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*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Tanzania Country Report FY15

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2014 – September 30, 2015

**DECEMBER 2015**

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#### DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Abbreviations

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy

ASSIST	USAID Applying Sciences to Strengthen and Improve Systems
CBO	Community-based organizations
CHMT	Council health management team
CHW	Community health workers
CP	Child protection
CTC	Care and treatment center
DSW	Department of Social Welfare
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EIMC	Early infant male circumcision
EMTCT	Elimination of mother-to-child transmission of HIV
EQA	External quality assessment
FP	Family Planning
FY	Fiscal year
HBC	Home-based care
HCI	USAID Health Care Improvement Project
HEI	HIV-exposed infant
HIV	Human immunodeficiency virus
HJFMRI/WRP	Henry Jackson Foundation Medical Research International/Walter Reed Program
HTC	HIV testing and counselling
IEC	Information, education and counselling
IP	Implementing partner
IPC	Infection prevention and control
	Lost-to-follow-up
M&E	Monitoring and evaluation
MNCH	Maternal, newborn, and child health
MOHSW	Ministry of Health and Social Welfare
MVC	Most vulnerable children
MVCC	Most vulnerable children's committee
NACS	Nutrition assessment, counselling, and support
OI	Opportunistic infections
OPD	Outpatient department
PCR	Polymerase chain reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PITC	Provider-initiated HIV testing and counselling
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
QA	Quality assurance
QI	Quality improvement
RCH	Reproductive and child health
REPSSI	Regional Psychosocial Support Initiative
RHMT	Regional health management team
SILC	Savings and internal lending committees
TB	Tuberculosis
USAID	United States Agency for International Development
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

# 1 Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project was invited by the USAID Mission in Tanzania to continue supporting the Ministry of Health and Social Welfare (MOHSW) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners (IPs) focused on antiretroviral therapy (ART) and prevention of mother-to-child transmission of HIV (PMTCT), with the aim of building capacity to improve quality of care. This work builds on activities begun under the Quality Assurance Project in 2003 and continued under the USAID Health Care Improvement (HCI) Project up to 2012.

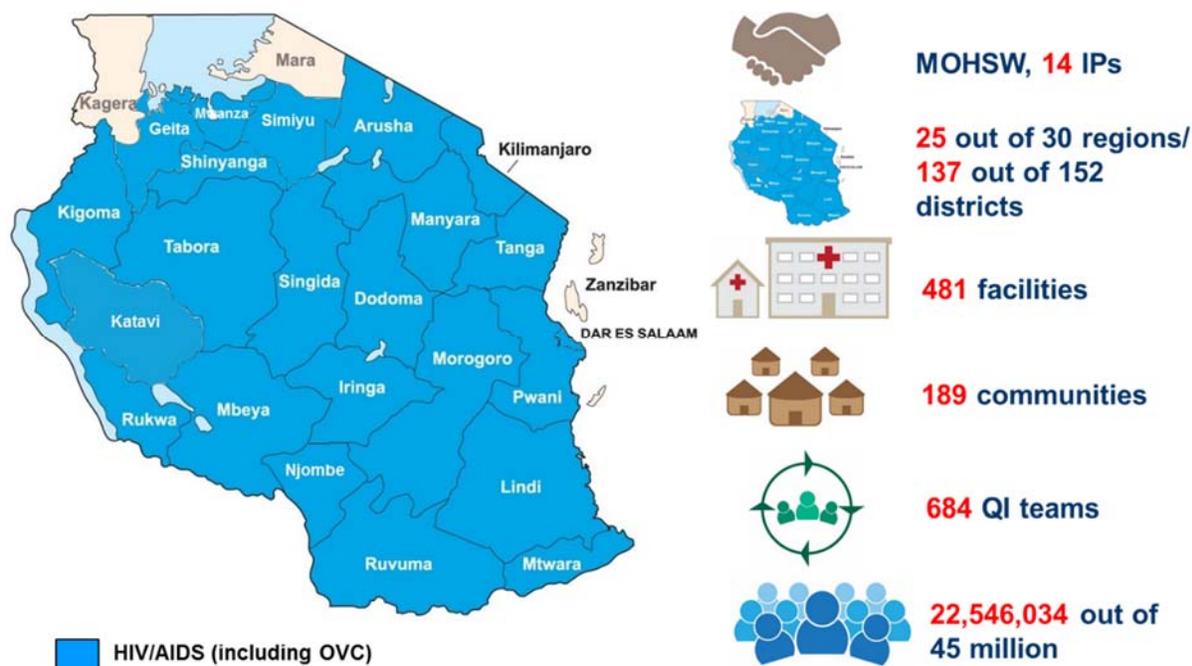
In fiscal year (FY) 2015, ASSIST in Tanzania continued supporting MOHSW and PEPFAR ART/PMTCT implementing partners in building capacity to improve the quality of HIV/AIDS care. During this fiscal year, ASSIST supported activities focused on strengthening access, retention, and effectiveness of ART/PMTCT care, protection of most vulnerable children (MVC), and community-based services including community-facility linkages support. As part of the Partnership for HIV-Free Survival (PHFS) initiative in the country, ASSIST supported activities aimed at eliminating HIV infection in children and reducing deaths among HIV-infected mothers. These included national scale-up of PMTCT Option B+ and supporting efforts to improve the quality of ART care to infants and children exposed or infected with HIV through provider-initiated HIV testing and counselling (PITC). Additionally, innovations created by ASSIST during the PHFS implementation were integrated into maternal, neonatal, and child health (MNCH) programs. Beginning in FY15, ASSIST was also asked to support the MOHSW and IPs to improve the quality of voluntary medical male circumcision (VMMC) services.

All of the interventions supported by ASSIST are aligned to World Health Organization (WHO) and PEPFAR goals of: reducing HIV transmission through improving the quality of anti-retroviral treatment (ART), VMMC, elimination of mother-to-child transmission of HIV (EMTCT), support for most vulnerable children (MVC), and integration of HIV services in MNCH services.

In Tanzania, ASSIST is working with 14 implementing partners in many capacities:

- ASSIST provides technical assistance on PMTCT and ART quality improvement to MOHSW structures and the IPs countrywide: EGPAF, BAYLOR, AGPAHI, Intrahealth, FANTA, LIFT, TUNAJALI, Deloitte, and AIDSRELIEF.
- In partnership with IPs (FHI 360, Africare, AGPAHI, EGPAF, and PACT), ASSIST supports council health management teams in Mkuranga and Bagamoyo districts to provide technical assistance to community quality improvement (QI) teams in improving the quality of care, support and protection of vulnerable children.
- ASSIST supports implementation of QI activities in VMMC and early infant male circumcision (EIMC) in Mbeya, Iringa, Njombe, and Shinyanga regions, working with Jhpiego, HJMRI/WRP, and Intrahealth.
- ASSIST supports strengthening facility/community linkages in Iringa, Njombe, Shinyanga, and Tanga regions with TUNAJALI, Deloitte, and AIDS Relief.
- ASSIST provides technical assistance to MOHSW and HJFMRI/WRP to improve quality of integrated PMTCT services in MNCH settings in the Southern highland regions of Ruvuma, Rukwa, and Katavi.

## Scale of USAID ASSIST's Work in Tanzania



## 2 Program Overview

What are we trying to accomplish?	At what scale?
<p><b>1. Strengthen the capacity of the MOHSW and IPs to continuously improve the quality of PMTCT care and support scaling up of PMTCT Option B+ countrywide</b></p> <ul style="list-style-type: none"> <li>Strengthen MOHSW leadership to facilitate institutionalization of QI as a tool towards achievement of EMTCT</li> <li>Support MOHSW, Regional and Council Health Management Teams (R/CHMTs) and IPs to increase access to HIV prevention, testing, care, treatment and support to pregnant, postnatal women, HIV-exposed and infected children</li> <li>Support R/CHMT, facility improvement teams and IPs to improve retention to HIV care for infected women and their exposed infants</li> <li>Support R/CHMT, facility improvement teams and IPs to improve wellbeing of the infected pregnant and breastfeeding women and their families</li> </ul>	<ul style="list-style-type: none"> <li>National</li> <li>New regions: 3 out of 30 (Ruvuma, Rukwa and Katavi). 13/13 districts; and 38 high-volume sites out of 526 sites</li> <li>Old regions: 21 out of 30 regions; 116 out of 152 districts; 443 high-volume sites out of 4,010 sites</li> </ul>
<p><b>2. Support the MOHSW and IPs to scale up improvement activities for ART services to achieve sustainable coverage, retention, and clinical outcomes</b></p> <ul style="list-style-type: none"> <li>Support MOHSW, R/CHMTs and IPs to scale up HIV/AIDS care improvement efforts to 4 new regions</li> <li>Provide technical assistance to MOHSW, R/CHMTs in integrating essential services with ART program</li> <li>Strengthen follow-up of ART patients for retention and clinical outcomes</li> </ul>	<ul style="list-style-type: none"> <li>New regions: 3 out of 30 (Ruvuma and Rukwa). 13/13 districts; and 38 high-volume sites out of 526 sites</li> <li>Old regions: 21 out of 30 regions; 116 out of 152 districts; 443 high-volume sites out of 4,010 sites</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen patient-centered care and treatment</li> </ul>	<ul style="list-style-type: none"> <li>2 districts in Morogoro; 14 facilities</li> </ul>
<p><b>3. Support the MOHSW, IPs, and local structures to strengthen quality of care, support and protection to most vulnerable children (MVC) through improvement approaches</b></p> <ul style="list-style-type: none"> <li>Support the Department of Children Services (DSW) of the</li> </ul>	<ul style="list-style-type: none"> <li>National</li> </ul>

What are we trying to accomplish?	At what scale?
MOHSW and MVC IPs in improving and strengthening the MVC care response system	
<ul style="list-style-type: none"> <li>Strengthen families and households of MVC to improve care, support, and child protection.</li> </ul>	<ul style="list-style-type: none"> <li>5/30 regions: Tanga, Pwani, Iringa, Njombe and Shinyanga</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen service integration and community linkages</li> </ul>	<ul style="list-style-type: none"> <li>8/30 districts</li> </ul>
<ul style="list-style-type: none"> <li>Implement a comprehensive care package addressing child protection and wellbeing in a model district</li> </ul>	<ul style="list-style-type: none"> <li>56/187 wards</li> </ul>
<b>4. Support the MOHSW, local government authorities, and community-based IPs to strengthen structures and mechanisms used by communities to maximize linkages and coordination of home-based care and social protection</b>	
<ul style="list-style-type: none"> <li>Support MOHSW and IPs to scale-up utilization of HBC standard operating procedures nationwide</li> </ul>	<ul style="list-style-type: none"> <li>Nationwide</li> </ul>
<ul style="list-style-type: none"> <li>Support R/CHMT and IPs to integrate HBC, MVC services and clinical services across a continuum of care</li> <li>Support MOHSW and IPs to strengthen the M&amp;E system</li> </ul>	<ul style="list-style-type: none"> <li>7/33 wards in Muheza District</li> <li>Tanga City 14 wards</li> </ul>
<b>5. Support MOHSW and IPs to improve access to testing and linkage to HIV/AIDS care and services for infants and children below 15 years</b>	
<ul style="list-style-type: none"> <li>Increase the proportion of HIV-exposed infants and children seeking outpatient and inpatient care</li> <li>Increase the proportion of HIV-exposed children who receive HIV DNA/PCR test results within four weeks of sample collection</li> <li>Increase proportion of HIV-positive infants and children who initiated ART</li> <li>Increase the proportion of HIV-infected infants and children who are retained on ART</li> </ul>	<ul style="list-style-type: none"> <li>4/30 regions: Njombe, Tabora, Shinyanga and Morogoro</li> <li>22/24 districts</li> <li>42/222 health facilities</li> </ul>
<b>6. Work with MOHSW and IPs to improve safety, increase quality and the level of integration of VMMC services</b>	
<ul style="list-style-type: none"> <li>Support the MOHSW in improving access, safety, and quality of male circumcision for adults above 10 years and children below 60 days</li> <li>Support IPs and facility providers to reduce adverse effects resulting from male circumcision</li> <li>Support the MOHSW frontline workers to improve VMMC logistics and supplies</li> <li>Increase the capacity of health care providers and IPs to provide high-quality male circumcision services</li> </ul>	<ul style="list-style-type: none"> <li>5/30 regions: Njombe, Iringa, Mbeya and Shinyanga, Tabora</li> <li>26/66 districts/councils</li> <li>260/1027 health facilities</li> <li>50 MMC national and regional trainers for 5/12 priority regions</li> <li>Establish 26 district/council QI teams working with EIMC &amp; VMMC</li> <li>VMMC target 1,518,683 in 5 regions</li> <li>EIMC target: 2000 in 4 regions</li> </ul>
<b>7. Work with MOHSW and IPs to improve effectiveness, efficiency and safety of PITC services</b>	
<ul style="list-style-type: none"> <li>Strengthen integration of PITC within primary care services</li> </ul>	<ul style="list-style-type: none"> <li>4/30 regions: Njombe, Tabora, Shinyanga and Morogoro</li> </ul>
<ul style="list-style-type: none"> <li>Support the MOHSW frontline workers to improve HIV testing, safety and referral, logistics and supplies</li> </ul>	<ul style="list-style-type: none"> <li>22/24 districts</li> <li>42/222 health facilities</li> </ul>
<b>8. Support MOHSW and IPs to improve continuum of care and retention of PLHIV through strengthening of linkages between community and facility actors</b>	
<ul style="list-style-type: none"> <li>Improve coordination and collaboration of facility and community providers to provide seamless link from HTC to ART for all clients</li> </ul>	<ul style="list-style-type: none"> <li>4/30 regions - Tanga, Shinyanga, Iringa, Njombe</li> </ul>
<ul style="list-style-type: none"> <li>Promote clients and community involvement in HIV care linkages through tasks sharing and support</li> </ul>	<ul style="list-style-type: none"> <li>5/25 districts - Muheza, Ushetu DC, Shinyanga DC, Mufindi and Njombe Town Council</li> </ul>
<ul style="list-style-type: none"> <li>Support the R/CHMTs to improve the information systems to inform on program progress</li> </ul>	<ul style="list-style-type: none"> <li>7,149 Health facilities</li> <li>47 communities</li> </ul>

What are we trying to accomplish?	At what scale?
<b>9. Support MOHSW and IPs to improve quality of integrated PMTCT services in MNCH settings</b>	
<ul style="list-style-type: none"> <li>Support MOHSW, IPs, R/CHMT in the development and implementation of integrated care package for PMTCT and MNCH services</li> </ul>	<ul style="list-style-type: none"> <li>4/30 regions: Katavi, Ruvuma, Rukwa, and Shinyanga</li> <li>Districts 13/19</li> <li>Facilities 38/731</li> </ul>
<ul style="list-style-type: none"> <li>Support MOHSW, IPs, R/CHMT in integrating TB/HIV interventions in MNCH settings</li> </ul>	

Improvement Activity

### 3 Key Activities, Accomplishments, and Results

#### **Activity 1. Improve quality of PMTCT services and support scaling up of PMTCT Option B+ countrywide**

##### **OVERVIEW**

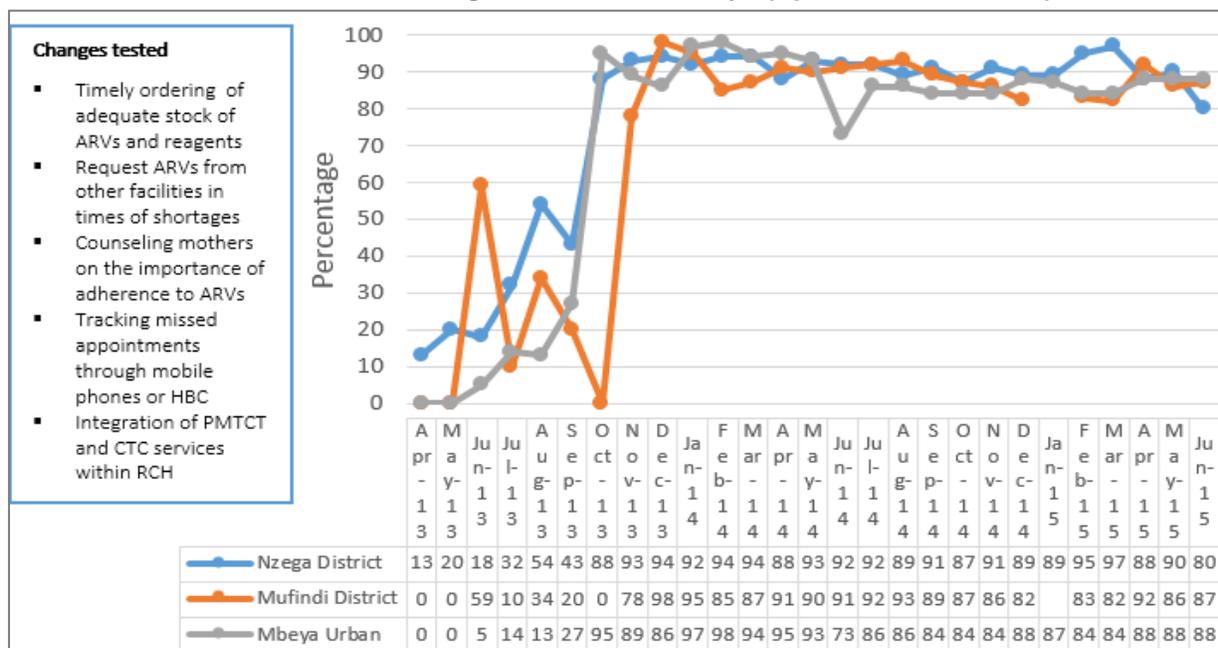
In FY15, ASSIST continued to support the MOHSW, regional IPs, regional health management teams (RHMTs), and council health management teams (CHMTs) to improve the quality of PMTCT services and scale up of PMTCT Option B+ to all regions. Through working with the MOHSW and partners in intervention districts, HIV-positive pregnant and breastfeeding women were provided with quality PMTCT services that ensure continuous availability of ARVs, clinical monitoring of opportunistic infections (OIs), DNA/polymerase chain reaction (PCR) testing, and improved access to timely HIV test results for exposed babies. The Partnership for HIV-Free Survival work, as part of the national PMTCT program, was geared to improve retention, nutrition support, HIV testing, and care and treatment for pregnant and post-natal women and HIV-exposed infants. ASSIST, in collaboration with RHMTs, CHMTs, and regional IPs, continued to support the regions across the country to improve retention in care, identification of infected HIV-exposed infants, and monitoring of the well-being of both mothers and their babies. The data support system was revisited to improve linking mother-infant pairs in the medical record system and improve male involvement in PMTCT activities. ASSIST also facilitated the use of dashboards to monitor district-level performance in the intervention districts, which will be spread to all other districts. Lessons learned from this monitoring process were documented in the form of knowledge products, such as success stories.

##### **KEY ACCOMPLISHMENTS AND RESULTS**

###### **PHFS sites in Tabora, Mbeya, and Iringa regions:**

- Sustaining gains in keeping HIV-positive pregnant women on ART in the 30 initial PHFS sites (**Figure 1**).
- A baseline assessment was conducted at 60 scale-up sites in the three PHFS districts to obtain information that will guide the design and implementation of QI activities on nutritional services and retention of mother-baby pairs into PMTCT services (Jun 22-27, 2015). Learning sessions were conducted between April and August 2015 where 60 participants were oriented on how to initiate QI in their health facilities and to form facility QI teams. Participants also developed follow-up work plans. In Mbeya and Mbozi district councils, a baseline assessment of 10 high-volume health facilities was initiated ahead of a planned study to investigate factors associated with increased engagement, adherence to ART, and retention to care (Sept 14-30, 2015).

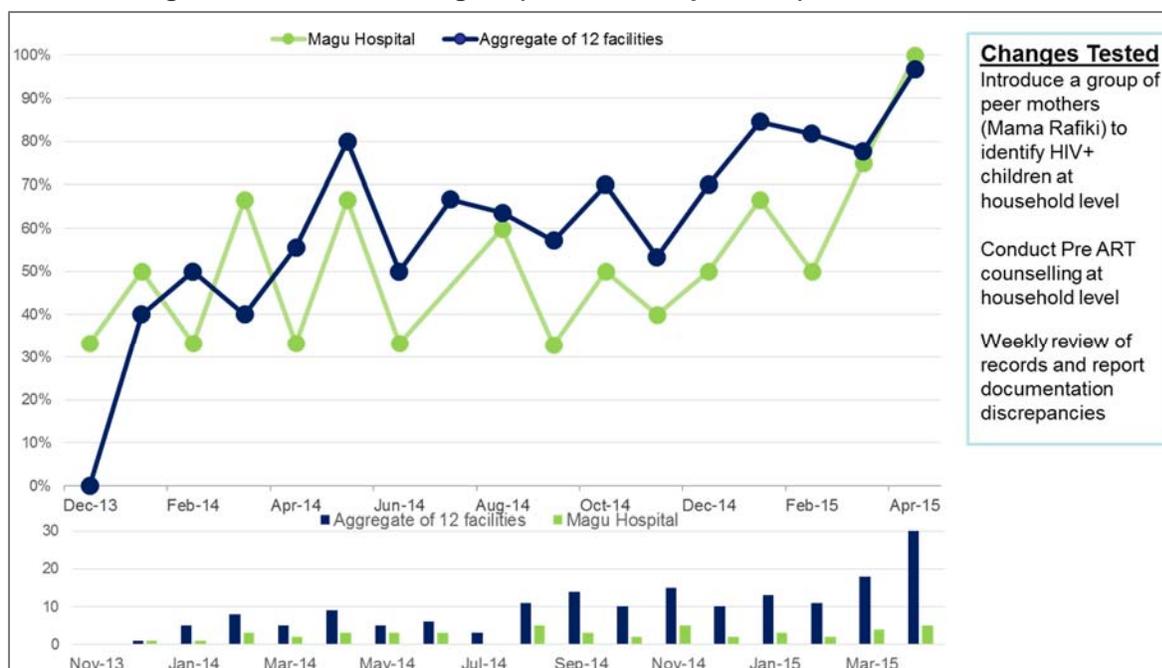
**Figure 1: Proportion of HIV-positive pregnant women currently on ART, 10 sites each in the three PHFS demonstration districts of Nzega, Mufindi, and Mbeya (April 2013- June 2015)**



**Mwanza Region:**

- In Magu District of Mwanza Region, ASSIST conducted a third learning session for CHMT and health providers from 33 PMTCT sites, focusing on supporting QI teams to overcome challenges encountered (May 2015). Two RHMT members, eight CHMT members, and 140 PMTCT providers participated in the learning session. Sites reported increases in HIV testing for pregnant women and subsequent initiation of ARV treatment for those found positive in all reproductive and child health (RCH) clinics and initiation on ART of children under two years old (**Figure 2**).

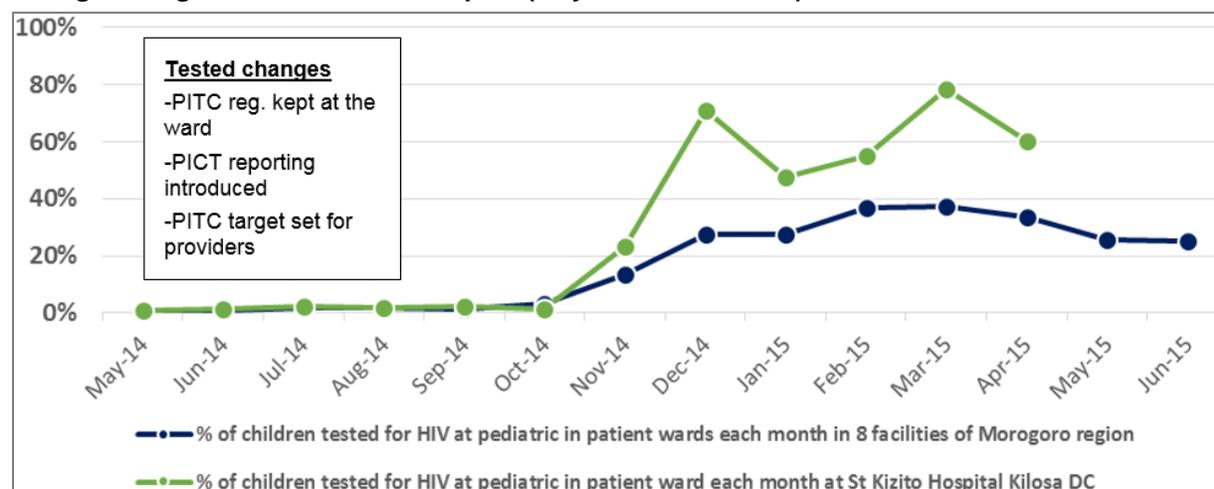
**Figure 2: Percentage of HIV-positive children under two years old started on ART each month, 12 facilities, Magu District, Mwanza Region (Nov 2013 – April 2015)**



### Singida, Morogoro, and Arusha regions:

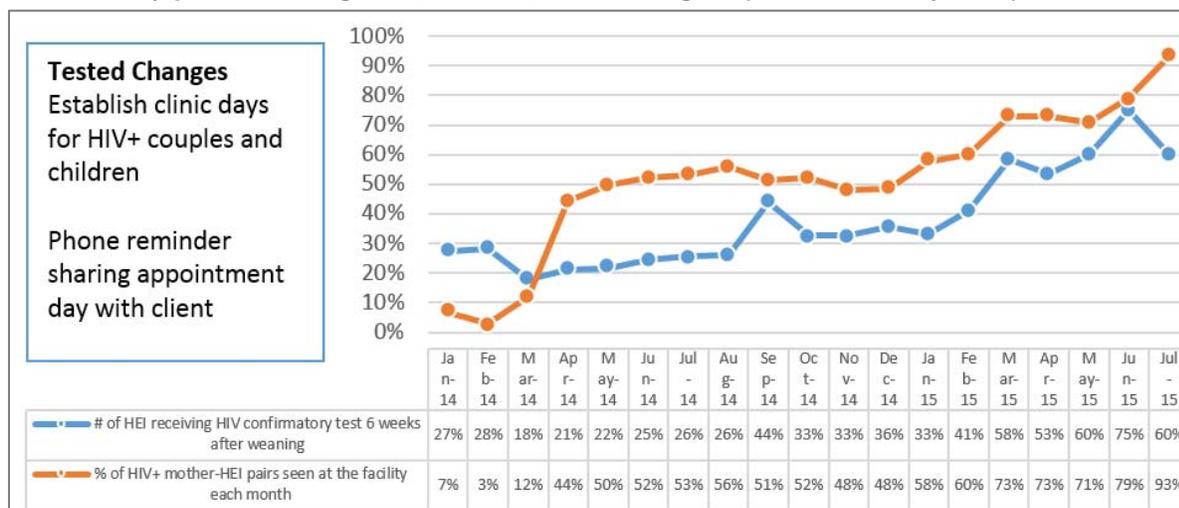
- Conducted coaching and mentoring. ASSIST supported 100 QI teams from Singida (24 sites), Morogoro (22 sites), and Arusha (24 sites) from where a total of 360 service providers were coached and mentored to improve access, retention, and wellbeing of HIV-positive pregnant and breastfeeding mothers and their exposed infants (Dec 2014 – March 2015). From May to July 2015, a total of 190 service providers were supported through coaching in Singida (87) and Morogoro (103) regions. IPs, RHMT, CHMT, and QI teams from these regions were oriented on how to analyze systems and processes of care, identify gaps, and test changes to improve access, retention to care, and well-being of HIV-positive pregnant and breastfeeding women. QI teams were also oriented on how to work with home-based care (HBC) providers, people living with HIV (PLHIV), local government associations, religious leaders, and other community groups to advocate for first trimester antenatal care (ANC) booking to enable early initiation of ART to HIV-infected pregnant women, advocacy for male involvement, and ensuring mother-baby pairs are seen at the same time by the same provider.
- Improvement was observed in provider-initiated HIV testing for children below 15 years at inpatient wards in Morogoro Region (**Figure 3**).

**Figure 3: Improving access to PITC for infants and children below 15 years, eight facilities in Morogoro Region and St. Kizito Hospital (May 2014 – Jun 2015)**



- Data validation was conducted in Morogoro Region focusing on completeness and accuracy of documentation of client records and registers, transcription, collection and compilation of QI data, consistency of client's records and the electronic database, and storage of client's records (Aug 10-12, 2015). Results of the validation revealed there is adequate documentation, the data base consistent with client cards, and data is adequately stored to ensure confidentiality.
- A learning session was conducted for 25 high-volume sites in the Arusha Region (Jun 10-12, 2015).
- The USAID Mission in Tanzania and ASSIST conducted a joint support visit to seven QI sites in Arusha Region (Sept 2-5, 2015). During the visit, site teams reviewed data and identified performance gaps. Teams in Arusha exhibited improvement in HIV-exposed infant (HEI) receiving HIV confirmatory tests six weeks after cessation of breastfeeding and in mother-baby pairs seen together (**Figure 4**).

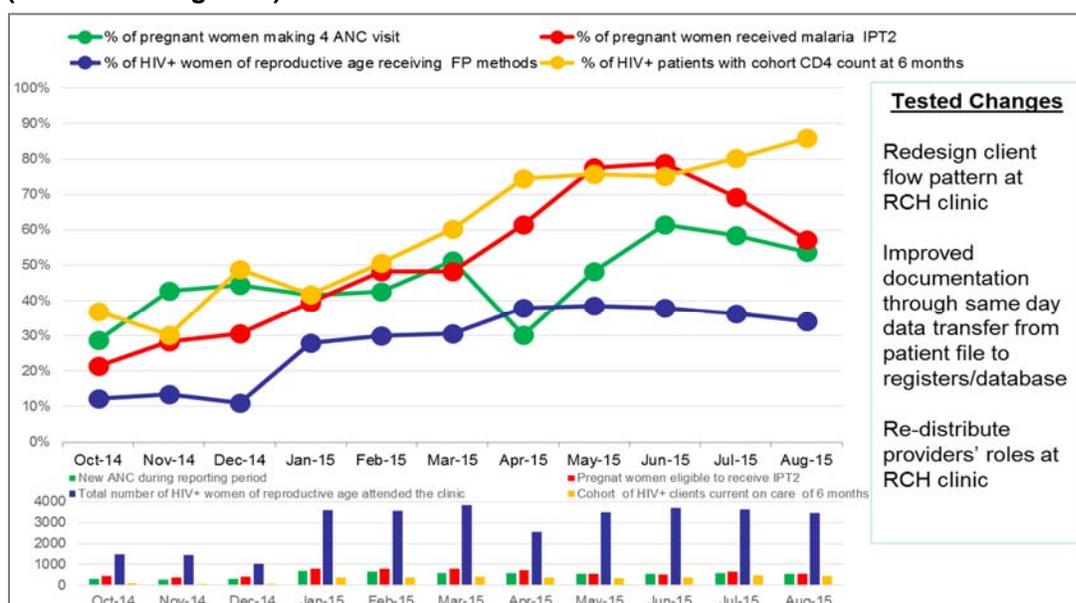
**Figure 4: HEI receiving HIV confirmatory test six weeks after cessation of breastfeeding and mother-baby pairs seen together, 18 sites, Arusha Region (Jan 2014 – July 2015)**



**Mtwara and Lindi regions:**

- ASSIST provided technical support to EGPAF and CHMTs in the Lindi and Mtwara regions to conduct mentoring and coaching to support ART/PMTCT scale-up (May 4-15, 2015). Ten (10) newly recruited EGPAF field staff and 14 CHMT members participated in the coaching session. New staff were oriented on how to support facility teams in conducting process analysis, developing a change package, using the improvement team documentation journal, and plotting data to monitor performance.
- Figure 5** shows improved performance in 26 PMTCT sites. The review of the improvement journals in 26 sites in Lindi Region revealed that the percentage of HIV-positive pregnant and breastfeeding women receiving life-long ART for PMTCT increased from 74% to 76%. The number of pregnant women making four ANC visits increased from 29% to 54%. Meanwhile, pregnant women receiving a second malaria prophylaxis increased from 21% to 57%; HIV-positive women of reproductive age receiving family planning methods increased from 12% to 34%; and pediatric HIV testing at in-patient department increased from 6% to 25%.

**Figure 5: Improving performance in 26 PMTCT sites through integration of services, Lindi Region (Oct 2014 – Aug 2015)**



## IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
<b>Strengthen the capacity of the MOHSW and IPs to continuously improve the quality of PMTCT care and support scaling up PMTCT Option B+ countrywide</b>	% of pregnant women tested and counselled for HIV during ANC period in Magu District, Mwanza	63% (Aug 2013) 11 sites	77% (April 2015) 28 sites	14
	% of HEI testing for 1st DNA/ PCR between 4-6 weeks each month in Magu District	11% (Oct 2013) 8 sites	95% (April 2015) 25 sites	84
	% HIV-positive pregnant and breastfeeding women who receive ART for PMTCT and their health in Arusha Region	0% (Oct. 2013) 6 sites	95% (July 2015) 4 sites	95
	% HIV-positive women (pregnant and breastfeeding) receiving lifelong ART for PMTCT and for their health, Lindi Region	27% (Jan 2014) 6 sites	76% (Aug 2015) 26 sites	49
	% of pregnant women making 4 ANC visit in Lindi region	29% (Oct 2014) 16 sites	54% (Aug 2015) 26 sites	25
	% of PLHIV of reproductive age receiving FP methods in Lindi Region	12% (Oct 2015) 10 sites	34% (Aug 2015) 26 sites	22
	% of pregnant women who received IPT2 in Lindi Region	21% (Oct 2015) 14 sites	57% (Aug 2015) 26 sites	36
	% women from ANC who brought partner in for HIV testing in Kilimanjaro Region	16% (Sept 2011) 13 sites	50% (Aug 2015) 12 sites	34
% HIV clients on ART with follow-up CD4 testing (12-month cohort) in Kilimanjaro Region	30% (Jan 2013) 12 sites	65% (June 2015) 8 sites	35	

## SPREAD OF IMPROVEMENT

During this reporting period the improvement interventions were spread through the wave-sequence approach to a slice of facilities in three new regions of Ruvuma, Rukwa, and Katavi with a total of 13 districts. RHMTs and IPs in previous regions were used as change agents, and a slice of 38 health facilities out of 526 facilities was selected and covered. There was also an internal spread in the districts implementing PHFS (Nzega, Mufindi and Mbeya City), where a total of 60 new PHFS improvement teams (20 sites in each district) were established.

### **Activity 2. Support the MOHSW and IPs to scale up improvement activities for ART services to achieve sustainable patients' coverage, retention and clinical outcomes**

#### OVERVIEW

In FY15, ASSIST continued to support the MOHSW, IPs, RHMTs, and CHMTs in initial regions of Morogoro, Arusha, Mtwara, Lindi, Mbeya, Njombe, Tabora, Arusha, Kilimanjaro, Pwani, and Dar-es-Salaam and scale up ART improvement efforts to three new regions: Ruvuma, Rukwa, and Katavi. In these regions, ASSIST has been working in selected high-volume facilities to create a learning platform to help partners to scale up to other facilities. These facilities were supported to review processes of HIV care, ART uptake, assessment of adherence status and retention, family planning, follow-up CD4 count, and caring of TB/HIV patients. In addition, they were supported through coaching and mentoring in integration of PMTCT/ART services in MNCH settings and through a second learning session in Mtwara and Lindi.

#### KEY ACCOMPLISHMENTS AND RESULTS

##### **Ruvuma and Rukwa regions:**

- ASSIST organized QI orientation meetings with the RHMTs, CHMTs, and the regional IP, HJFMRI/WRP (Feb 24–Mar 3, 2015). During these meetings, participants were introduced to the USAID ASSIST Project in Tanzania, and they discussed ART/PMTCT program challenges and

agreed on priority areas that need to be improved. These included: access to pediatric ART; integration of TB and HIV services; retention of PLHIV on ART; integration of PMTCT and MNCH services; scaling up QI to lower-level facilities; and clinical monitoring of patients on ART. ASSIST, RHMTs, CHMTs, and the IP identified 11 high-volume facilities in each region and visited them for pre-work (March 2015). The pre-work involved forming and strengthening council and facility improvement teams, collecting baseline data for the agreed improvement areas, and introducing the standard tool for documentation of quality improvement work.

- Pre-work was conducted at Katavi Region, which involved establishment and strengthening of QI teams, collection of baseline data for agreed improvement areas, and development of improvement plans (Jun 23–Jul 2, 2015).
- ASSIST organized a learning session in Ruvuma for 56 participants from six priority districts (Sept 1-3, 2015).
- Coaching and mentoring was conducted for R/CHMTs and health care providers of 11 sites of Rukwa Region to support facility QI teams on process analysis, developing/testing changes, and monitoring improvement using run charts (Sept 7-18, 2015).

#### **Morogoro Region:**

- ASSIST supported four RHMT members, seven CHMT members, and three staff from Tunajali, as well as four QI champions from health facilities to conduct two coaching and mentoring sessions to 22 QI teams (Oct 2014; Feb 2015). During these sessions, 70 facility QI team members were supported in the first session, and 173 members were reached in the second coaching. Coaching focused on initial and six-month follow-up CD4 testing; enrolling and testing for CD4 all HIV-infected children below 15 years; and supporting caretakers to ensure retention of these children in care. In between coaching, Tunajali and ASSIST conducted on-site support visits to revive weak teams and supported them on documenting changes in the improvement team journal tool. During this coaching, it was observed that Turiani Hospital has made great improvement on pediatric PITC, with up to 90% of children being tested for HIV at RCH. Mtibwa Sugar Factory Hospital has started involving HBC providers to track lost-to-follow-up (LTFU) clients after observing that the LTFU numbers had increased following the false belief that the clinic closed when the factory closed.
- A one-day meeting was held with 45 peer mentors who continue to provide support in 13 facilities implementing patient self-management interventions (Oct 2014). With time, ASSIST is reducing support to the patient self-management sites in Morogoro, where peer mentors appear to perform well. In recognizing and supporting peer mentors' work, TUNAJALI is working to devise a mechanism of supporting the peer mentors to sustain their services. During the meeting, peer mentors were also reminded on ethical issues pertaining to service provision. The importance of linkage and collaboration with other HBC providers supported by other partners was emphasized.

#### **Dodoma Region:**

- ASSIST and Tunajali conducted a coaching and mentoring session with 10 health facilities in Dodoma Region (Nov 2014). ASSIST, Tunajali and R/CHMTs worked with 66 service providers and managers from these facilities. The teams helped the QI teams to review the site work plans to establish the current improvement performance status and document gaps and develop new improvement plans to address gaps. During the same coaching session, ASSIST and Tunajali introduced a new activity on human resource management and leadership to the RHMT and CHMT. Teams were provided technical assistance to develop work plans on agreed areas.
- In Dodoma Region, ASSIST conducted a learning session for R/CHMT members and health care providers from 10 sites of Dodoma municipal council focused on sharing QI teams' experiences in the QI implementation process (June 10-12, 2015).

#### **Singida Region:**

- Two staff from TUNAJALI, two RHMT members, and four CHMT members were supported by ASSIST to coach and mentor 24 QI teams in Iramba District, where 61 team members participated. Most of the Singida QI teams were functional, and they conduct team meetings, except three teams which were supported on how to conduct QI team meetings. Teams were advised to work closely with HBC and other CHWs and even include this cadre in their QI teams and invite them during QI meetings, as they are tracking LTFU and supporting PLHIV in the community.

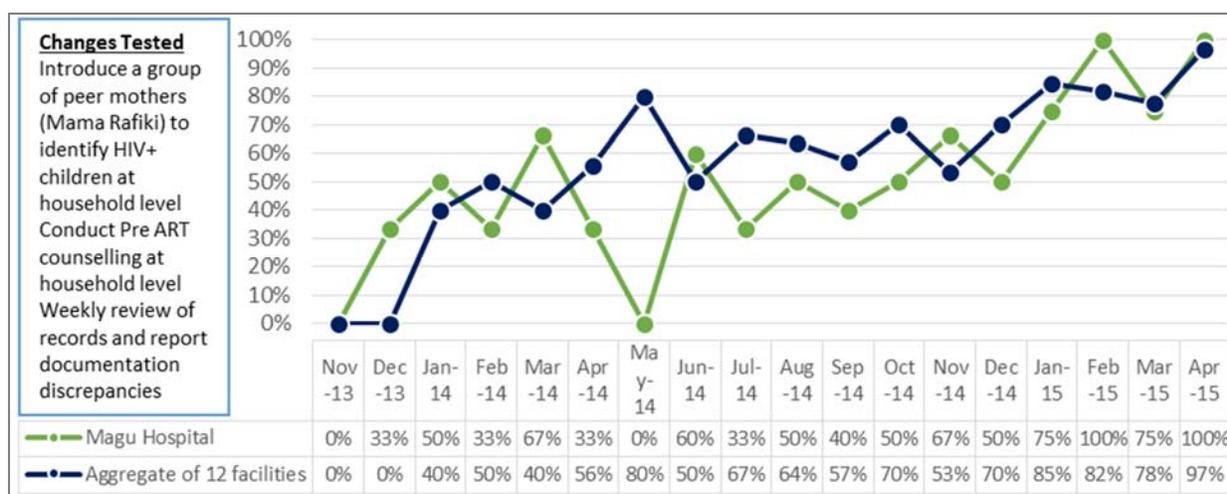
**Arusha and Mwanza regions:**

- ASSIST and EGPAF conducted coaching to all 24 health facilities (March 2015). The facilities are working to improve areas that address ART services for adults and pediatric clients. All facility improvement teams were supported on development of site-level work plans for the missing key service areas of pediatric care, like follow-up of exposed children for HIV confirmation status, HIV testing among non-exposed children attending reproductive and child health (RCH) and outpatient department (OPD), and facilitating linkage of HIV-infected children under 15 years into HIV care and ART service. The changes being tested in Arusha include giving provider-initiated HIV testing and counselling (PITC) to all admissions through allocation of one staff to conduct the PITC, community sensitization meetings to enhance early bookings and male involvement in care, male partners' invitations, promotion of mother-to-mother groups, screening out admissions to check out for all under 15 and promote PITC to this group, and printing monthly lists of clients who are lost to follow-up. Same-day appointment for mothers and babies attending RCH/care and treatment center (CTC) services is done to address retention of services, and all HEI are documented in HEI cards and linked to their mother's information in the database.
- A learning session was conducted for 25 high-volume sites in Arusha Region, organized and led by EGPAF, the RHMT, and CHMTs (June 10-12, 2015). The USAID mission visited Arusha sites during the partner's supervisory activity. During this session, five sites of Arusha Municipal Council and Meru District Council were visited and providers supported on data collecting and identification of gaps. Coaching was conducted at seven sites. QI teams invited expert patients and HBC providers to attend their QI meetings, building facility-community linkages.

**Results:** HIV testing for children admitted to pediatric wards increased from 5% to 15% from January 2014 to February 2015 in 12 facilities of Arusha; the percentage of HIV-exposed children receiving HIV confirmatory test after cessation of breastfeeding increased from 11% in January 2014 to 68% in February 2015

- In Magu District of Mwanza, ASSIST conducted a third learning session for CHMT and health providers from 33 PMTCT sites, focusing on supporting QI teams to overcome challenges encountered during QI implementation (April – Sept 2015). Two RHMT and eight CHMT members and 140 PMTCT providers participated in the learning session. Sites reported increases in HIV testing for pregnant women and subsequent initiation of ARV treatment for those found positive in all RCH clinics and initiation of ART to children under 2-years-old from zero in November 2013 to 97% in April 2015 (Figure 6).

**Figure 6: Improved uptake of ARV prophylaxis by newborns, 29 sites, Magu District, Mwanza Region (Nov 2013-Apr 2015)**



**Mtwara and Lindi regions:**

- ASSIST provided technical support to EGPAF and CHMTs in Lindi and Mtwara regions in conducting mentoring and coaching (May 12- 15, 2015). The goal was build QI capacity for IP, RHMT and

CHMT, which would support scale-up of ART/PMTCT improvement efforts in the regions.

- A learning session was conducted for 200 participants from 42 sites in Lindi and 34 sites in Mtwara (Sept 28-30, 2015). The following improvements were observed: In Mtwara, retention of clients in ART 12 months after ART initiation increased from 65% in October 2014 to 71% in August 2015 in 24 facilities. In the Lindi Region, retention of clients on ART 12 months after ART initiation increased from 68% in October 2014 to 75% in August 2015 (25 facilities). Six-month follow-up CD4 count in clients on ART increased from 37% in October 2014 to 86% in August 2015 at 26 facilities.

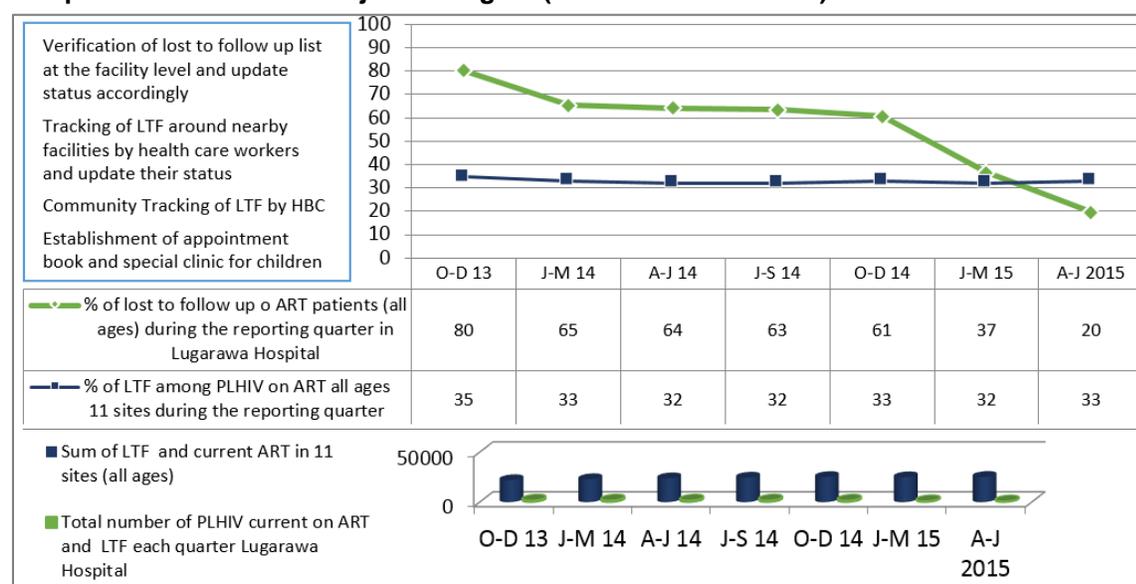
#### Kilimanjaro Region:

- A learning session was conducted with participants from 15 old sites and 11 scale-up sites in Kilimanjaro Region (Sept 29–Oct 1, 2015). The focus was on data sources, analysis and reporting, process analysis, and updates in management of pediatric HIV.

#### Njombe Region:

- Coaching and mentoring on QI in ART services were also conducted in sites in Njombe Region (Sept 14-22, 2015) (**Figure 7**).
- Lost-to-follow up tracking: Health providers were assisted on how to verify and update the LTFU from the database. Providers tracked back the LTFU patients from nearby facilities by using tracking forms and updating the database. HBC providers tracked back LTFU from the community.

**Figure 7: Reduced LTFU among PLHIV during the reporting quarter, Lugarawa Mission Hospital as compared with 11 sites in Njombe Region (Oct 2013 – June 2015)**



### IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
Support the MOHSW and IPs to scale up improvement activities for ART services to achieve sustainable patients	<b>Number of new sites with quality improvement teams</b>			
	Singida Region	0 sites, Oct 2013	35 sites, Aug 2015	-
	Ruvuma Region	0 sites, Oct 2014	16 sites, Sept 2015	-
	Rukwa Region	0 sites, Oct 2015	12 sites, Aug 2015	-
	Katavi Region	0 sites, April 2015	10 sites, Aug 2015	-
	Mtwara Region	24 sites, Oct 2014	34 sites, Aug 2015	-
	Lindi Region	24 sites, Oct 2014	42 sites, Aug 2015	-
	All other old regions	443 sites, Sept 2014	684 sites, Oct 2015	-
	<b>Indicators</b>	<b>Baseline</b>	<b>Last value</b>	
	% of HIV-positive clients with 6-month	37% (Oct 2014)	86% (Aug 2015)	49

Activity	Indicators	Baseline	Last value	Change (percentage points)
<b>coverage, retention and clinical outcomes</b>	CD4 count (6 months cohort)	26 sites	26 sites	
	% of HIV-positive pregnant and breastfeeding women initiating ART who are prescribed an appropriate first-line ART regimen in Magu District, Mwanza	27% (Jan 2014) 6 sites	89% (April 2015) 19 sites	62
	% of HIV-infected infants initiated on ART in Mbeya City Council (10 sites)	0% (July 2013)	100% (Aug 2015)	100
	% of HIV-infected infants initiated on ART in Nzega District (10 sites)	33% (April 2013)	100% (Aug 2015)	67
	% of HIV-infected infants initiated on ART in Mufindi District (10 sites)	25% (July 2013)	100% (Aug 2015)	75
	% of HIV mother-baby pairs LTFU and then tracked back to care in Nzega Region	0% (Oct 2013)	67% (June 2015)	67
	% of HIV-positive pregnant women counselled for FP at CTC in Kilimanjaro	64% (Sept 2011) 11 sites	84% (Aug 2015) 11 sites	20

## SPREAD OF IMPROVEMENT

ASSIST supported the MOHSW (R/CHMTS) and IPs to scale up improvement activities for ART services to achieve sustainable patients' coverage, retention and clinical outcomes to three new regions of Ruvuma, Rukwa, and Katavi with a total of 35 sites. ASSIST also supported the R/CHMTs to spread QI activities to new sites in Arusha, Kilimanjaro, Lindi, and Mtwara, with a total of 54 new sites.

### **Activity 3. Support the MOHSW, IPs, and local structures to strengthen quality of care, support and protection to most vulnerable children through improvement approaches**

#### OVERVIEW

ASSIST is working with IPs and the MOHSW Department of Social Welfare (DSW) to support CHMTs to apply improvement approaches in identifying performance gaps and testing changes to implement priority areas in care support and protection of most vulnerable children (MVC). In FY15, ASSIST supported DSW and IPs to strengthen the community child protection improvement in Mkuranga and Bagamoyo districts of the Pwani Region. The aim was to support community structures and systems to improve the quality of services for MVC and protect them from abuse, neglect, and exploitation.

#### KEY ACCOMPLISHMENTS AND RESULTS

##### **Mkuranga District:**

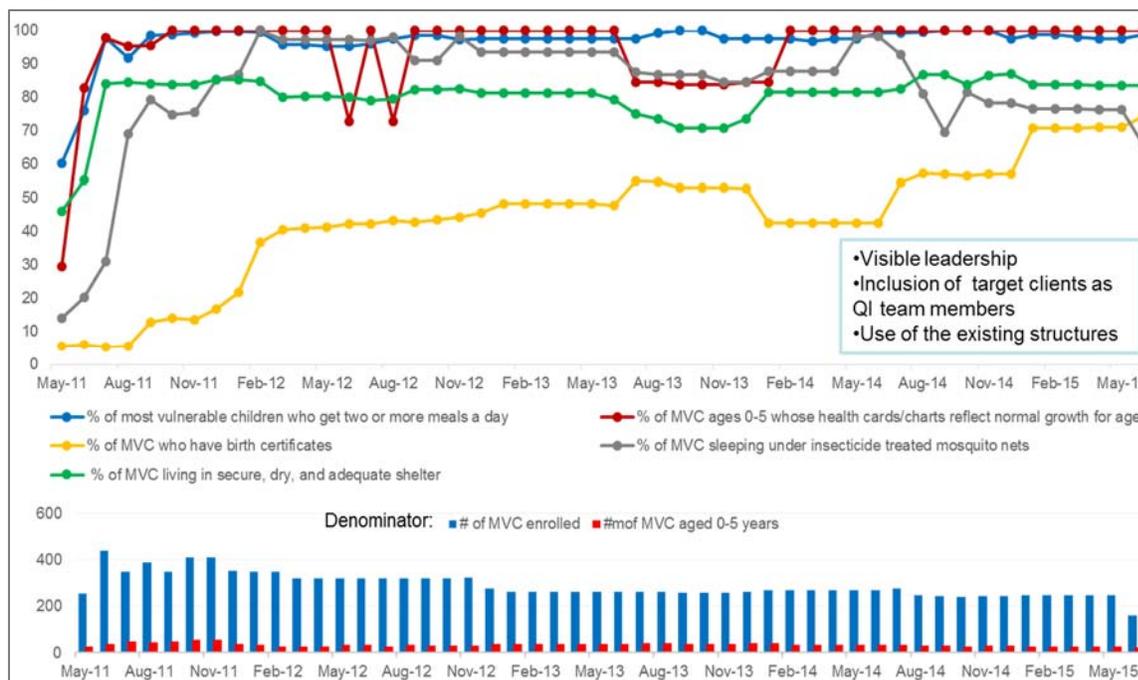
- A coaching session was conducted to 21 teams in the three wards (Dec 2014).
  - Teams have continued to mobilize MVC caregivers to join savings and internal lending committees (SILC) which encourage them to save and borrow money to support their basic needs. Through SILC, the caregivers have allocated some amount of money to support most vulnerable children.
  - Teams have provided different services to most vulnerable children, including visiting them at home, conducting nutritional assessments, and providing referrals to those who were found to have nutritional problems. In addition, various services were provided by teams and other providers, ranging from schools supplies, school fees, food, insecticide-treated bed nets, and in the case of one MVC household, construction of a house.
  - Teams and village authorities have started to plan and utilize local available resources in support of vulnerable children and families. For example, the village authority in Hoyoyo has committed to support 10 vulnerable children who will join secondary school each year starting January 2015. Also a village authority in Magoza has allocated a place to start a preschool class. The teacher for the class will be employed and paid through revenues collected from within the village.

- Various cases of abuses, neglect, and exploitation have been reported to relevant authorities, and actions are taken to make sure children are protected. ASSIST also supported Mkuranga District Council to mark a child protection (CP) week from February 9-16, 2015. CP team members conducted a number of awareness creation activities related to CP issues. Twelve CHMTs and 22 CHMT members participated in meetings organized by the CP team at district level to discuss planning and allocation of resources to support CP activities. At the community level, 17 out of 18 wards were reached, and awareness-raising activities were carried out in some selected primary schools and villages. A total of 1686 pupils and 722 adults (teachers, ward, village and hamlet leaders) participated. They were reminded of the rights of children and the importance of preventing and responding to abuse, violence, exploitation, and neglect.
- ASSIST, DSW, and Mkuranga District conducted coaching sessions for three wards of Mkuranga, Kiparang'anda, and Kimanzichana on preventing and responding to child abuse, violence, exploitation and provision of quality services to MVC (Jul 20-24, 2015). As a result, some local leaders and teams from three villages (Kimanzichana, Dunsany, and Hoyoyo) have started mobilizing MVC caregivers to join SILC with the aim of utilizing the funds to support MVC in education, health, and other needs. The majority of parents who joined SILC are supporting MVC by using the revenue generated for scholastic materials, food, and medical care.

### **Bagamoyo District:**

- ASSIST supported Bagamoyo District Council to conduct a coaching session in three wards on preventing and responding to child abuse, violence, and exploitation and provision of quality services to MVC (Jun 23-26, 2015). Teams have sustained results of improvement in the areas of birth certificates, access of two meals per day, living in adequate shelter, sleeping under insecticide-treated mosquito nets, and MVC aged 0-5 progressing well as per health cards/charts (**Figure 8**).

**Figure 8: Sustaining improvement gains of MVC services in 25 sites in Bagamoyo District, Pwani Region (May 2011 – June 2015)**



- On June 23, ASSIST, together with MOHSW, organized a one-day stakeholder meeting to start the process of developing the following documents: Revised MVC QI guideline; Minimum package of services for HIV-positive MVC and Youth; Training guidance for package of services for HIV-positive MVC and Youth; and Community Linkage Implementation Tool.

## IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
<b>Support the MOHSW, MVC, IPs &amp; local structures to strengthen quality of care, support and protection to MVC through Improvement approaches</b>	<b>25 sites (Bagamoyo District)</b>			
	% of MVC with access to 2 meals in a day	60% (May 2011)	99% (June 2015)	39
	% of MVC with access to adequate shelter	46% (May 2011)	84% (June 2015)	38
	% of MVC with access to Community Health Fund	0% (May 2011)	23% (June 2015)	23
	% of MVCs enrolled and attending school	77 % (May 2011)	85% (June 2015)	8
	% of MVC reporting to have slept under insecticide-treated bed nets the previous night	14% (May 2011)	66% (June 2015)	52
	Proportion of MVC with birth certificates	6% (May 2011)	74% (June 2015)	68

## SPREAD OF IMPROVEMENT

ASSIST supported RHMT and CHMT to spread MVC care improvement to Mufindi, Njombe Township, Shinyanga District Council, and Tinde Township. This was done through support to community QI teams and local structures to adapt innovations from Bagamoyo and Muheza to strengthen access of HIV and social services for vulnerable children and adolescents.

### **Activity 4. Support the MOHSW, local government authorities, and community-based IPs to strengthen structures and mechanisms used by communities to maximize linkages and coordination of home-based care and social protection**

#### OVERVIEW

In FY15, the Tanzania USAID Mission invited ASSIST to support the MOHSW and IPs to improve continuum of care and retention of PLHIV through strengthening of linkages between care sites, community actors, and referrals and feedback systems in one district in each of Njombe, Iringa, Shinyanga, and Tanga regions. In each intervention site, ASSIST applied improvement methods to strengthen coordination, communication, and collaboration between facility and community actors to proactively link clients from HIV testing and counselling (HTC), initiation of ART for all HIV-positive clients as well as retention in care. In addition, ASSIST supported RHMTs and CHMTs in respective regions to improve the information systems to inform program progress and benchmark performance.

#### KEY ACCOMPLISHMENTS AND RESULTS

- ASSIST conducted coaching and mentoring sessions for CHMT members, Mkuzi health center, District Hospital CTC staff, 12 HBC providers, and PLHIV groups on documentation of referral, linkage of home-based care services, and tracking LTFU using available systems to improve retention to HIV care and access to other social services (Mar 2015). Emphasis was given in linking clients to community HBC providers during pre-ART and after initiation of ART to ensure clients' continuity on uptake of HIV services, both at facility and community levels.
- Conducted mapping of systems and structures in new five wards and one high-volume facility (Muheza District Hospital) (Mar 2015). The goal was to explore process-related gaps related to retention in care and access to HIV services for both adults and children. A client 'journey' from community to facility and vice-versa was closely examined focusing on identifying linkage, coordination, and collaboration gaps among facility and community systems contributing to poor retention. In general, facility inter-departmental linkages, community-based as well as facility-community linkages, collaboration and coordination mechanisms were found to be weak. A review was done to a sample of 123 HIV-positive clients enrolled into care and treatment from October-December 2013 to October-December 2014. Out of these:

- 100 HIV-positive clients (81%) received baseline CD4 count
- 19 HIV-positive clients (15%) received 6- month CD4 Count
- 10 HIV-positive clients (10%) had 12-month CD4 Count
- 22 HIV-positive clients (18%) missed appointment on first visit
- 33 HIV-positive clients (27%) were LTFU

Based on these findings, ASSIST in collaboration with the RHMT and CHMT, designed and implemented an improvement intervention aimed at building the capacity of service providers to identify, analyze, test, and implement changes to ensure ART clients are retained in care and pre-ART clients are initiated on ART and linked with community HBC services and other systems such as community-based organizations (CBOs) and PLHIV groups. The capacity-building exercise acted as on-job-training for the RHMT and CHMT to plan better ways to support both facility and community-based HBC services in the district.

- ASSIST shared the preliminary data collected at Muheza District Hospital and supported teams to analyze existing performance gaps (Aug 16 – 29, 2015). The major findings were: Inadequate adherence counselling for PLHIV; stigma and discrimination for PLHIV and MVC at household, family, and community levels; and lack of coordination between facility and leaders at ward and village levels. To address these, participants were guided on forming teams at the village level. In their teams, members discussed issues related to HIV/AIDS, sensitizing household members for HIV testing, and “back to care and treatment” messages.
  - During FY15, a total of 1125 adults were counselled and tested at Mkuzi ward; 11 were found to be HIV-positive and started on ART. The project improved HIV counselling and testing among MVC and subsequent initiation of ART; 214 MVC have been tested for HIV; 30 were found to be HIV-positive and were referred for ART. Additionally successful referrals from community to facility increased: from 38 clients identified as LTFU by Mkuzi Health Center, 28 (73.6%) were tracked back to care by community home-based care providers, and 5 (13%) were found to be dead.
- The USAID Mission and ASSIST conducted support visits to the Muheza community linkage project to learn how the model operates (Sept 28-30, 2015). This visit was also an opportunity to learn about the Mission’s direction for community linkages.

## SPREAD OF IMPROVEMENT

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During FY15, ASSIST supported the RHMT and the CHMT to strengthen teams at community and facility levels, in Tanga City, and an additional five wards in Muheza drawing from the experiences gained from the first wave of improvement in Muheza. Working with the RHMT, ASSIST initiated the development of a spread guide or change package to facilitate proactive communication and coordination and increased linkage among facility and community actors to improve ART/PMTCT care for vulnerable children. The guide is envisaged to simplify spread improvement beyond the original regions.

### **Activity 5. Support MOHSW and IPs to improve access to testing and linkages to HIV/AIDS care and services for infants and children below 15 years**

#### OVERVIEW

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In FY15, ASSIST began providing technical support to MOHSW, RHMTs, CHMTs, and IPs in reducing pediatric ART coverage gaps. ASSIST is supporting MOHSW and IPs to apply QI methodologies at 10 high-volumes sites in each of these four regions: Tabora, Shinyanga, Morogoro, and Njombe. ASSIST supported the sites to test changes and accelerate quality of pediatric ART services in order to address low HIV testing rates among exposed and non-exposed children, weak linkages of HIV-infected children to CTC, and poor retention of both pre-ART and ART children under 15-years-old in these regions. Partners involved included AGPAHI, TUNAJALI, EGPAF, RHMTs, CHMTs, facility management, and the facility-level QI teams.

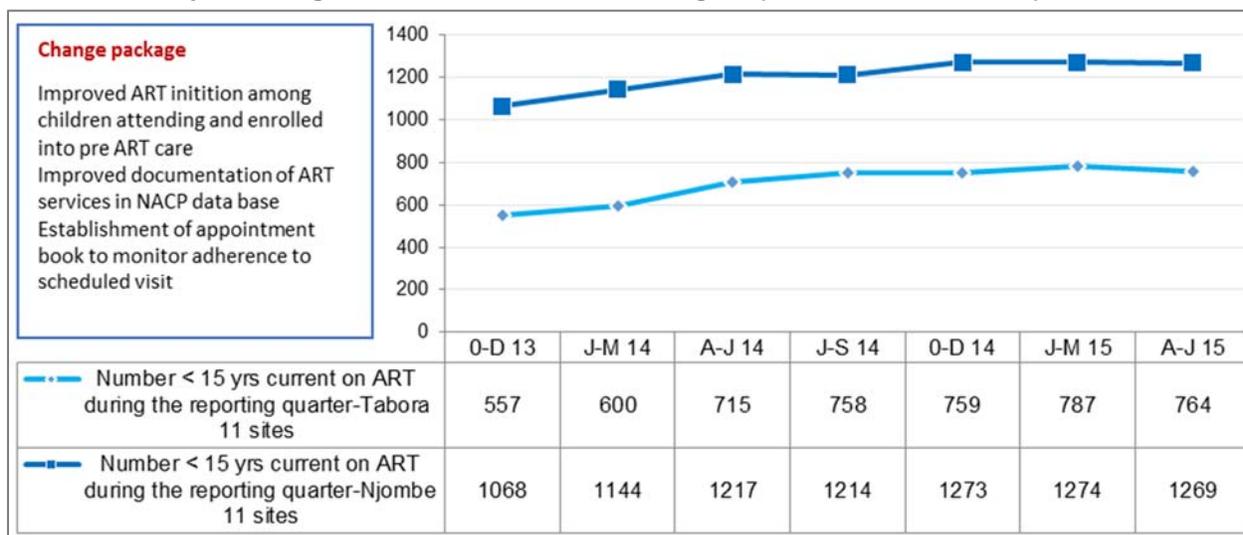
Baseline assessments conducted from May to July 2014 in all four focus regions revealed low performance in: HIV testing for children below 15 years, HIV first test at 4-6 weeks after birth, HIV confirmatory testing for exposed children six weeks after weaning, and linking and retaining HIV-infected children to care and treatment services.

## KEY ACCOMPLISHMENTS AND RESULTS

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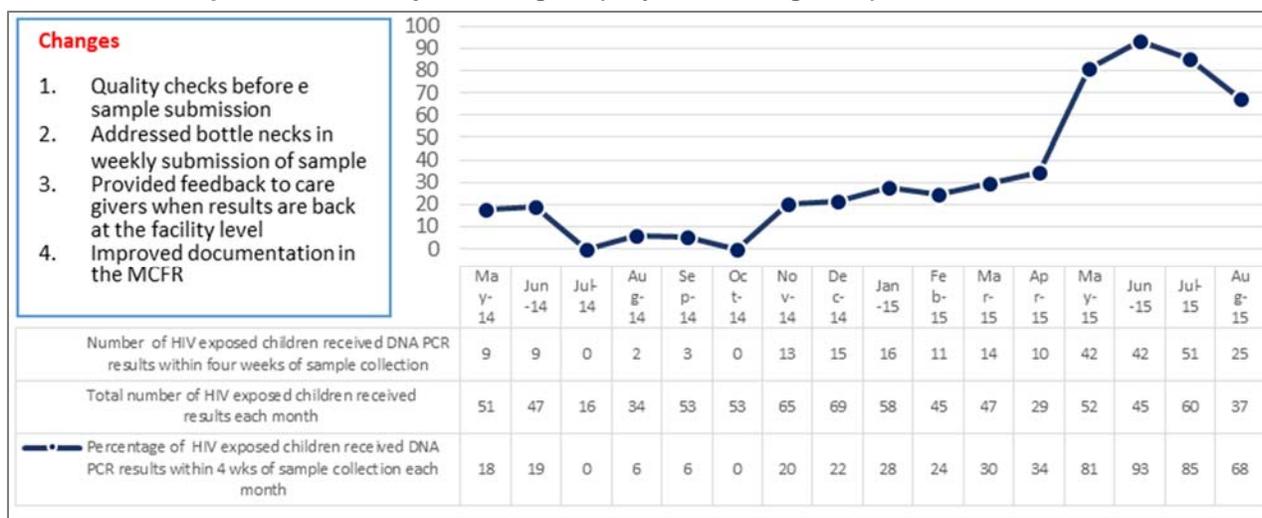
- ASSIST supported three learning sessions in Tabora, Njombe, and Morogoro regions. In Morogoro Region, 72 members (four RHMT members, 12 CHMT members, six TUNAJALI staff, and 50 service providers) participated from 13 high-volume health facilities in November 2014. Members from sites implementing QI for pediatric ART from Tabora and Njombe shared experiences in increasing access to HIV testing among children at the sites of Ilembula, Njombe Town health center, Makambako Hospital, Nkinga Mission Hospital, Kitete Regional Hospital, Urambo District Hospital, and Sikonge District Hospital (Dec 2014).
- A total of four coaching and mentoring sessions for pediatric ART regional partners to build their capacity on improving services to reduce the performance gaps were done (Oct 2014 – March 2015). Providers were supported in tracking the PMTCT pathway and identifying intervention points for HIV testing of HIV-exposed infants and children seen at RCH and other service delivery points, specifically focusing on children below five years of age. In Shinyanga Region, about 80% of the 10 QI teams had followed up at least one indicator. The teams were supported by CHMTs, RHMT, ASSIST, and AGPAHI to develop new work plans for priority areas using the improvement team documentation journal. Twenty-two sites in Njombe and Tabora regions were also coached in March 2015. In September 2015, ASSIST supported coaching and mentoring at 33 sites in Morogoro, Njombe, and Tabora regions.
- Service providers in all the four regions tested the following changes:
  - Keeping PITC registers for children at these service delivery points and orienting all providers at outpatient department (OPD), inpatient department, and reproductive and child health (RCH) for testing for HIV in all children under 15-years-old attending for services.
  - Report on children tested, those not yet tested, linking HIV-infected children to HIV care, and access to CD4.
  - Conducting early infant diagnosis for all HIV-exposed children and escorting HIV-positive children for enrollment to Care and Treatment Clinic (CTC).
  - QI networking group was initiated through WhatsApp social media to facilitate communication between QI teams, and IPs, R/CHMT members sharing challenges and successes and calling for support during shortage of supplies.
  - Documenting date for HIV confirmatory test in CTC 1&2 cards, mother-child follow-up register, and informing mother of importance of the date and that she should also play a part by reminding the provider about the confirmatory test.
- ASSIST in collaboration with AGPAHI, RHMT, and CHMTs in Shinyanga, conducted a third coaching and mentoring session on pediatric ART QI at 10 high-volume sites (Mar 2015).
- The activities Igunga District Hospital tested to increase uptake of HIV testing in pediatric ward included:
  - On-site mentoring among trained PITC staff
  - Sharing information about testing of children during shifts of staff
  - Pre-work, which included developing work plans
  - PITC/ART focal person shared PITC performance for children in morning clinical meetings
  - Testing children established as part of admission and during ward round procedure
- **Results:** Sites have achieved increases in the number of HIV-infected children initiated on ART 2015 in Njombe and Tabora regions (**Figure 9**).
- ASSIST supported and organized the first National Pediatric ART QI forum where experiences, successes, and challenges were shared (Jun 18-19, 2015).

**Figure 9: Increased number of HIV-infected children under 15 yrs. currently on ART each quarter at 11 sites in Njombe Region and 11 sites in Tabora Region (Oct 2013 – June 2015)**



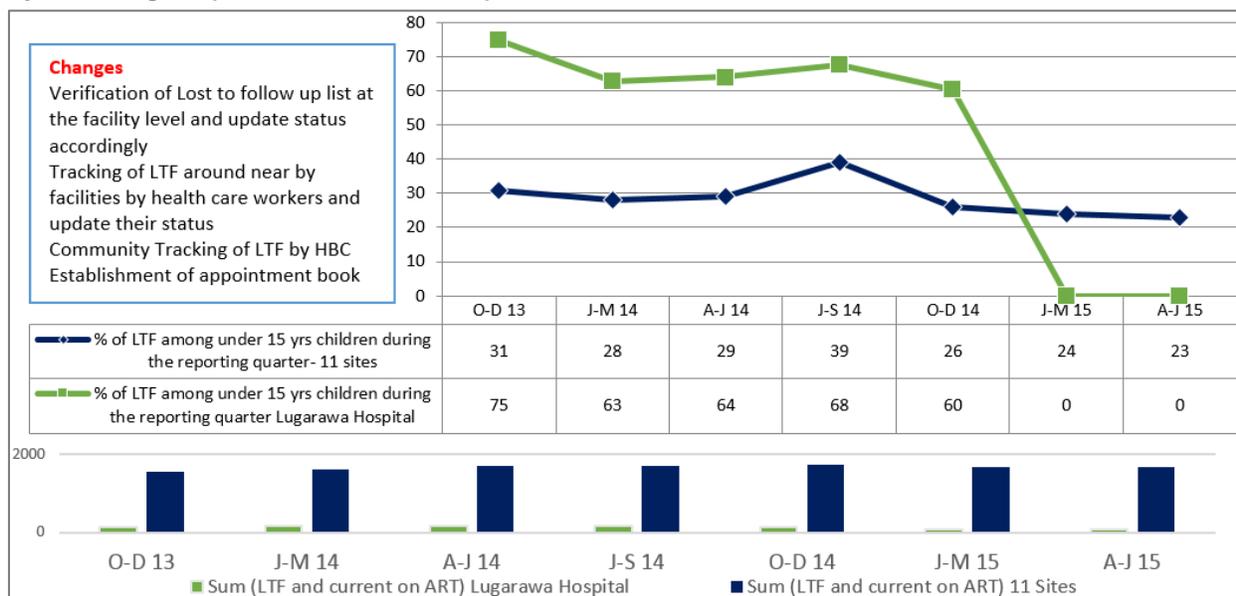
- In addition, sites in Njombe Region increased the percentage of HIV-exposed children receiving DNA PCR results within four weeks of sample collection from 18% in May 2014 to 68% in August 2015 (Figure 10), mainly through improved documentation of the children’s records and tracking the care-givers using mobile numbers when the results are back at the health facility. Sites have also reduced LTFU among HIV-infected children on ART from 33% May 2014 to 21% August 2015, through tracking of those children who are lost to follow-up and use of an appointment book at each health facility.

**Figure 10: Increased percent of HIV-exposed children receiving DNA/PCR results within four weeks after sample collection, Njombe Region (May 2014 – Aug 2015)**



- In Lugarawa Hospital, LTFU was reduced from 75% October-December 2013 to 0% in April-June 2015 (Figure 11).

**Figure 11: Loss to follow-up among HIV-infected children on ART, 11 sites and Lugarawa Hospital, Njombe Region (Oct 2013 – June 2015)**



### IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline (May 2014)		Last value (Aug 2015)		Change in percentage points	
Support MOHSW and IPs to improve access to testing and linkage to HIV/AIDS care and services for infants and children below 15 years	<b>Tabora Region (11 sites) and Njombe Region (11 sites)</b>						
	HIV testing among exposed children with 4-6 weeks Tabora and Njombe regions	Tabora	Njombe	Tabora	Njombe	Tabora	Njombe
		54%	29%	42%	67%	-12	38
	LTFU among exposed children 12 months after birth and for those registered at the facility for PMTCT care (cohort performances on monthly basis)	56%	67%	53%	46%	3	21
	HIV status confirmation among exposed children after cessation of breastfeeding (cohort performances on monthly basis)	21%	32%	23%	62%	2	30
	DNA PCR results to exposed children on time	0%	18%	75%	68%	75	50
	HIV testing among children under 15 yrs. attending OPD services	3%	1%	8%	6%	5	5
	HIV testing among children under five attending RCH services	1%	0%	9%	8%	8	8
	HIV testing among children under 15 yrs. admitted in inpatient pediatric wards	12%	7%	64%	15%	52	8
	HIV care linkages among HIV-infected children diagnosed	71%	17%	38%	64%	-33	47
Baseline CD4 percent among newly HIV care registered children	19%	44%	63%	75 (July 2015)	44	31	

Activity	Indicators	Baseline (May 2014)		Last value (Aug 2015)		Change in percentage points	
	LTFU among children under 15 yrs. (quarterly performances)	33% (Oct-Dec 2013)	31% (Oct-Dec 2013)	31% (Apr-Jun15)	23% (Apr-Jun 2015)	-2	-8
	LTFU among all ages (quarterly performances)	35% (Oct-Dec 2013)	35% (Oct-Dec 2013)	30% (Apr-Jun 15)	31% (Apr-Jun 15)	-5	-4
Activity	Indicators	Baseline (Apr- May 2014)		Last value (Apr-Aug 2015)			
<b>Support MOHSW and IPs to improve access to testing and linkage to HIV/AIDS care and services for infants and children below 15 years</b>	<b>Shinyanga Region (10 sites) and Morogoro Region (11 sites)</b>						
	HIV testing among exposed children with 4-6 weeks Shinyanga and Morogoro regions	Shinyanga	Morogoro	Shinyanga	Morogoro	Shinyanga	Morogoro
		0%	-	63%	-	63	-
	LTFU among exposed children 12 months after birth and for those registered at the facility for PMTCT care tracked to care	37%	-	70%	-	33	-
	HIV status confirmation among exposed children after cessation of breast milk (cohort performances on monthly basis)	2%	0%	19%	17%	17	17
	DNA PCR results to exposed children on time (within 4 weeks)	0%	0%	63%	16%	63	16
	HIV testing among children under 15 yrs. attending OPD services	8%	0%	7%	31%	-1	31
	HIV testing among children under 15 yrs. admitted in inpatient pediatric wards	7%	23%	23%	27%	16	4
	HIV care linkages among HIV-infected children diagnosed	77%	58%	67%	100%	-10	42
	Baseline CD4 percent among newly HIV care registered children	5%	36%	44%	50%	39	14
	LTFU among children under 15 yrs. (quarterly performances)	22%	49%	15%	29%	-7	-20
Under 15 years started on ART	50%	88%	75%	100%	25	12	

## SPREAD OF IMPROVEMENT

In FY15, ASSIST continued to provide QI technical support to the 43 pediatric ART sites in the four demonstration regions of Njombe, Morogoro, Tabora, and Shinyanga. Following improvement observed in HIV testing and counselling from individual pediatric ART sites, effective change ideas have been spread and shared with other pediatric sites within the region and across the country during the National Pediatric ART QI Forum which convened almost 240 participants across the country to share effective changes to improve pediatric ART. Improvement efforts have also been expanded to establish five new learning sites in Morogoro and Tabora regions.

### **Activity 6. Work with MOHSW and IPs to improve safety, increase quality and the level of integration of VMMC services**

#### OVERVIEW

ASSIST is supporting the MOHSW and IPs to apply improvement approaches to strengthen the delivery of safe, high quality, and integrated VMMC services in Mbeya, Njombe, Iringa, Tabora, and Shinyanga

regions. In July and August 2015, ASSIST provided technical support to providers and managers to enable them test changes to optimize compliance to the global male circumcision standards covering eight areas: 1) management systems, 2) supplies, equipment and environment, 3) registration, group education, 4) information, education and counselling (IEC), 5) individual counselling and testing, 6) circumcision procedure, 7) monitoring and evaluation (M&E), 8) and infection prevention and control (IPC).

## KEY ACCOMPLISHMENTS AND RESULTS

- ASSIST staff attended the ASSIST technical meeting on VMMC in Durban, South Africa, where the Uganda team shared experiences on VMMC (Nov 2014). Thereafter ASSIST, MOHSW and IPs hosted and co-facilitated a meeting of 20 participants to review and revised the National VMMC and HIV QI guidelines to incorporate VMMC quality improvement in June 2015.
- Based on global VMMC standards, a national quality assessment tool [External Quality Assessment (EQA)/Internal Quality Assurance] and various standard operating procedures were developed. ASSIST supported the MOHSW and IPs in prototyping and finalizing the VMMC QI materials.
- Two ASSIST staff visited the Uganda VMMC ASSIST team and learned approaches for establishing VMMC quality assurance (QA)/QI work, including engagement of different stakeholders such as MOHSW, IPs, and facility health workers in design and implementation of VMMC QA/QI initiatives. They also learned how the VMMC EQA tools can be used to assess compliance to VMMC global standards.
- Between 19<sup>th</sup> July and 14<sup>th</sup> August 2015, ASSIST, MOHSW and R/CHMTs conducted baseline assessments of VMMC quality focusing on the above areas using the EQA tool at 55 sites in 32 districts. Today the project is working with service providers in developing work plans to bridge the gaps identified.
- **Results:** The result of baseline are shown in **Table 1** using a color-coded scoring system.

**Table 1: Findings of baseline quality assessment of VMMC in high-volume facilities from PEPFAR priority districts in five region of Tanzania (Jul –Aug 2015)**

		80% or more= Good	50-80%= Fair	Less than 50%=Poor	Not assessed					
Region	Districts	Site	Manag-ement	Supplies	Reg.	Ind. HTC	MC	M&E	IPC	Overall
Njombe	<b>Njombe TC</b>	<b>Kibena Hosp</b>	<b>50</b>	67	100	42	80	79	58	57
	Njombe TC	Anglican HC	80	66	50	58	77	0	42	55
	Wanging'ombe DC	Wang'ingombe	60	83	83	50	70	86	58	68
	Wanging'ombe DC	Ilembula Hosp	50	83	100	50	45	57	62	48
Iringa	Iringa MC	Iringa R R H	50	83.3	100	100	100	64	92.3	84
	Iringa MC	Frelimo Hospital	40	66.7	100	61	70	78.6	92.3	72
	Iringa MC	Ngome H/C	78	100	100	94	80	100	92	92
	Mufindi DC	Lugoda H	80	83.3	100	94	85	85.7	92	88
	Mufindi DC	Usokame DDH	50	67				85.7	92.3	76.7
	Mufindi DC	Kasanga H/C	40	66.7	75	83.3	70	78	92.3	60.8
	Iringa DC	Ilula DH	50	83.3	100	72	76.6	92.8	92.3	81
Tabora	Tabora MC	Tabora RH	50	50	83	33	45	79	77	59
	Nzega DC	Nzega DH	40	50	100	67	45	86	77	65
	Igunga DC	Igunga DH	40		100	72	57	64	90	56
	Shinyanga MC	Shinyanga RH	80	83	83	83	91	92	92	
Shinyanga	Kahama DC	Ushetu HC	60	83	100	100	92	64	77	82
	Kahama DC	Bulungwa HC	80	83	100	89	76	100	92	88
	Kahama	Ukune HC	70	67	75	83	100	100	100	85

Region	Districts	Site	Management	Supplies	Reg.	Ind. HTC	MC	M&E	IPC	Overall
Mbeya	Kyela DC	Kyela DH	30	83				50	67	55
	Rungwe DC	Igogwe Hosp	40	50				79	77	65
	Mbarali DC	Chimala-Hosp	30	83	100	100	70	86	73	76
	Mbeya MC	Mbeya Reg.Hosp	60	50	83	67	47	79	73	57
	Mbozi DC	Momba, Tunduma HC	80	100	100	83	100	79	85	89
	Mbeya DC	Mbalizi DH	20	29	33	50	57	36	38	45
	Chunya DC	Mwambani Hosp	70	83	100	33	87	46	100	79
	Chunya DC	Chunya DH	40	17				8	23	21
	Mbeya MC	Mbeya ZRH, Nane Nane Clinic	100	100	100	100	80	100	100	94
	Mbozi DC	Vwawa D.H	70	50	83	67	93	57	85	72
	Mbeya MC	Igawilo HC	50	33	50	0	52	71	9	36

Following these assessments, the QI teams have been testing changes in order to improve quality of VMMC. ASSIST will support the sustainability phase of the VMMC program.

### SPREAD OF IMPROVEMENT

In July 2015, the VMMC External Quality Assessment tool, jointly developed by ASSIST, the MOHSW, R/CHMTs, and implementing partners, was pilot tested at three sites (Mbozi, Tukuyu, and Mbeya MC-Igawilo) in Mbeya Region. The tool was thereafter reviewed in order to incorporate findings from the pilot, and in August 2015, it was used to conduct baseline assessments at 52 additional sites in Mbeya, Njombe, Iringa, Tabora, and Shinyanga regions. A total of 55 sites were assessed, and the tool is now adapted nationally to benchmark compliance to the VMMC standards.

### **Activity 7. Work with MOHSW and IPs to improve effectiveness, efficiency and safety of PITC services**

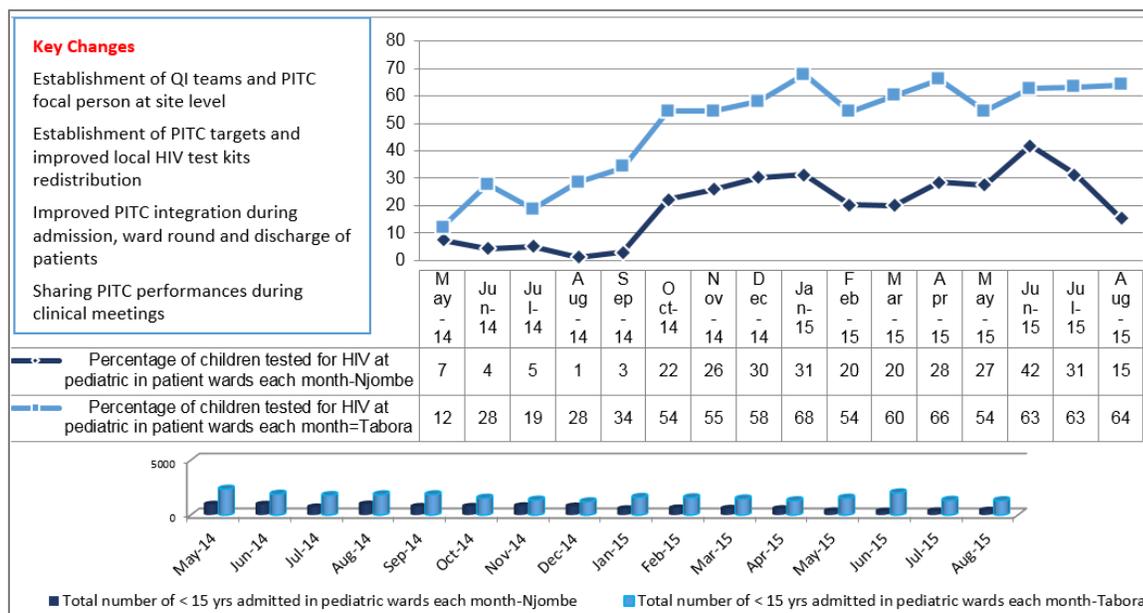
#### OVERVIEW

In FY15, ASSIST supported the MOHSW and IPs in designing and managing QI programs for accelerating PITC to achieve local and national PITC targets in priority districts in Njombe, Tabora, and Morogoro regions. In line with the new PEPFAR vision of an AIDS-Free Generation, interventions will be targeted to high-yield sites to ensure efficiency and impact. ASSIST worked with MOHSW structures, IPs, and other technical groups (e.g., lab QA teams, PITC IPs, and related programs, including pediatric ART, PMTCT, VMMC, etc.) for effective and efficient outcomes. Applying improvement science, PITC implementation processes were analyzed to establish implementation gaps following which health care providers were empowered to test changes and measure and close the performance gaps.

#### KEY ACCOMPLISHMENTS AND RESULTS

- ASSIST supported MOHSW, IPs in the development of draft HTC QA standards tool (Sept 7-11, 2015). The tool was field tested at 11 sites in Njombe to measure compliance in leadership and management, environment and supplies, group education and IEC, individual HTC, IPC practices, and M&E.
- ASSIST supported HTC QI teams from 11 sites in Njombe to develop work plans and interventions in addressing the gaps identified focusing on the priority areas to achieve improvement objectives (Sept 14-22, 2015).
- ASSIST in collaboration with RHMT, CHMTs, and EGPAF, conducted HTC QA/QI mentoring and coaching in nine high-volume sites from Tabora (Sept 23-30, 2015).
- **Results:** These two interventions increased access to HIV testing among children attending service at inpatient and outpatient departments in Njombe and Tabora as well as increased linkage into HIV care among HIV-positive diagnosed children in Njombe Region (**Figure 12**).

**Figure 12: Increased access to HIV test among admitted children <15 years admitted to inpatient and outpatient departments, nine sites in Njombe Region and nine sites in Tabora Region (May 2014 – Aug 2015)**



## SPREAD OF IMPROVEMENT

- ASSIST supported HTC improvement teams in four regions of Tabora, Shinyanga, Morogoro and Njombe to identify successfully changes in narrowing existing gaps. These changes were shared during coaching and mentoring session within the collaborative sites and also during learning session and enabled dissemination of best practices. Additionally, ASSIST supported coordination of National Pediatric ART QI forum with opportunity for stakeholders to learn and share what works in addressing challenges related to inadequate access to HTC among children attending outpatients and inpatient health services. In FY16 ASSIST will expand quality improvement interventions to address HTC gaps in priority districts of Iringa, Njombe, Shinyanga, Dodoma, and Tabora for adults, children and vulnerable children.

## **Activity 8. Support MOHSW and IPs to improve continuum of care and retention of PLHIV through strengthening of linkages between community and facility actors**

### OVERVIEW

In FY15, ASSIST supported the MOHSW and IPs to improve continuum of care and retention of PLHIV through strengthening the linkages between care sites and community actors as well as systems of feedback and referrals in one district each in Njombe and Iringa regions and two districts in Shinyanga Region. ASSIST worked to strengthen coordination, communication, and collaboration of facility and community actors to provide seamless care from HTC to ART for all HIV-positive clients, promote clients and community involvement in HIV care linkages through tasks sharing, and support the R/CHMTs to improve the information systems to inform on program progress. In this context, ASSIST, MOHSW, R/CHMT and implementing partners in Mufindi District continued supporting efforts of facility-community linkages to improve access to HIV services for MVC. Specifically MVC will be better reached with HIV testing and counselling, enrolment to care and treatment as well as better retention to care and support. They will also receive improved attention as regards to protection against violence, exploitation, negligence, and abuse. Lessons learned from these sites will guide spread to other districts in Iringa, Njombe, and Shinyanga regions.

### KEY ACCOMPLISHMENTS AND RESULTS

- R/CHMTs were oriented on facility-community linkages methodologies and on supporting and protecting MVC in Mufindi District. In addition, representatives from four wards and key

actors/structures involved in supporting PLHIV and MVC services were also oriented on this topic (Aug 2015). Each team identified community linkage activities geared toward supporting and linking MVC and adolescents to HIV services. Teams also made plans to ensure that MVC have access to other social services, such as education, food, and psychosocial support, and that caregivers are linked to household economic strengthening activities.

- Initial community mapping was conducted in three wards in Njombe and one ward in Ushetu District in Shinyanga to map available community resources for strengthening community linkage activities focusing on MVC (June and Aug, 2015). The following performance gaps were identified: community members have low awareness of how to support MVC; weak communication between the village governments and other groups/committees regarding MVC care; stigma; child abuse and exploitation; poor documentation of MVC activities; weak functionality of MVC Committees (MVCCs); and a lack of updated MVC data. Orientation sessions were carried out in the same period for key actors/structures involved in supporting PLHIV and MVC activities in villages on implementation of facility-community linkage activities to improve retention to care for PLHIV including MVC and adolescents.
- Coaching and mentoring of facility and community teams in Tinde ward was conducted in Ushetu District in Shinyanga Region (Aug and Sept 2015).

## **SPREAD OF IMPROVEMENT**

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After successful learning and adaptation on how best to operationalize community linkages at district level in pilot districts, ASSIST worked with local governments, health managers and implementing partners in other priority districts within Iringa, Njombe, Shinyanga, and Tanga regions to spread the strengthening of community linkages to achieve better results in retention and adherence to ART.

### **Activity 9. Support MOHSW and IPs to improve quality of integrated PMTCT services in MNCH settings**

#### **OVERVIEW**

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In FY15, ASSIST supported the MOHSW, IPs, RHMT, and CHMTs in improving quality of integrated PMTCT services in MNCH settings in four regions (Rukwa, Ruvuma, Katavi, and Shinyanga).

#### **KEY ACCOMPLISHMENTS AND RESULTS**

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- The implementation of this activity started in the first half of FY15 by conducting a quick assessment in seven facilities in Rukwa Region to answer the following questions: Where is each component of the package provided; if not at RCH, what are the linkages and referrals between RCH and where is the service available; and who is responsible at every service delivery point. A quick analysis of the findings revealed that most of the components of the integrated PMTCT and MNCH care package are available at RCH except for TB services and ART services for HIV-positive children. Children identified at RCH as HIV-positive are referred to the CTC unit. As such, an HIV-positive women receiving ART services at RCH under PMTCT Option B+ with an HIV-positive child has to attend two different clinics—one at RCH and another one for the child at CTC. Screening for TB is only done for HIV-positive women at RCH. HIV-exposed children are not screened for TB and are not provided with Isoniazid Preventive Therapy as per national guidelines. HIV testing of women of reproductive age receiving family planning was only done for 7% (243/3302) of women seen from October 2014 to February 2015 in the facilities.
- ASSIST conducted a learning session in Ruvuma for 56 participants from six priority districts (Sept 1-3, 2015). During the session, the performance of clinical indicators on integrated services was assessed and showed improvement.
- Generally, facilities have managed to increase the percentage of eligible HIV-positive women of reproductive age receiving family planning methods from 18% in October 2014 to 75% by August 2015. HIV-positive pregnant and breastfeeding women who were screened for TB at RCH increased from 71% in October 2014 to 100% by August 2015.
- A six-month cohort of HIV-infected children enrolled into care and treatment who received CD4 test increased from 50% in October 2014 to 100% August 2015. Children tested for HIV at the pediatric inpatient ward increased from 14% in Oct 2014 to 48% by Aug 2015, while children who were tested at RCH increased from 0% in October 2014 to 28% by August 2015. HEI receiving confirmatory tests after cessation of breastfeeding increased from 34% October 2014 to 75% by August 2015.

- In Rukwa, ASSIST provided technical support to the RHMT, CHMTs, and the IP to improve the integration of PMTCT services in MNCH settings. Coaching and mentoring were provided to 12 sites in Rukwa Region from Sept 7-18, 2015 focusing on PEPFAR priority districts (Sumbawanga Municipal and Sumbawanga District Council). The activity involved two RHMT members and 12 CHMT members (two from each district). RHMTs and CHMTs received technical support on how to conduct process analysis, develop changes for improvement, and use run charts to guide improvement decisions.
- In Katavi, ASSIST staff, with R/CHMT and the regional IP, conducted a baseline assessment of the quality of ART/PMTCT services and integration of PMTCT services in MNCH settings (Jun 23-Jul 2, 2015). A set of ART/PMTCT indicators were developed by QI teams of 10 high-volume facilities. ASSIST guided the formation and strengthening of QI teams in each facility and supported them to develop work plans.

## IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
<b>To support MOHSW and IPs to improve quality of integrated PMTCT services in MNCH settings</b>	% of new pregnant and breastfeeding women screened for TB at RCH Ruvuma Region	71% (Oct 2014) 9 sites	100 % (Aug 2015) 9 sites	29
	% HIV-positive pregnant and lactating women receiving ART	59% (Oct 2014) 9 sites	76% (Aug 2015) 9 sites	17
	% of HIV-infected children enrolled into care and treatment with 6-month cohort CD4 test	50% (Oct 2014) 10 sites	100% (Aug 2015) 10 sites	50
	% of children tested for HIV at RCH	0% ( Oct 2014) 10 sites	28% (Aug 2015) 10 sites	28
	% of eligible HIV-positive women of reproductive age receiving family planning methods	18% (Oct 2014)	75% (Aug 2015)	57
	% HIV-positive pregnant and breastfeeding women who were screened for TB at RCH	71% (Oct 2014)	100% (Aug 2015)	29
	% of children tested for HIV at pediatric in patient ward	14% (Oct 2014)	48% (Aug 2015)	34

## SPREAD OF IMPROVEMENT

Implementation of this activity started in the selected 30 high-volume facilities, 10 from each region (Ruvuma, Rukwa, and Katavi). The integrated package which was developed following baseline assessment conducted in Rukwa Region, was later introduced in Ruvuma (March 2015) and Katavi regions (June 2015). Following the Chief of Party 2015 Regional Reviews in June 2015, PEPFAR Tanzania revised its strategy to shift from priority regions to priority districts. Two districts (Songea Municipal Council and Mbinga District Council) in Ruvuma Region were identified as priority saturation and priority aggressive districts, respectively. The two districts are given new target to achieve 80% coverage of PLHIV on ART by FY17 in the saturation district and same target by FY18 in the aggressive district. The review necessitated some changes in our work plan, one of which is addition of more high-volume facilities to our collaborative from the priority district. In September 2015, five new high-volume facilities (two from Songea Municipal Council and three from Mbinga District Council) were added into the Ruvuma collaborative to expand our reach in support of efforts to achieve the set target by 2017/2018. After 15 months of implementation of the integrated package, best practices from the three regions will be harvested for spread to other ASSIST-supported regions.

## 4 Sustainability and Institutionalization

ASSIST's approach is to build the capacity of RHMTs and CHMTs to coach and mentor facility-based quality improvement teams to analyze service delivery processes to identify performance gaps and test changes that will improve access and retention to care. To facilitate the process, ASSIST will continue working with the MOHSW and other stakeholders to develop policies, QI strategic plans, procedures, and tools to support frontline workers.

## 5 Knowledge Management Products and Activities

- ASSIST, in collaboration with various stakeholders, supported the MOHSW to conduct the first National MVC Conference held in Dar es Salaam from February 18-20, 2015. More than 350 participants gathered to share achievements and challenges in implementation of MVC and child protection activities from policy to implementation level. The theme for the conference was "Committed for Action to Keep Children Safe." ASSIST presented on "Enhancing access of services for MVC, through improvement approaches in community settings: A case of Bagamoyo District, Tanzania." ASSIST also participated in Child Protection Week. A story about the conference and the Child Protection Week can be accessed at: <http://www.urc-chs.com/news?newsItemID=479>.
- In February 2015, ASSIST in collaboration with the MOHSW, EGPAF, Tunajali, and Baylor, organized a second PHFS National Learning Platform held in Mbeya. Participants included health care workers, community volunteers, R/CHMTs from the three implementation districts (Mbeya Urban, Mufindi and Nzega districts from Mbeya, Iringa and Tabora regions, respectively), IPs, and MOHSW. At the meeting, participants shared national level updates related to PHFS; shared experiences and progress of PHFS from the three implementation districts; and discussed how to identify potential areas for scale-up. The blog on the experience can be accessed here: <https://www.usaidassist.org/blog/enabling-knowledge-and-experience-sharing-among-health-care-providers-through-multi-facility>.
- In May 2015, ASSIST produced a technical report on the experience of applying the community health systems strengthening model to improve ART retention.
  - This technical report can be accessed here: [https://www.usaidassist.org/sites/assist/files/empowering\\_community\\_groups\\_for\\_hiv\\_care\\_in\\_tanzania\\_may2015.pdf](https://www.usaidassist.org/sites/assist/files/empowering_community_groups_for_hiv_care_in_tanzania_may2015.pdf)
  - A case study was also published on this work and can be accessed here: <https://www.usaidassist.org/resources/improving-linkages-between-health-facilities-and-communities-muheza-tanzania>
- ASSIST, MOHSW, PEPFAR, and IPs organized the First National Forum on Improving Pediatric and Youth AIDS Services. This conference held June 18-19 and brought together 260 participants to share experiences and promising interventions in ensuring that children and youth receive quality HIV care and treatment. Participants included MOHSW, community leaders, patients, representatives of children and youth, HIV/AIDS IPs, and USAID officials from Tanzania and Washington. The theme was "Applying QI Approaches to Address Gaps in Pediatric HIV and AIDS Service along the Continuum of Care." A series of blogs on the National Forum can be accessed at:
  - <https://www.usaidassist.org/blog/first-tanzania-national-forum-improving-pediatric-youth-aids-services>
  - <https://www.usaidassist.org/blog/listening-to-patientsvoices-lessons-from-tanzania>



The Director for Preventive Services at the MOHSW, Dr. Neema Rusibamayla, giving opening remarks at the First National Forum on Improving Pediatric and Youth AIDS Services in Dar es Salaam, Tanzania. *Photo by Delphina Ntangeki, URC.*

- <https://www.usaidassist.org/blog/empowering-frontline-health-care-providers-communicate-improvement-results>
- On July 7, Tanzania Chief of Party, Dr. Davis Rumisha, participated in a PEPFAR-sponsored webinar on VMMC with colleagues from other ASSIST countries and USAID. The recording of the webinar can be accessed at <https://www.usaidassist.org/content/webinar-rolling-out-continuous-quality-improvement-voluntary-medical-male-circumcision>
- Knowledge exchange visit: Tanzania and Kenya officials from Ministries of Health of the two countries, health managers from Mbeya Urban District, ASSIST staff from Kenya and Tanzania, and IPs for the PHFS in Mbeya Urban (Baylor) and Mufindi District (TUNAJALI) met to share and learn from PHFS programmatic successes and challenges. A four-day knowledge exchange took place in Mbeya Urban District on July 14-17, 2015. The knowledge exchange brought together a total of 17 participants (three Kenyans and 14 Tanzanian nationals).
- The MOHSW and its partners including ASSIST hosted the 5th National Quality Improvement Forum (Aug 26-27, 2015). With the theme of “Contribution of quality improvement in attainment of health and Social MDGs in 2015: success, challenges and lessons learned” the forum sought to understand the contribution of quality initiatives towards accomplishment of the Millennium Development Goals.
- On September 2, Senior Advisor Stella Mwita participated in a webinar on developing and disseminating knowledge products from improvement with other ASSIST colleagues. The webinar can be accessed here: <https://www.usaidassist.org/content/webinar-developing-and-disseminating-knowledge-products-improvement>
- On September 2, Flora Nyagawa co-facilitated a skill-building workshop at the Regional Psychosocial Support Initiative’s (REPSSI) Forum in Victoria Falls, Zimbabwe. The workshop was entitled “Designing for Quality Improvement: Aims, Indicators, and Evidence.”

## 6 Gender Integration

Ngerengere and Mafiga sites in Morogoro Region are addressing gender issues in their improvement work and collecting sex-disaggregated data to identify and close performance gaps between males and females to improve health outcomes. QI teams in these sites continued to work on improving male partner HIV testing and counselling at RCH and facilitating enrollment of HIV-positive male partners to CTC. During the reporting period there was an increase in male partner testing in both sites compared with aggregate data for the region. This could have been attributed to the following changes tested at Ngerengere and Mafiga sites: offering free blood pressure and weight check for men escorting their partners to RCH; prioritizing couples at RCH; supporting teams on proper and timely ordering of supplies; and involving community leaders to advocate for male involvement.

In the improvement work with vulnerable children, two sex-disaggregated databases were designed to support the field office to collect and analyze gaps affecting girls and boys to better meet the needs of vulnerable girls and boys.

Teams have also disaggregated data by sex for TB screening, family planning use, and LTFU rates. Large gaps have not been identified in the data collected, but total attendance shows up to a four-fold rise for women receiving care. The most likely explanation for this increase could be due to:

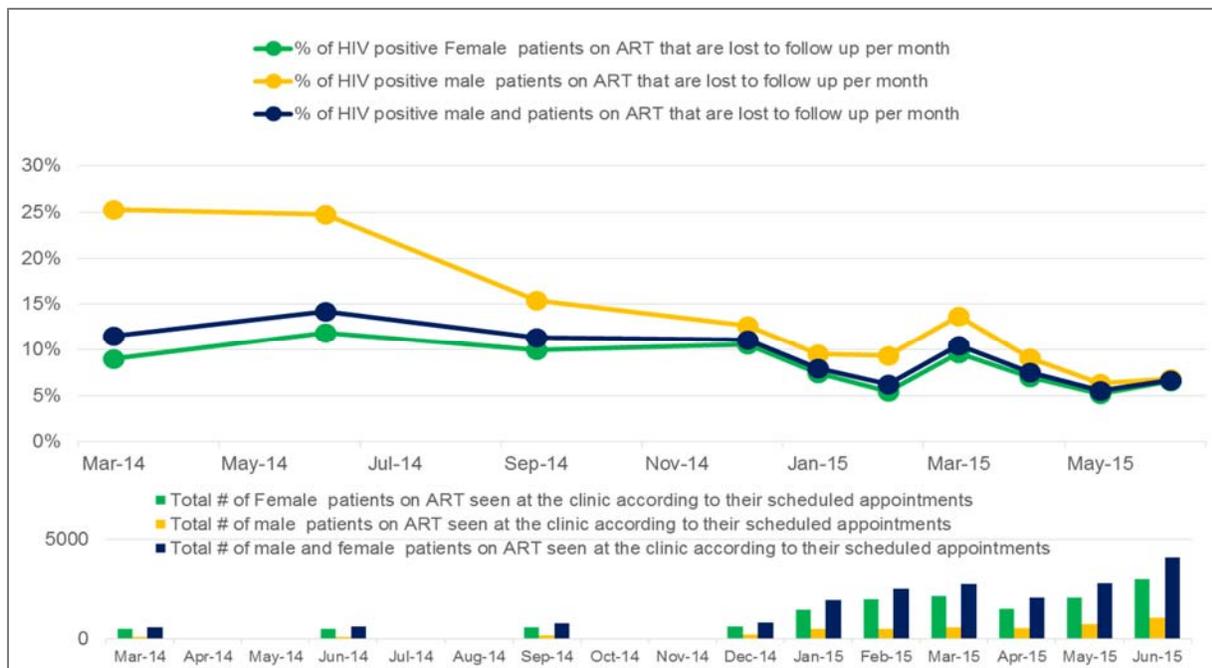
- Disproportionately high number of pregnant and breastfeeding mothers who are now part of CTC following implementation of Option B+. This is not matched with same number of men escorting their female partners for care which fluctuates between 15-20%.
- The number of pregnant and breastfeeding women adds up to non-pregnant/breastfeeding women attending at CTC, which was not the case before Option B+.
- TB screening data is collected on a monthly basis so we expect a smaller denominator for both males and females as opposed to quarterly data for LTFU.
- Pregnant and breastfeeding women initiated on ART at diagnosis and not through WHO Clinical staging criteria as with men and non-pregnant/breastfeeding women.

In the first quarter of the reporting period (April – June 2015), Ngerengere and Mafia sites in Morogoro Region continued to work on improving male partner HIV testing and counselling at RCH and facilitating

enrollment of HIV-positive male partners to CTC. There has been an increase in male partner testing in both sites compared to aggregate data for the region. This could be attributed to: offering free blood pressure and weight check for men escorting their partners to RCH; giving service priority to couples at RCH and supporting teams on proper and timely ordering of supplies. Total attendance shows a four-fold rise for women receiving care which could be due to increased enrolment of HIV positive pregnant and lactating mothers to CTC.

- As described above, in Morogoro the project has been working to reduce LTFU and found that more males than females were LTFU. From March 2014 to May 2015, they have been able to close the gap between them (Figure 13).

**Figure 13: Percentage of HIV-positive clients LTFU, two sites in Morogoro Region, disaggregated by sex (Jan 2014 – June 2015)**



## 7 Directions for FY16

In FY16, ASSIST in Tanzania will continue supporting the MOHSW and implementing partners to scale-up ART quality improvement to cover high-volume facilities in priority districts of the remaining new regions - Kagera and Mara - and strengthen quality improvement institutionalization in the old and new sites. When the Kagera and Mara improvement sites are operational, ASSIST will have established improvement sites in all regions of the country, but going forward, emphasis will be placed on 42 priority districts of high prevalence to increase impact while building the capacity of RHMTs and CHMTs to sustain the gains from previous efforts. In all sites, improvement efforts will focus on the quality of core package of intervention package that includes scaling up ART, PMTCT, and VMMC in line with PEPFAR 3.0 guidance of doing the right thing at the right place.

### **Strengthen the capacity of the MOHSW and IPs to continuously improve the quality of PMTCT care and support scaling up of PMTCT Option B+**

In FY16, in line with the MOHSW Quality Improvement Framework, ASSIST will support regional IPs, RHMTs, and CHMTs to improve the quality of PMTCT services and scale up PMTCT option B+ to all districts. ASSIST will capacitate frontline providers to apply modern improvement approaches to optimize their work processes. In this context ASSIST will continue to support capacity building for health care workers to apply the strategy to improve their performance on a continuous basis in 42 priority districts with high HIV prevalence while supporting the rest of the districts to sustain gains from previous efforts. Improvement sites will be established in districts hitherto not reached, coupled with provider training in

PMTCT quality gaps identification, testing changes to close the performance gaps, and benchmarking progress. Lessons learned from these efforts will be documented in the form of knowledge products, such as knowledge nuggets, success stories, and a PMTCT Option B+ knowledge asset.

**Support the MOHSW and IPs to scale up improvement activities for ART services to achieve sustainable patient coverage, retention, and clinical outcomes**

ASSIST will support the MOHSW, IPs, RHMTs, and CHMTs in scaling up of ART improvement efforts to priority districts in Mara, Kagera, Ruvuma, Rukwa, Dodoma, and Mbeya. In these regions, ASSIST will work with local RHMTs and CHMTs to establish improvement in one district in each new region to create a learning platform to help partners and RHMTs to scale up to other districts in their regions. Specifically, ASSIST will continue to provide technical support to RHMTs, CHMTs, and partners on applying quality improvement approaches to address the existing challenges, including low enrolment to HIV care, significant retention gaps due to morbidity and loss to follow-up, PLHIVs on ART not keeping scheduled appointments, and delay in starting HIV/TB co-infected patients on ART.

**Support the MOHSW, MVC, IPs, and local structures to strengthen quality of care, support, and protection to most vulnerable children through improvement approaches**

ASSIST will work with IPs and the Department of Social Welfare to support staff and community providers' orientation training on the revised MVC QI guideline and minimum service package for MVC and adolescents infected and affected with HIV. The package will support community service providers in effective case identification and support of MVC and adolescents infected with and affected by HIV. Working with DSW, NACOPHA, MEASURE, C2EY and other IPs, ASSIST will scale up the ongoing improvement work in Mbeya District Council and Shinyanga Municipal Council in improving identification and linkage of MVC and adolescents infected and affected with HIV to various services. ASSIST will strengthen and build capacity of child protection teams to track and effectively respond to abuse, violence, neglect, and exploitation of most vulnerable children. ASSIST will support the DSW in building QI capacity of social welfare officers, para-social workers, child protection teams, and other stakeholders.

**Support the MOHSW, local government authorities, and community-based IPs to strengthen structures and mechanisms used by communities to maximize linkages and coordination of home based care and social protection**

ASSIST will build and expand the above process as way of improving linkages between local facilities and their community stakeholders to improve HIV/AIDS care outcomes. Work will expand to include five more wards each in the two priority districts, Muheza and Korogwe. As part of ongoing work on strengthening monitoring and evaluation of community-based programs, ASSIST will work with the RHMT and CHMTs to prototype the HBC Data Audit Tool developed in FY15 in these areas to validate the tool and at the same time improve reliability of measured outcomes.

**Support the MOHSW and IPs to improve access to testing and linkage to HIV/AIDS care and services for infants and children under 15 years**

ASSIST will extend technical assistance to IPs, health facility QI teams, service providers, and communities in priority districts to attain the UNAIDS 90-90-90 targets. Drawing from the past experiences on applying quality improvement techniques to narrow pediatric ART gaps in the five demonstration regions, ASSIST will support the MOHSW in its pursuit of achieving the target of doubling the number of infants and children on ART by 2016.

**Work with MOHSW and IPs to improve safety, increase quality, and increase the level of integration of voluntary medical male circumcision services**

ASSIST will provide technical support to providers to test changes to optimize compliance with global male circumcision standards. CHMTs will be supported to set up site QI teams that will routinely conduct reviews of work processes to assess and document the extent to which circumcision clients at every site and everyday receive a package of services that are in compliance with global standards. During the same period, ASSIST will support the development and piloting of early infant male circumcision quality standards in two sites in Njombe Region and develop an implementation guide to support scaling up.

**Work with MOHSW and IPs to improve effectiveness, efficiency and safety of PITC services**

In line with the UNAIDS target of 90-90-90 by 2020, the USAID Mission in Tanzania invited ASSIST

support the MOHSW and IPs through building capacity to apply quality improvement approaches to accelerate HTC to achieve these targets in five saturation and two aggressive districts in Njombe, Iringa, Shinyanga, and Tabora regions. In this context, ASSIST will work with MOHSW structures, IPs, and other technical groups (e.g., lab QA teams, HTC IPs, and related programs including pediatric ART, PMTCT, VMMC, etc.), to assess the quality of the HTC program in these regions and test changes to close the performance gaps identified.

**Support the MOHSW and IPs to improve care and retention of PLHIV along the continuum of care through improved linkages between care facilities and communities**

ASSIST will continue to support the work started in FY15 to improve the continuum of care and retention of PLHIV through strengthening of linkages between health facilities and community systems. This will be achieved through strengthening coordination, communication, and collaboration of facility and community actors, facilitating seamless care link from HTC to ART for all HIV-positive clients. To ensure ownership, ASSIST will support RHMTs and CHMTs to provide continuous capacity building to community and facility QI teams. Learning from these sites will be packaged to support spread to other areas.

**Support MOHSW and IPs to improve quality of integrated PMTCT services in MNCH settings**

In Q1-2 of FY16, ASSIST will continue supporting efforts to improve quality of integrated PMTCT and MNCH services in Ruvuma, Rukwa, and Katavi regions. Efforts will focus on the four PEPFAR priority districts of Songea Municipal Council, Mbinga District Council, Sumbawanga Municipal Council, and Sumbawanga District Council. In the same period, the designed integration package will be scaled to the three priority districts in Shinyanga Region (Kahama Town Council, Kahama District Council, and Shinyanga Municipal Council).





**USAID APPLYING SCIENCE TO STRENGTHEN  
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