrative Costs | | GAP | | 28,145 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 1,222,469 |

U.S. Department of Health and Human Services/Office of Global Health Affairs

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|----------------------------------|----------------------|-------|-----|--------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 20,000 | | 20,000 |
| ICASS | | | | 73,000 | | 73,000 |
| Management Meetings/Professional | | | | 15,000 | | 15,000 |



| | | | | | | |
|---------------------------------------|----------|----------|----------|----------------|----------|----------------|
| Development | | | | | | |
| Non-ICASS Administrative Costs | | | | 26,000 | | 26,000 |
| Staff Program Travel | | | | 120,000 | | 120,000 |
| USG Staff Salaries and Benefits | | | | 162,520 | | 162,520 |
| Total | 0 | 0 | 0 | 416,520 | 0 | 416,520 |

**U.S. Department of Health and Human Services/Office of Global Health Affairs
Other Costs Details**

| Category | Item | Funding Source | Description | Amount |
|---|------|----------------|-------------|--------|
| Capital Security Cost Sharing | | GHCS (State) | | 20,000 |
| ICASS | | GHCS (State) | | 73,000 |
| Management Meetings/Profession al Development | | GHCS (State) | | 15,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 26,000 |

U.S. Department of State

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|-------------------------------------|-------------------------|-------|-----|--------------|-----------------|---|
| Computers/IT Services | | | | 2,000 | | 2,000 |
| ICASS | | | | 60,000 | | 60,000 |
| Management Meetings/Profes | | | | 68,000 | | 68,000 |



| | | | | | | |
|---------------------------------------|----------|----------|----------|----------------|----------|----------------|
| sional Development | | | | | | |
| Non-ICASS Administrative Costs | | | | 206,800 | | 206,800 |
| Staff Program Travel | | | | 87,000 | | 87,000 |
| USG Staff Salaries and Benefits | | | | 150,000 | | 150,000 |
| Total | 0 | 0 | 0 | 573,800 | 0 | 573,800 |

U.S. Department of State Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|------|----------------|-------------|---------|
| Computers/IT Services | | GHCS (State) | | 2,000 |
| ICASS | | GHCS (State) | | 60,000 |
| Management Meetings/Profession al Development | | GHCS (State) | | 68,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 206,800 |

U.S. Peace Corps

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--------------------------------------|-------------------------|-------|-----|--------------|-----------------|---|
| Non-ICASS Administrative Costs | | | | 95,020 | | 95,020 |
| Peace Corps Volunteer Costs | | | | 506,200 | | 506,200 |



| | | | | | | |
|---------------------------------------|----------|----------|----------|----------------|----------|----------------|
| Staff Program Travel | | | | 31,200 | | 31,200 |
| USG Staff Salaries and Benefits | | | | 159,880 | | 159,880 |
| Total | 0 | 0 | 0 | 792,300 | 0 | 792,300 |

U.S. Peace Corps Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|-----------------------------------|------|----------------|-------------|--------|
| Non-ICASS Administrative Costs | | GHCS (State) | | 95,020 |